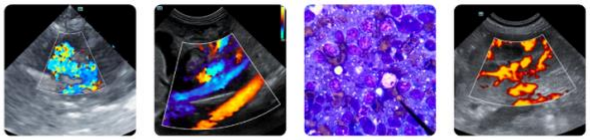


PATIENT

Bambi Lipka

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

64 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Dana Tsuchida

INVOICE

16422

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Urinary incontinence + straining noted with lethargy since 5/31/26. Recurrent UTI, historic since 6/20/23. On PE of 6/5/26, P mildly jaundice (ocular membrane and ventral abdomen). Soft tissue sarcoma on right ventral thorax - surgically excised 09/24/24 with narrow margins, no evidence of recurrence based on palpation or CT 03/02/26. Mast cell tumor (grade II / low grade) on dorsal tail - surgically excised 03/29/23 with complete margins, no evidence of recurrence based on palpation or CT 03/02/26. Multiple dermal and subcutaneous masses - historic, all stable in size. Atopic dermatitis (allergies) - historic, managed with Cytopoint injection. Current Medications: ,Sucralfate, Cerenia injection received on 6/5/26, Incurin, Pro-Pectalin , Convenia injection received on 6/3/26

See attached labs: 6/5/26 blood work - RETIC 262.2 K/uL (10-110) with RETIC-HGB 20.7 pg (22.3-29.6) - RBC 8.98 M/uL (5.65-8.87), HCT 52.9%, HGB 19.1 g/dL - PLT 100-150 K/uL (148-484) - Neutrophilia at 12.29 K/uL and monocytosis at 2.01 K/uL - Azotemia: CREA 3.4 mg/dL and BUN 47mg/dL - Elevated liver enzymes: ALT 244 U/L, ALKP 1409 U/L, GGT 22 U/L, TBIL 8.0mg/dL See attached rads: Ventral displacement of kidney due to suspect mass effect

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are moderately to severely enlarged with hyperechoic and mottled renal cortices diffusely. The cortex to medulla ratio is distorted. There is no pyelectasis. The capsule is moderately irregular. The left kidney measures 9.53 cm. The right kidney measures 9.54 cm.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

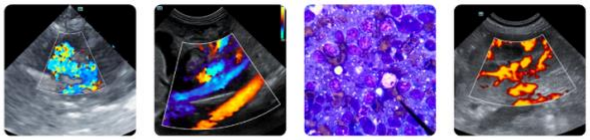
The spleen is subjectively prominent and measures 2.5 cm at the hilus. It diffusely has a mottled parenchyma or reticular pattern. The splenic capsule is smooth without irregularity and the vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis.

Liver

The liver appears subjectively mildly enlarged with an otherwise normal parenchyma echotexture, The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is non-distended with normal wall thickness and layering. There is at least one focal loop of small intestine with an infiltrative mural mass that obliterates normal wall layering. This does not



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appear to be obstructive at this time. There is no overt small intestinal dilation and apparently normal peristaltic activity present. The colon contains normal shadowing feces.

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.

Free Abdomen

There is no significant lymphadenopathy. A scant volume of free peritoneal effusion is present.

ULTRASONOGRAPHIC FINDINGS

- The changes to the kidneys may represent a unusual presentation of chronic renal changes associated with age, however, given the other abnormalities in the abdomen, an infiltrative process such as round cell neoplasia cannot be definitively excluded.
- The infiltrative small intestinal mass is considered likely to be neoplastic in origin. Round cell neoplasia or small intestinal carcinoma should be considered.
- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.
- The liver is subjectively enlarged with no overt changes to the parenchyma. An infiltrative neoplastic process within the liver cannot be definitively excluded especially given the elevations in liver enzymes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen, liver and intestinal lesion with cytology are recommended. 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.

Also consider fine needle aspirates of the kidneys, however, there is risk for significant hemorrhage with fine needle aspirates or renal biopsies. Alternatively, an exploratory laparotomy with biopsies and histopathology of the liver, gastrointestinal tract and spleen may provide additional information as far as the underlying etiology of these lesions.

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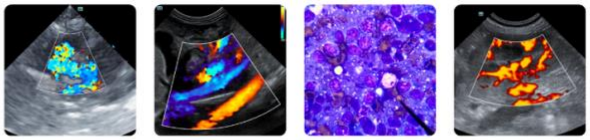

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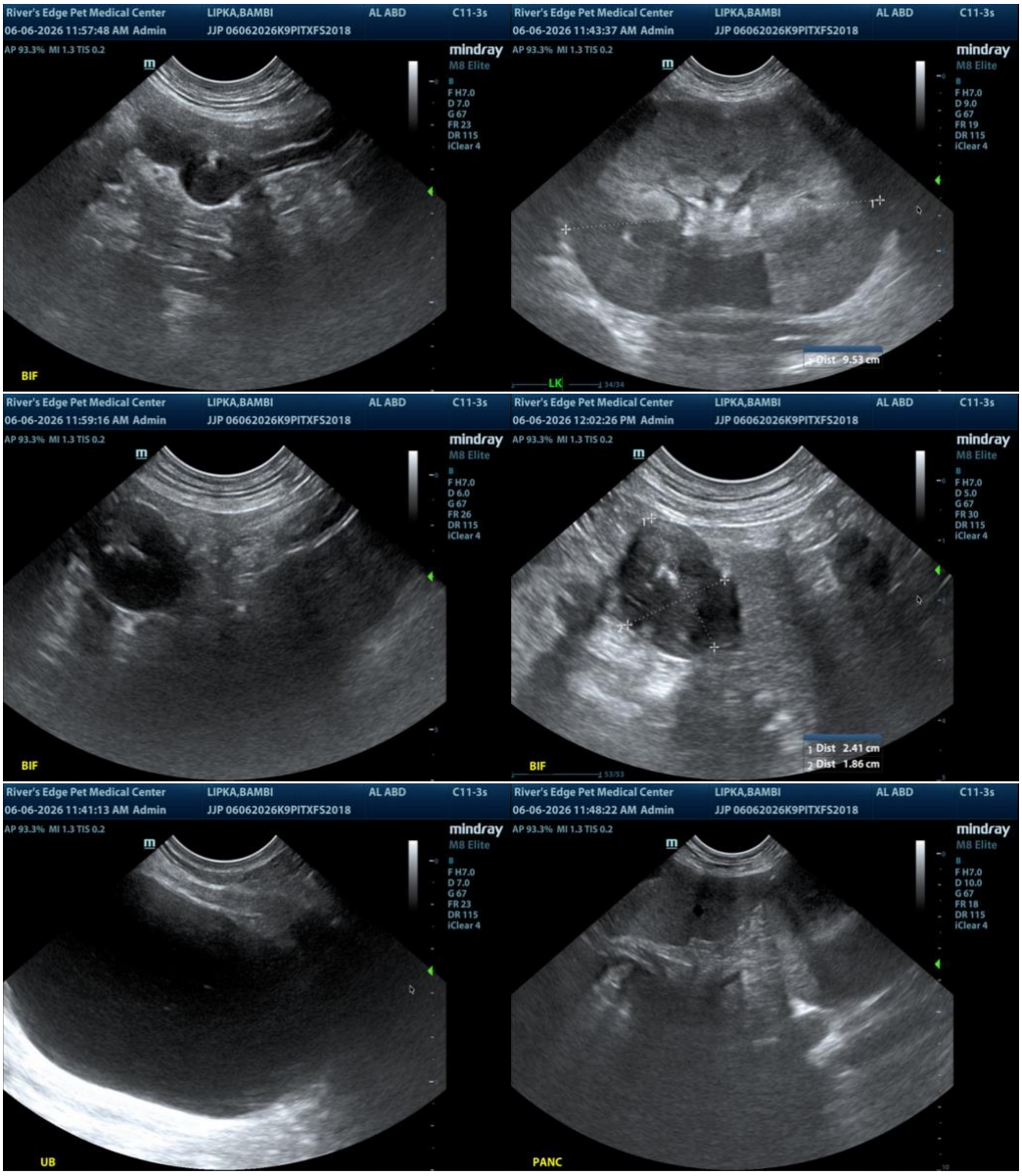

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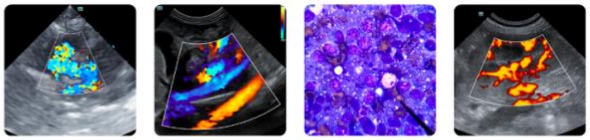

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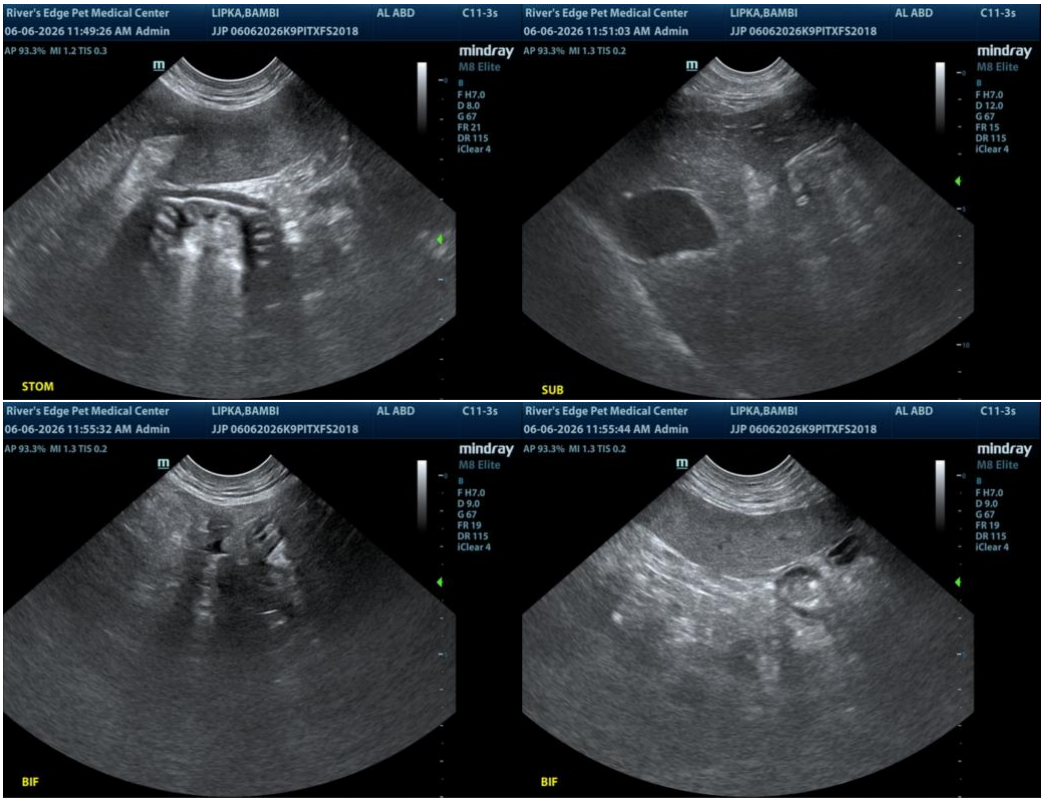

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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