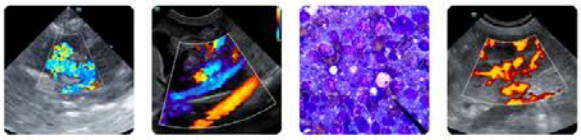


DATE

2/24/26

PATIENT

Otis Kasky

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

6/9/12

WEIGHT

23.3 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Weeks

INVOICE

73225

PRESENTING CLINICAL SIGNS

Patient History: 2 new oral masses and a new facial mass. Bilateral ear infections. Multiple dermal masses present. Round cell tumor from stomach July 2025, Hepatocellular carcinoma from liver July 2025. Had lymphoma 6 years ago per owner with no return

Current Medications: N/A.
Labwork Results: Labwork attached, reported as: Hb 13.1, REt: Hb 23.9, platelets 685, K 5.5, Na:K ratio 27, TCO2 29, ALP 2444, T4 0.9, fT4 0.4 - ALL FROM JUNE 2025
Date of Previous IntraPet Ultrasound: 6/26/25. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall measured 0.48 cm at minimal repletion, uniform. No uroliths or sediment were visualized and anechoic urine was present.

The prostate has progressively enlarged, measuring 2.1 cm. A focal area of mineralization was noted at the dorsal aspect of the pre-prostatic urethra. This appears to be a new development and should be monitored.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. Similar to prior sonogram. Right kidney measured 5.44 cm. An anechoic cyst was noted at the cranial pole of the left kidney. The left kidney measured 5.54 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having 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. Right measured 1.8 cm x 0.54 cm at the caudal pole and 0.45 cm at the cranial pole.

The **left adrenal gland** was prominent and mildly heterogeneous, measuring 2.11 cm x 0.69 cm at the caudal pole and 0.64 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed an anechoic cyst in the mid left liver measuring 2.26 cm x 1.67 cm with a left lateral mild uniform nodular swelling at 2.38 cm x 1.5 cm without disorganization of architecture. However, slight capsular push was noted. Minor heterogeneous remodeling noted, unlikely to be related to the prior pathology.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

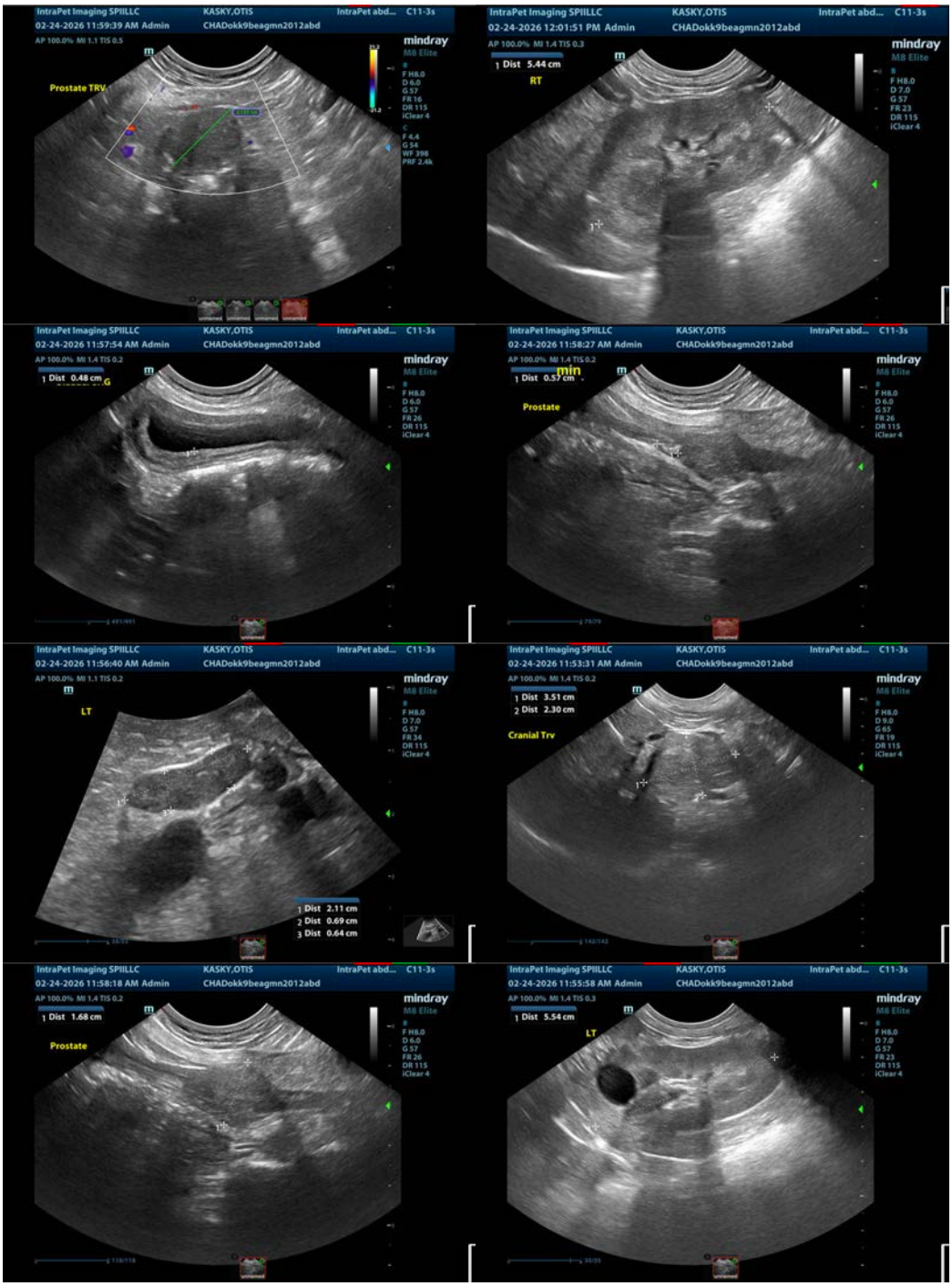
At the right pancreatic base there was a 3.5 cm x 2.3 cm structure, which may represent an underlying lymph node. Given the patient history, I'm concerned for hepatic lymphadenopathy. FNA recommended.

ULTRASONOGRAPHIC FINDINGS

- Left lateral liver nodule, liver cyst, and portal hilus lesion (likely of lymph node origin). Differentials for the liver lesions include nodular hyperplasia or recurrence/metastasis of prior neoplasia.
- Urethral mineralization – Possibility of emerging carcinoma versus dystrophic mineralization owing to prior history of inflammatory events. Not typical of carcinoma but it cannot be ruled out, especially given its new development.
- Progressively enlarged prostate – hyperplasia versus emerging carcinoma.
- Prominent, mildly heterogeneous left adrenal gland.
- Age related renal changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt masses noted. Ultrasound guided FNA of the prostate and the portal hilus lesion would be recommended, as well as the left lateral liver nodule to assess for any relationship to the prior surgical pathology. The cystourethral junction mineralization should be monitored. The remainder of the changes are largely age related in nature. Prognosis is guarded depending upon cytology of the portal hilus lesion and left lateral liver nodule. The portal hilus lesion may be challenging to access, given the vicinity of the portal vein. This would be a judgement call by the sonographer at the time of the sonogram.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1 Dist 5.44 cm
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mindray
LT
1 Dist 2.11 cm
2 Dist 0.69 cm
3 Dist 0.64 cm
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1 Dist 3.51 cm
2 Dist 2.30 cm
Cranial Trv
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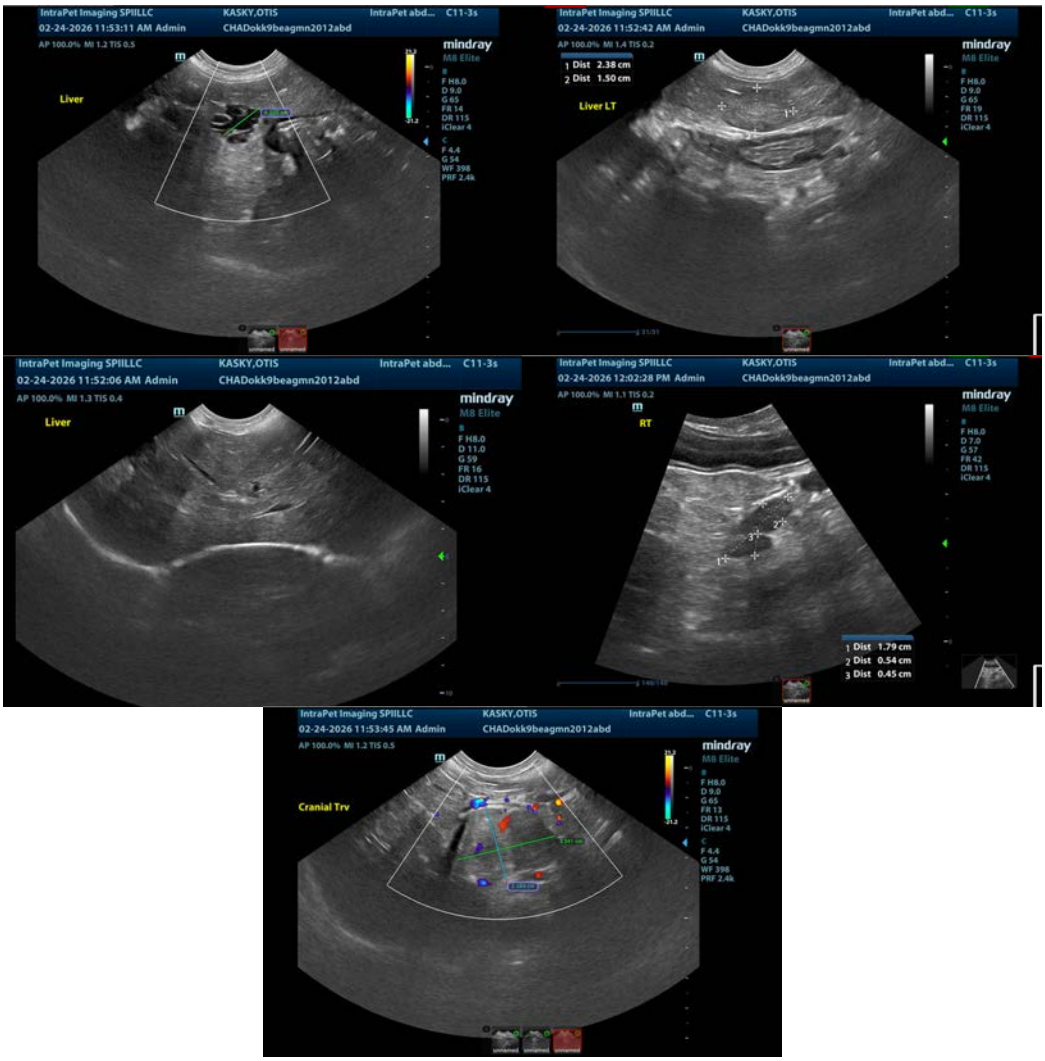
mindray
1 Dist 5.54 cm
LT



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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com