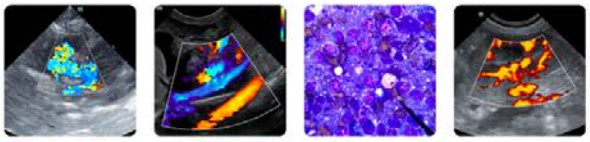


PATIENT

Gambina Intagliata

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Spayed Female

AGE

9.8

WEIGHT

64 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Dr. Lara Oms

INVOICE

72501

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Acute lethargy last 2 days. On PE- severe anemia, Large oral growth approx 2.5cm diameter arising from rostral maxillary gingiva, displacing incisors 102+101+201+202. Gingival hyperplasia over 207+208. possible distended abd. Hm 3/6

Abnormal PE/Chem/CBC/UA Results: Cbc- Rbc- 2.91 L Hct- 17.7 L Hgb 5.7 L Mcv- 60.9 L Mch- 19.7 L RDW- 12 % Lymph- 0.48 l Eos- 0.02 L Plt- 112 L MPV-18.2 H PDW- 20 H Chem- Alp- 1816 H U/a- free catch- Pending Coombs test- pending Accuplex- pending Chest Xrays-Consult Radiographic Conclusions/Recommendations: 1. Mild left-sided cardiomegaly that could be associated with emergent cardiomyopathy or valvular insufficiency. 2. Mild diffuse bronchointerstitial pulmonary pattern suggesting age-related fibrosis or inflammatory/infectious lower airway disease. Left-sided congestive heart failure considered unlikely at this time. Slide agglutination- POSITIVE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.67 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.16 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

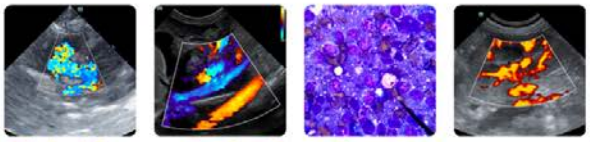
Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.47 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.71 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a subtle, poorly defined hypoechoic/mottled, large nodule/small mass effect visualized measuring 2.1 cm x 3.15 cm.



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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a small hyperechoic nodule visualized on the right side of the liver measuring 1.4 cm. Additionally, there is an isoechoic, slightly hypoechoic nodule visualized in the left caudal aspect of the liver measuring 1.84 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid/ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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 layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild age related changes visualized associated with both kidneys.
- Poorly defined hypoechoic/mixed echogenicity large nodule/small mass effect visualized in the spleen –Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly enlarged, mildly heterogeneous liver with a hyperechoic nodule and a poorly defined isoechoic nodule - Findings are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. The hyperechoic lesion has an appearance most consistent with a benign lesion. The iso- to hypoechoic lesion is poorly defined and additionally has a relatively benign appearance. Recommend continued monitoring.

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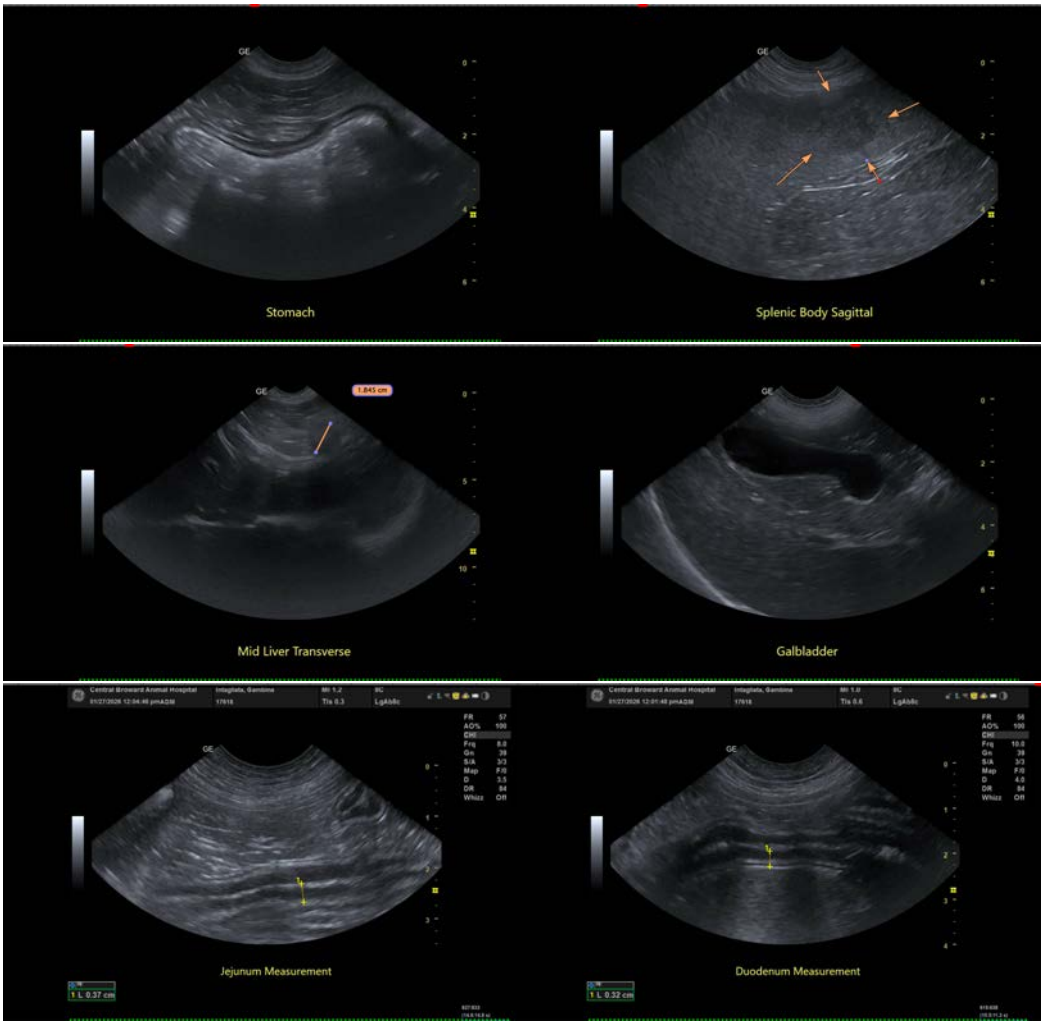
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a poorly defined, slightly hypoechoic, large nodule/small mass effect visualized in the spleen. This could represent a benign or neoplastic lesion. Consider a fine needle aspirate for further evaluation. I suspect at this time this is not related to the anemia reported, as there is no free fluid or similar changes observed.

The liver is somewhat heterogeneous with a small, hyperechoic nodule and a poorly defined iso- to hypoechoic nodule. Both of these lesions have a somewhat benign appearance. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal) to rule out underlying round cell neoplasia or similar. It is very likely that these nodules are incidental findings and unrelated to the anemia at this time.

Recommend further evaluation for the anemia reported with a digital rectal exam to look for any evidence of melena, and additional evaluation looking for evidence of red blood cell destruction or lack of production. This could include a pathologist review of a blood smear, vector borne disease testing, etc. Based on the agglutination reported, an autoimmune process is a significant concern.



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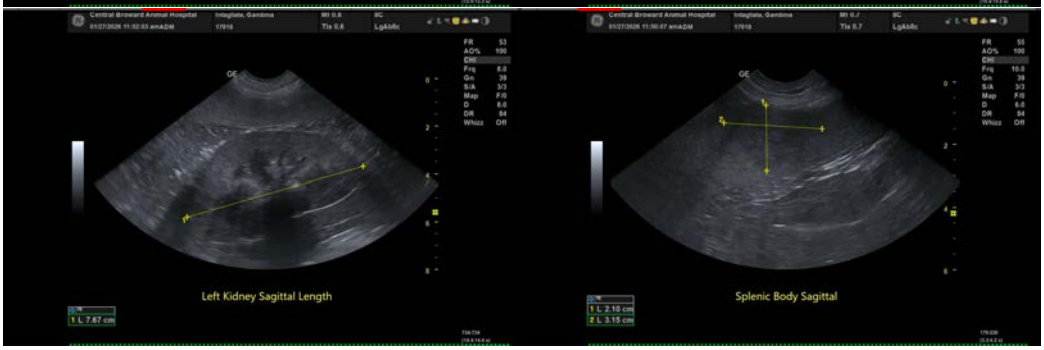

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com