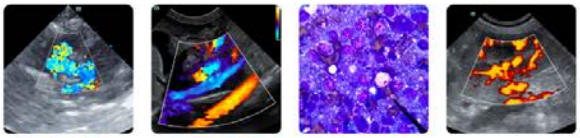


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Charlie Lovalente

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

13 Years

WEIGHT

40 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River Veterinary Hospital

REFERRING VET

Dr. Day

INVOICE

72447

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Last night was huffing, heavy breathing, no cough or sneeze but was quite laboured. Gums still appeared pink but was acting like he had experienced a "bleed" somewhere. PE revealed palpable free fluid in abdomen, possible bleeding around kidney? HR was 88-100 when relaxed. Has been on Yanan Biao twice daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The right kidney is normal in size (6.69 cm) and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortex is uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsule is uniform without significant irregularities noted.

The left kidney is severely enlarged with a large, cavitated mass effect at the lateral aspect of the kidney, which obliterates normal renal architecture. The medial aspect of the left kidney has apparently normal architecture with normal cortex to medulla ratio. There is mild pyelectasis. However, this is suspected to be adjacent to the cavitated mass lesion. Left kidney measures 7.97 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.76 cm x 2.82 cm. Right measures 0.55 cm x 1.82 cm.

Spleen

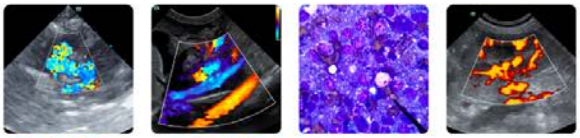
The spleen measures 2.18 cm at the hilus. There is an ill-defined, isoechoic mass lesion within the mid body of the spleen. The remainder of the splenic parenchyma appears homogeneous with a slightly irregular splenic capsule. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively enlarged. The majority of the parenchyma is naturally coarse and hypoechoic to the spleen. There is a solitary circumscribed hypoechoic mass lesion on the right side of the liver that is within the parenchyma and does not distort the smooth hepatic capsule. The gallbladder has thin walls which contain anechoic bile.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Other

No significant lymphadenopathy noted.

There is a moderate volume of anechoic free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- The large, cavitated mass effect of the left kidney is concerning for infiltrative neoplastic disease. Hemangiosarocma is considered most likely. However, other forms of neoplasia cannot be definitively excluded.
- The ill-defined lesion within the spleen and hypoechoic lesion in the liver are concerning for potential metastatic disease. Given the concern for hemangiosarcoma, this would be considered most likely.
- The free peritoneal effusion is concerning for potential intraabdominal hemorrhage, given the location of the mass lesions within the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis with fluid analysis and cytology is recommended. If the fluid is consistent with hemorrhage, then exploratory laparotomy may be required. However, given the presence of multiple lesions within the abdomen and concern for metastatic disease, prognosis would be considered guarded to poor.

Fine needle aspirates of the liver and spleen with cytology could be considered. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

A CT with angiography may assist, especially if exploratory laparotomy is being considered, in order to aid with surgical planning.

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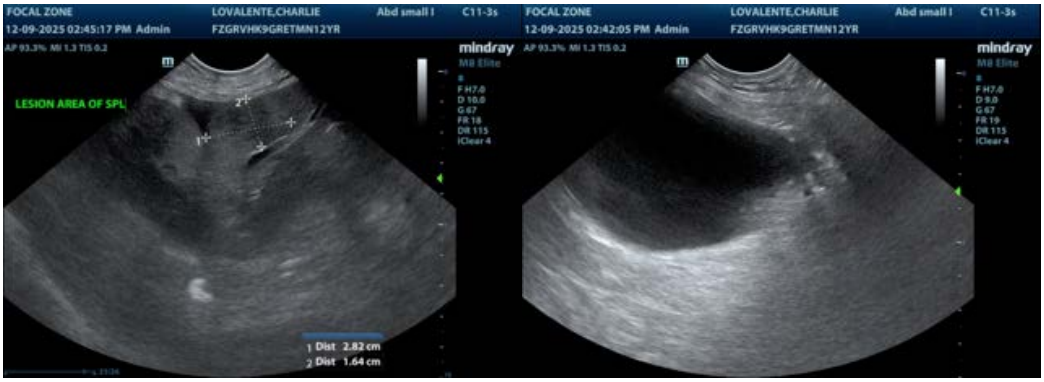

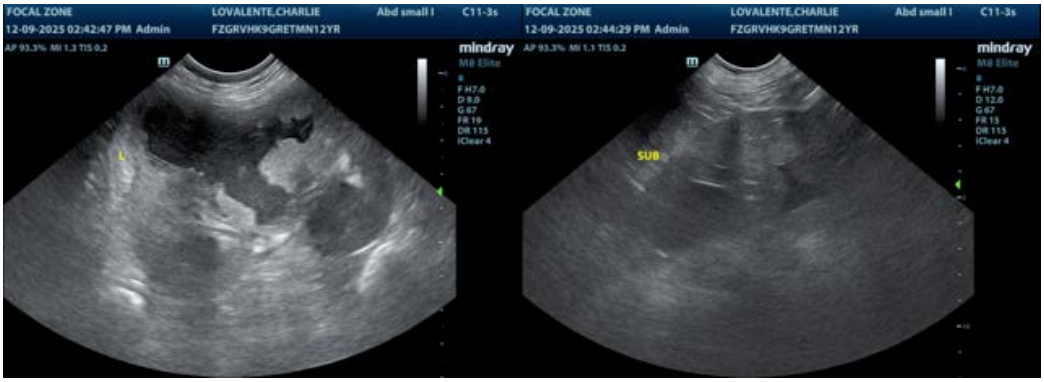

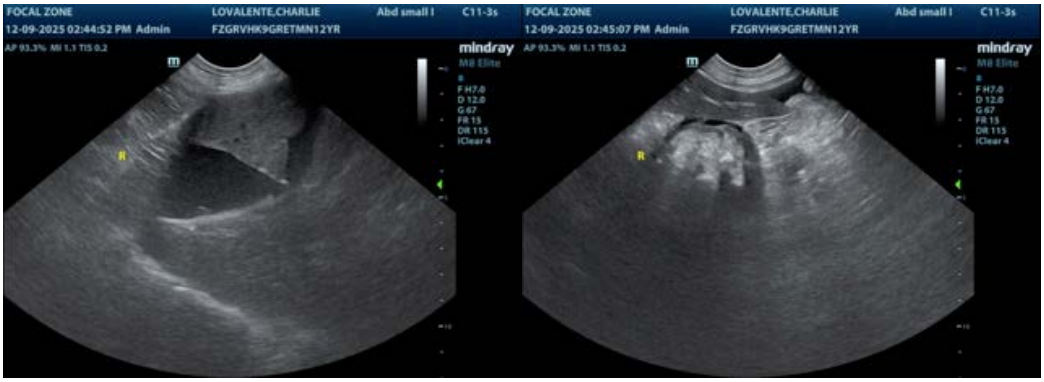

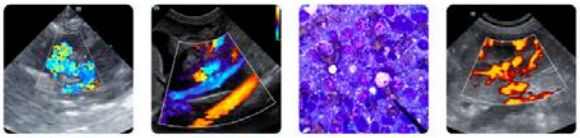

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

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