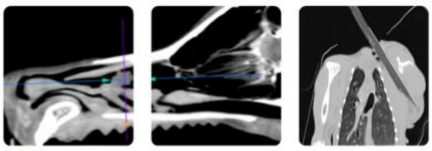

PATIENT

Duke Hamilton

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered Male

AGE

12 Years

WEIGHT

29.6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney Creek

REFERRING VET

Dr. Hamad

INVOICE

16462

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Patient had an abdominal U/S on 4/23/2026 diagnosing a complex mass. Had oncology consult with Lakeshore animal health partners that recommended either a CT or recheck U/S to measure growth of the mass to help determine next steps

Abnormal PE/Chem/CBC/UA Results: Prev US report attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.89 cm in length. The right kidney measured 5.99 cm in length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 2.2 cm in length and 0.9 cm at the caudal pole and 0.82 cm at the cranial pole. The right adrenal gland measured 1.81 cm in length and 0.65 cm in thickness.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall

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layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

There are a few rounded prominent mesenteric lymph nodes with a similar echogenicity to the larger caudal abdominal mass.

Free Abdomen

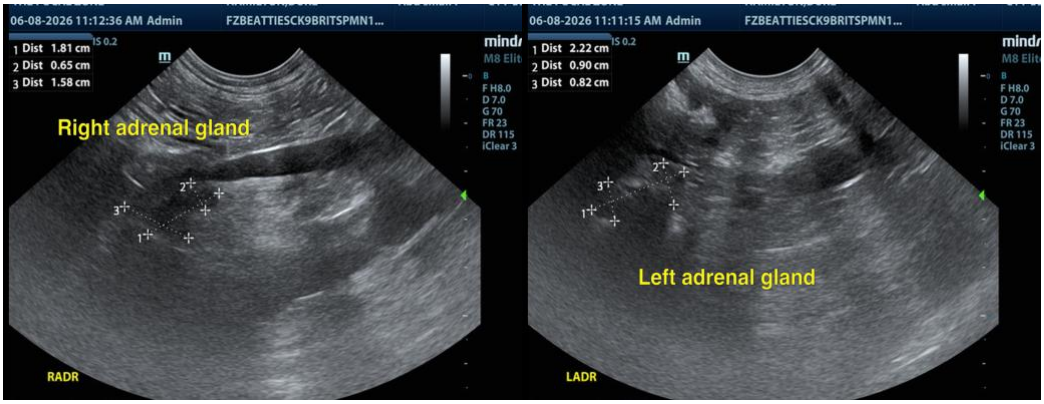
In the caudal abdomen, there is a complex heterogeneous irregular mass with focal areas of mineralization. It measures approximately 5.2 cm x 7.3 cm though true measurement may be larger given its irregular shape. There is scant surrounding free fluid.

ULTRASONOGRAPHIC FINDINGS

- Progression in size of caudal abdominal mass.
- Mid abdominal/mesenteric lymphadenopathy.
- Static liver changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The size of the caudal abdominal mass has increased from the previous scan. Today, there were prominent mesenteric lymph nodes noted which may suggest early spread of the mass, though this is not definitive. Further consultation with a veterinary oncologist is recommended.



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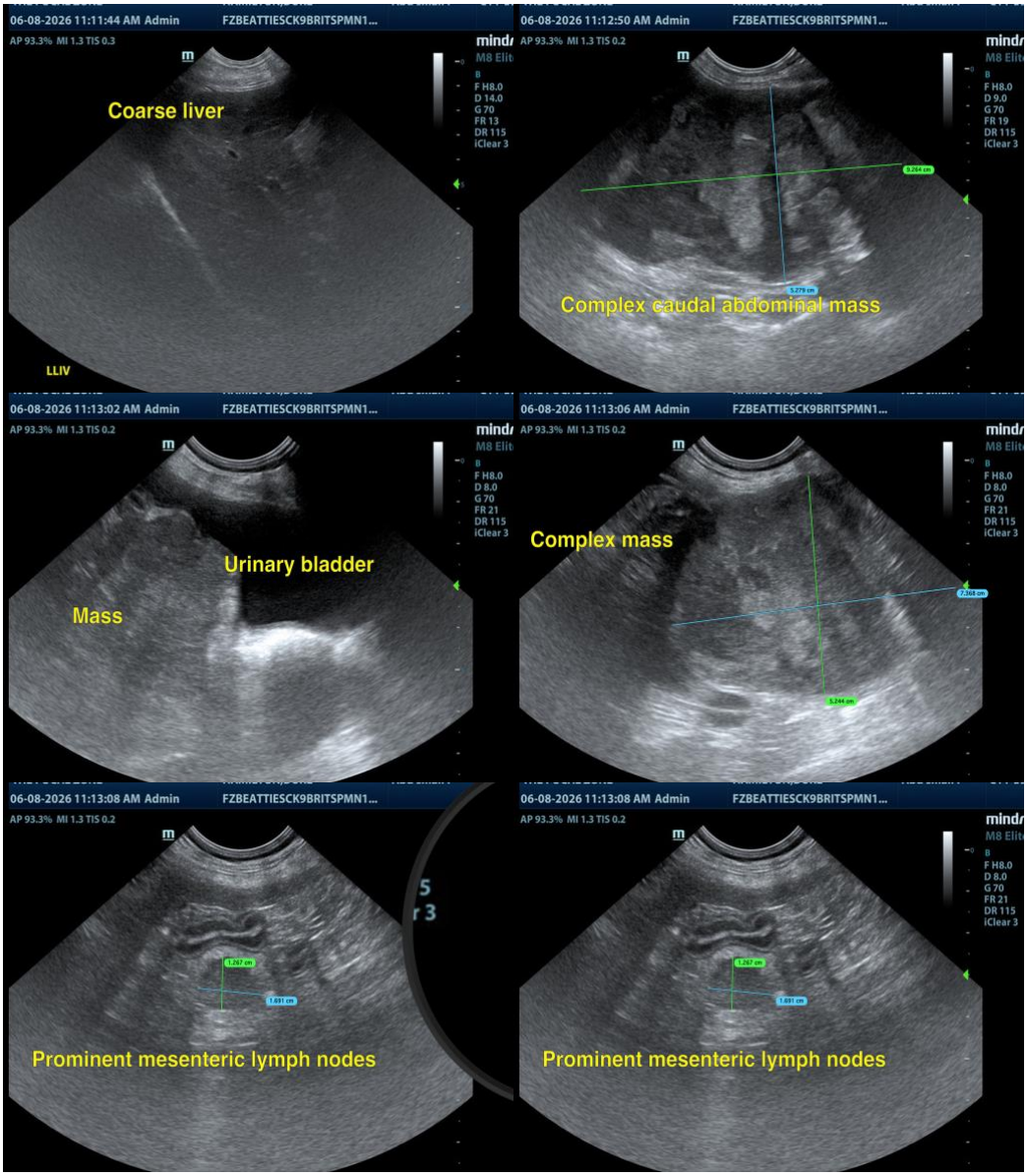

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com