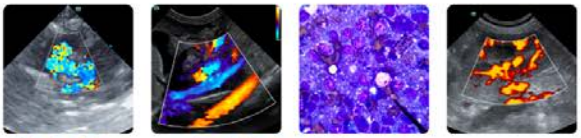

PATIENT

Wally Dunne

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

57.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

North Jersey Animal Hospital

REFERRING VET

Dr. Hansen

INVOICE

72086

DATE

1/8/26

PRESENTING CLINICAL SIGNS

WT loss, picky appetite, vomiting monthly? Nuclear sclerosis, grade 2 dental, R inner buccal mass, mid abd mass vs. N organs, bilat hip stiffness, prominent spine/hips/shoulders.

Abnormal PE/Chem/CBC/UA Results: TP-6.1 ALB-2.6 Glob-3.5 ALT-745 AST-96 ALP-655 GGT-47 UA PH-7.5 protein-1+ WBC-10-15 USG-1.045

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 prostate is normal in size (1.32 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.75 cm). Overall echogenicity is normal with adequate 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 (6.89 cm). Overall echogenicity is normal with adequate 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 0.64 cm at the cranial pole and 0.48 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 0.51 cm at the cranial pole and 0.37 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 large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, irregular, mildly cystic mass effect visualized that appears to be associated with the spleen, measuring 4.71 cm x 6.92 cm.

Liver

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The hepatic parenchyma is comprised of numerous expansile hypoechoic nodules and masses. No normal

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hepatic tissue is visualized. Examples of nodules measure 1.95, 2.31, and 1.3 cm. A mass effect measures 3.88 cm x 4.66 cm.

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 minimal luminal contents. 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. Jejunum wall measures 0.38 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 area of 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

There is a scant amount of free fluid. No significant lymphadenopathy. The omentum is hyperechoic in the cranial abdomen.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic, irregular, heterogeneous/partially cystic mass effect visualized in the spleen –Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..
- Large, irregular liver with too numerous to count expansile hypoechoic nodules and mass lesions – Findings are concerning for metastatic neoplasia .

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and has too numerous to count large, expansile, hypoechoic nodules and mass lesions. These changes are most consistent with extensive metastatic disease. Additionally, there is a large, irregular mass effect in the cranial abdomen that appears to be associated with the spleen. Consider a fine needle aspirate of the spleen and/or a liver lesion for cytologic evaluation. Consider consultation with a veterinary oncologist regarding potential treatment options. Surgical options may be limited, as

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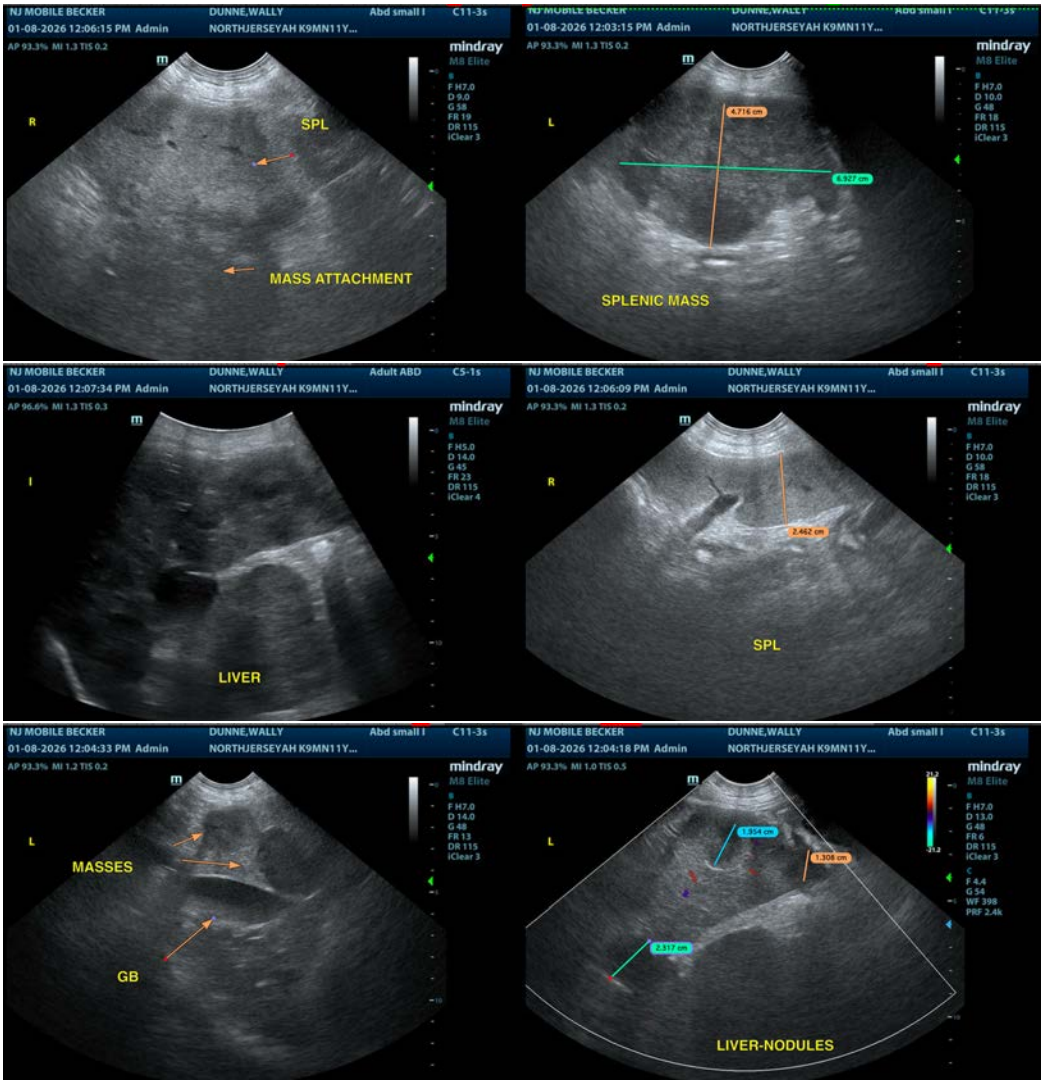
the appearance is most consistent with diffuse metastatic disease.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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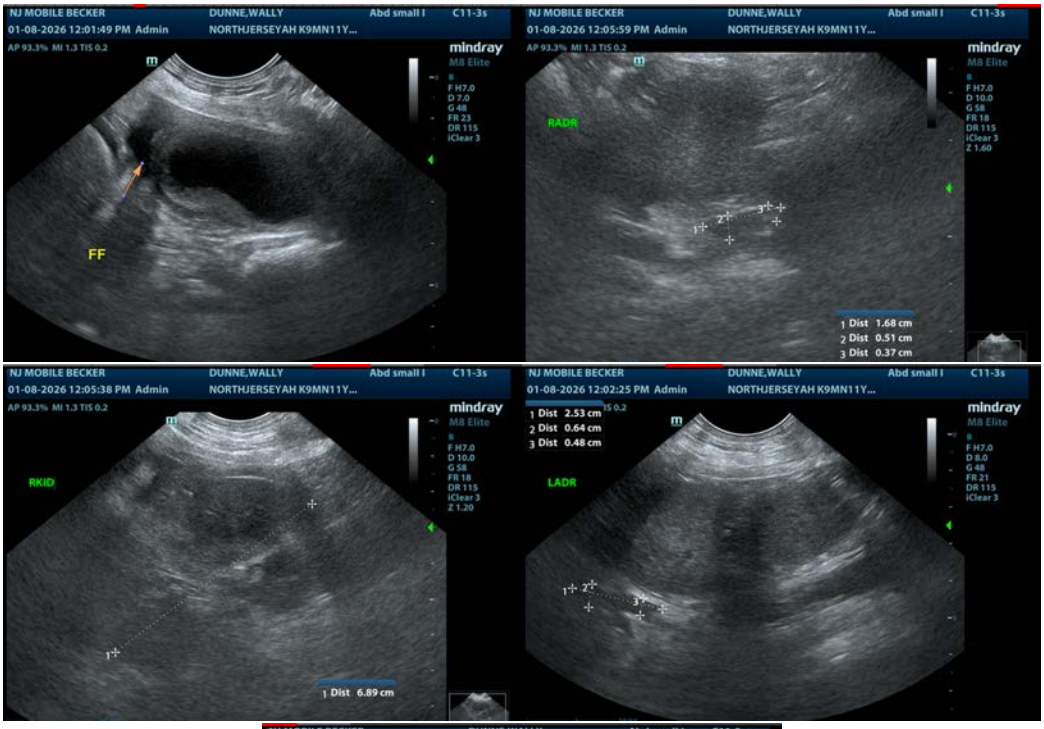

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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