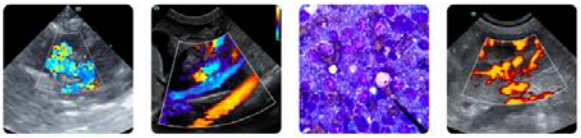


PATIENT

Capone Cano

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

12 Years

WEIGHT

51.46 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Dr. Bortz

INVOICE

74800

DATE

4/29/26

PRESENTING CLINICAL SIGNS

Weight Loss, Decreased Appetite, Frequent Urination. Current medications - Clavamox

Abnormal PE/Chem/CBC/UA Results: WBC 17k, Lymphocytes 7k, SDMA 30; Cr 0.3, BUN 42, Calcium 17.1, T4 0.9. U/A Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a marked amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate appears symmetrical and measures 3.5 cm x 5.0 cm. It has a diffuse heterochoic echotexture. No evidence of significant prostatic cysts or prostatic abscesses seen. No evidence of prostatic neoplasia suspected.

The left testicle appears normal, measuring 2.8 cm in length. The right testicle appears normal and measures 1.8 cm in length. No nodules seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 6.4 cm. The right kidney measures 8.2 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 12.3 mm and the caudal pole measures 7.8 mm.

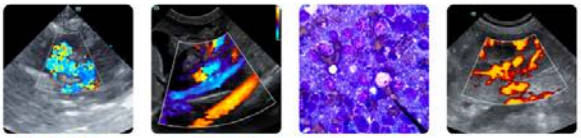
The left adrenal gland is irregular in shape. The cranial pole appears normal at 5.8 mm in width. The caudal pole has multiple nodules present. The caudal pole measures approximately 12.0 mm in width.

Spleen

There is an isoechoic pedunculated mass at the tail of the spleen measuring 4.2 cm x 3.8 cm. The remainder of the spleen appears normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. No evidence of metastatic disease.



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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

No pericardial effusion seen in provided cardiac images. No obvious right atrial mass seen.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass - This mass is most likely malignant neoplasia such as hemangiosarcoma, less likely infiltrative neoplasia such as lymphoma, mast cell, histiocytic sarcoma, or less likely benign hemangioma.
- Age related renal changes with dystrophic mineralization.
- Nodular caudal pole left adrenal gland – These nodules are most likely incidental. However, consider that the patient may have functional adrenal disease.
- Marked urinary bladder debris.
- The appearance of the prostate is most likely age related and is not abnormal for an intact male of this age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening for hyperadrenocorticism and screening for a pheochromocytoma. Recommend a low-dose Dexamethasone suppression test to screen for hyperadrenocorticism, and urine metanephrine to screen for pheochromocytoma. Also recommend systemic blood pressure to determine if the patient is hypertensive.

If urinalysis and urine culture have not been performed, recommend these tests. Recommend staging, monitoring and managing per IRIS guidelines to determine if chronic kidney disease is present, given the elevated SDMA.

Consider a fine needle aspirate of the spleen with submission for cytology. If results are non-diagnostic as the etiology of the mass, recommend splenectomy and submitting the spleen for histopathology.

No obvious cause for the patient's hypercalcemia is seen on this exam. I suspect it may be related to the splenic mass. However, if a rectal exam has not been performed, recommend a rectal exam to rule out

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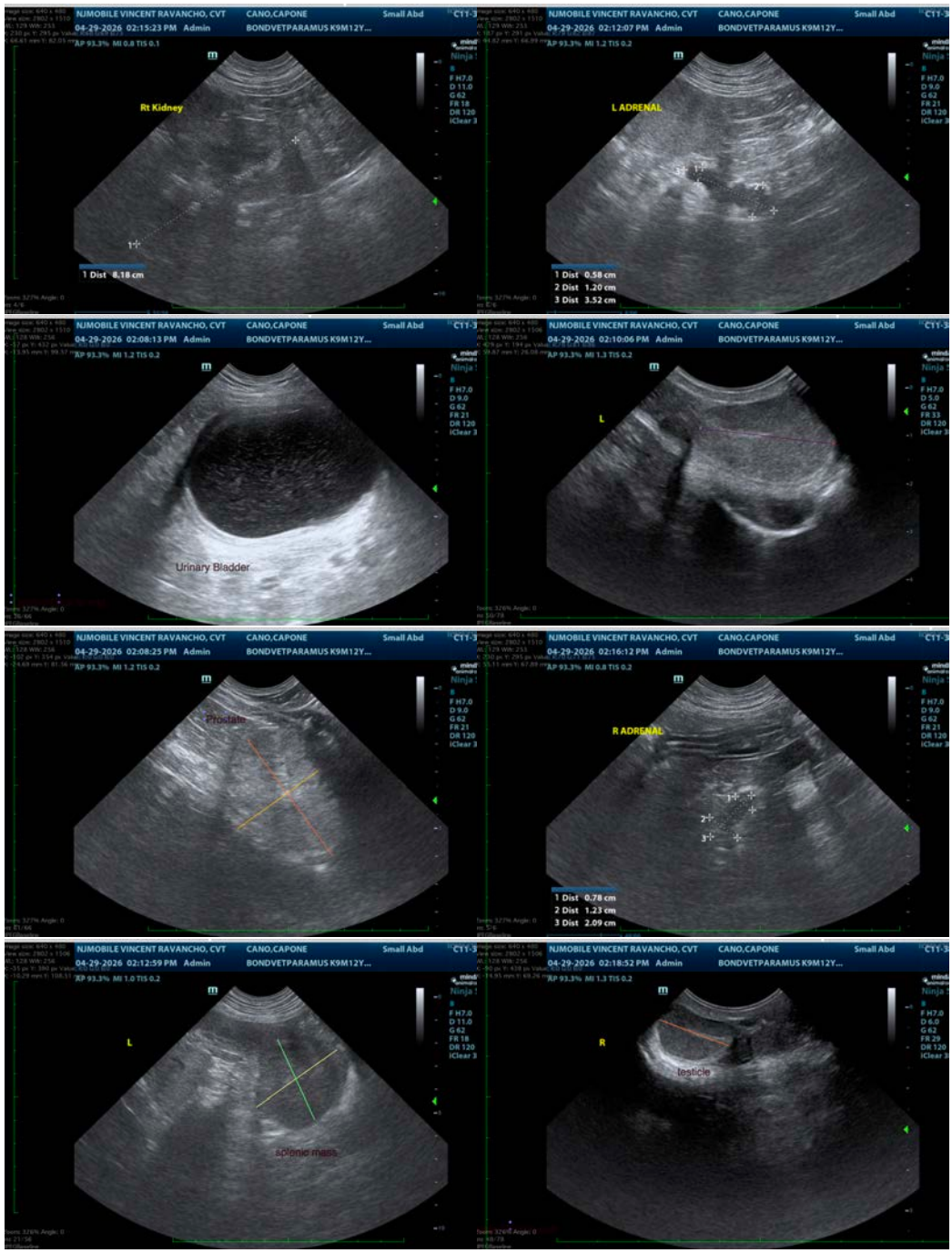
anal sac carcinoma. If surgery is going to be performed for splenectomy, recommend 3-view chest radiographs prior to surgery.



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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com