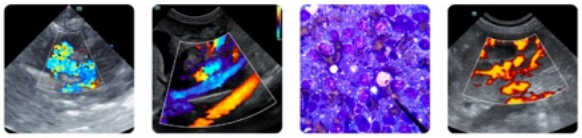


PATIENT

Tucker Moneuse

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Morris Plains VCA

REFERRING VET

Dr. Burke

INVOICE

68259

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Large fluid filled mass/swelling on right caudal flank. Current meds : Baytril 136 once daily 10 days. Started 10/31/25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A small calculus was noted and measured 0.5 cm and was non-obstructive. Minor granules of sand were noted in the bladder. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The iliac lymph nodes were reactive and measured 2.3 x 0.6 cm. The residual prostate was slightly heterogenous and measured 1.27 cm. This is likely benign, but should be monitored.

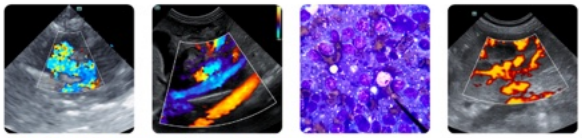
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.6 cm. The left kidney measured 6.0 cm.

Adrenal Glands

Both **adrenal glands** were 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. The right adrenal gland measured 2.6 x 1.0 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.55 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

The right flank in this patient revealed a fluid filled mass or abscess measuring 7.8 cm. It appears to be encapsulated. The cystic component measured 5.0 cm. The mass itself measured 8.0 cm and appears encapsulated. The mass occupied the body wall down to the level of the peritoneum.

Iliac lymphadenopathy was also noted. Larger iliac lymph node was noted and measured 2.2 x 1.3 cm.

ULTRASONOGRAPHIC FINDINGS

Small bladder calculus, mild cystitis pattern.

Slight mineralization noted in both kidneys.

Body wall mass or abscess. Hemangiosarcoma versus abscessation are the primary concerns in this patient. Muscle based tumor is also possible.

Minor intestinal thickening.

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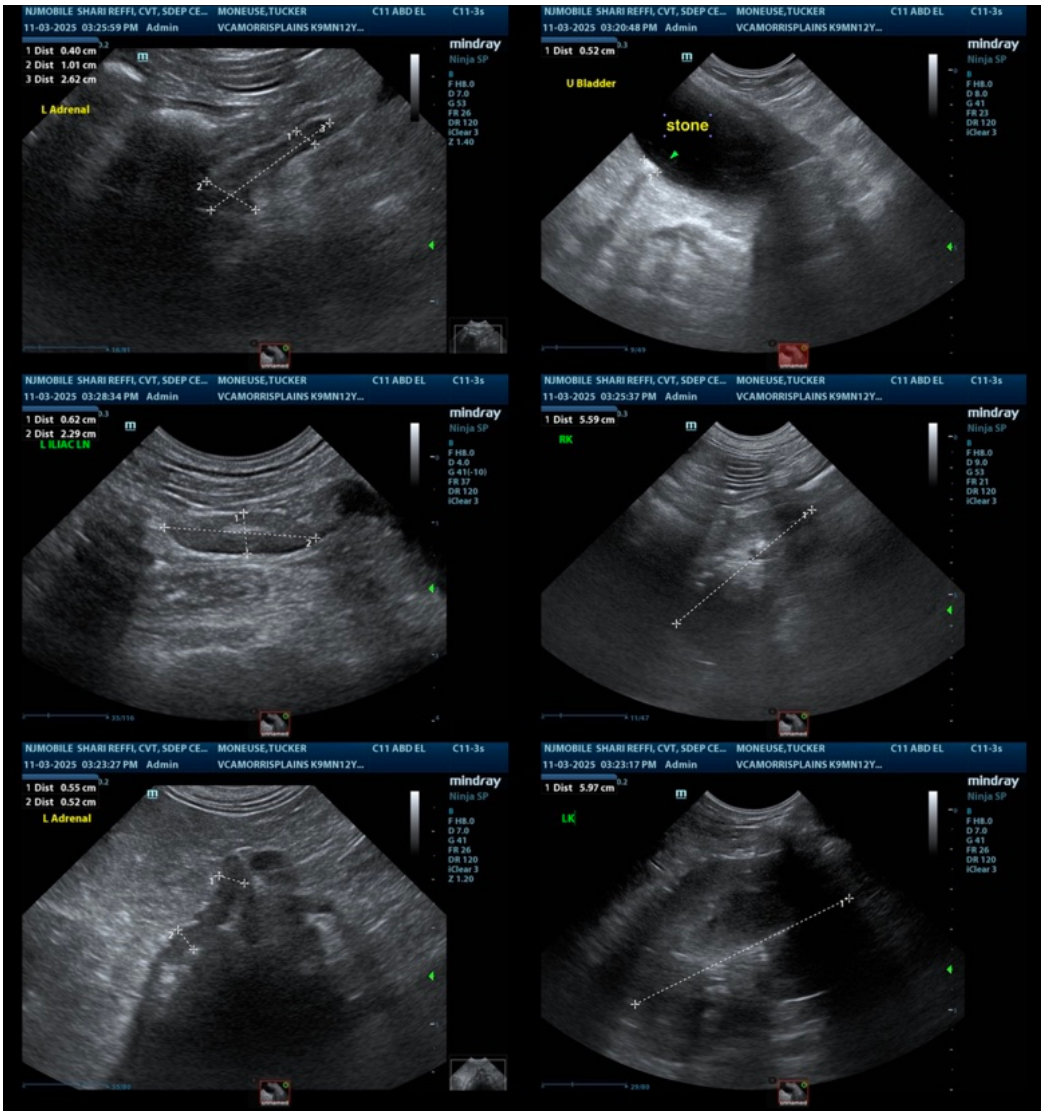
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the parenchymal portion of the mass is recommended with ultrasound-guided drainage of the cystic components. FNA of the iliac lymph node would also be recommended if accessible with ultrasound-guidance. Ideally chest radiographs or chest CT with abdominal CT is indicated for surgical planning of the mass. Sampling of the mass can be performed at that time as well.

ABOUT SONOPATH CT SERVICES:
SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/services/vetimaging/



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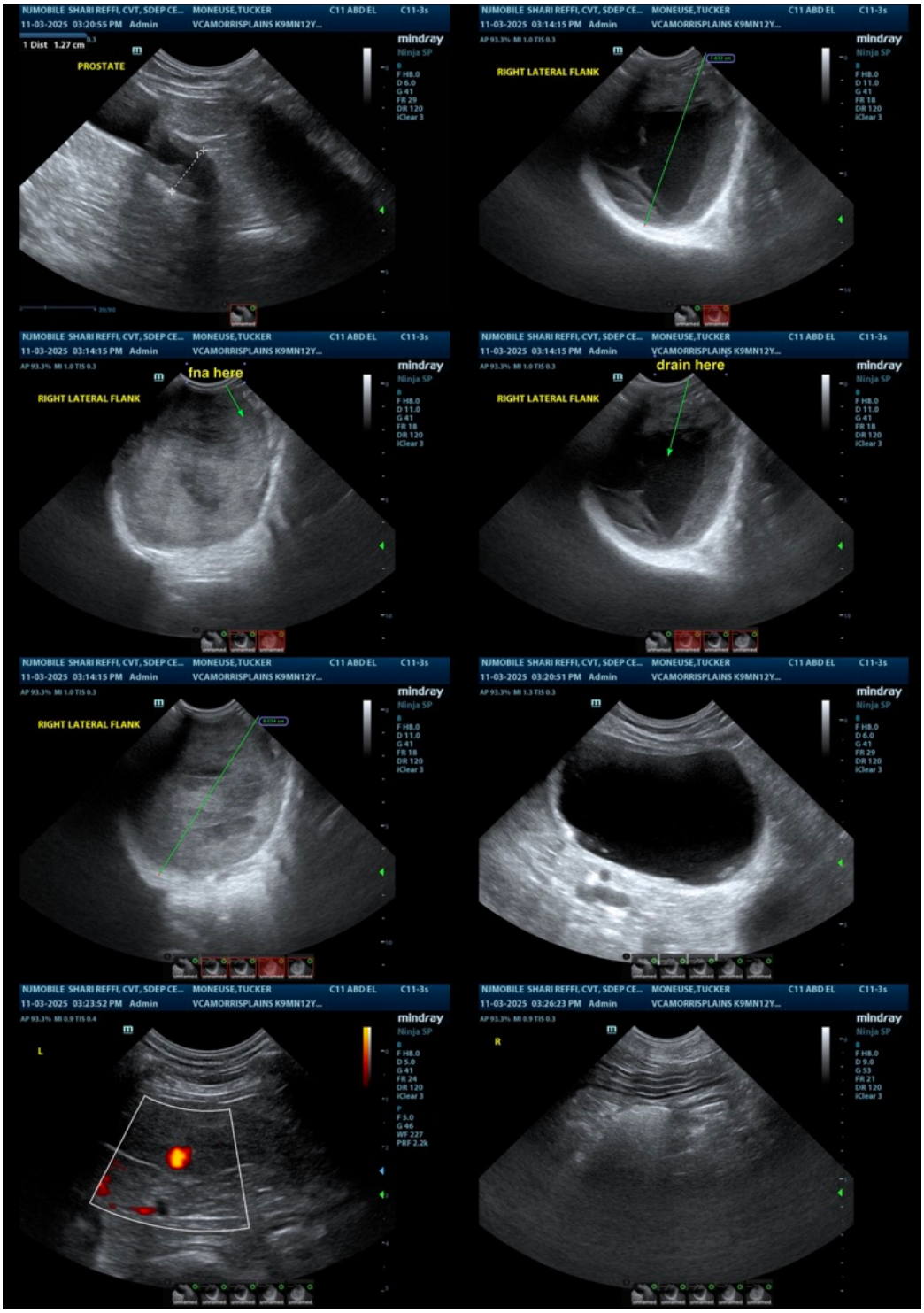
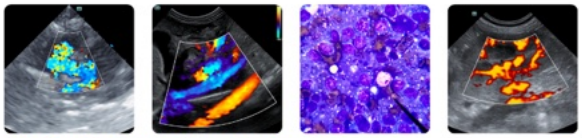


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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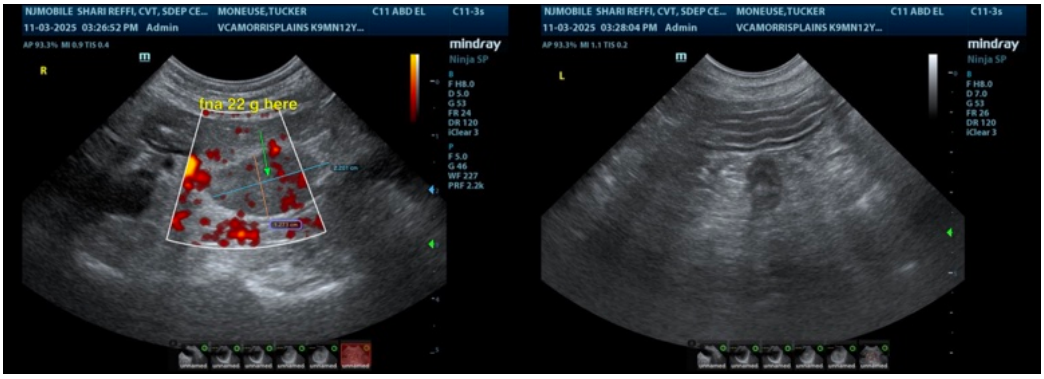

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com