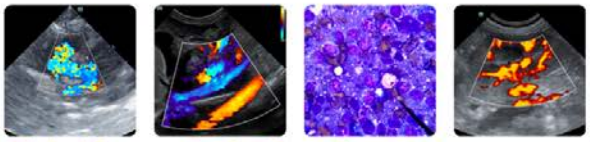


PATIENT

Bruno Perez

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

62.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Lionel Ricci

INVOICE

72280

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate weight loss, anorexia and vomiting. Pt has a history of chronic vomiting, weight loss and anorexia for 2 months. DDX: neoplasia, IBD vs chronic FB. Pt is currently taking cerenia, Vit B12, Metronidazole, and Low Fat diet.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached as supporting documents CBC: Increase WBCs, Thrombocytopenia CHEM: High Globulins 4DX: neg to all Radiographs: Abdominal mass effect and no abdominal organ details.

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 (0.86 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 (7.04 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 (6.98 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.

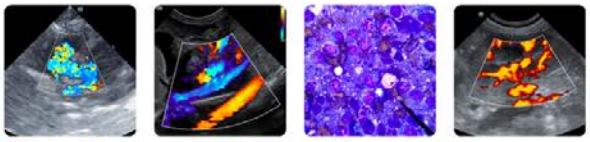
Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.63 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 0.45 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 (1.8 cm in width), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. There is a small, poorly defined hypoechoic nodule visualized at the periphery of the spleen measuring 0.41 cm in diameter. The blood flow through the hilus and splenic parenchyma appears normal.



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Liver

The liver is large and rounded. 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 poorly defined hypoechoic nodule visualized on the left side of the liver measuring 1.87 cm x 2.42 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 0.51 cm 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.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.59 cm. Jejunum wall measures 0.46 cm. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a section of jejunum with severe wall thickening and complete loss of layering creating a mass effect. In this area the diameter of the bowel is 3.78 cm. Wall thickness measures at 1.35 cm.

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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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 moderate amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy with large, rounded, hypoechoic mesenteric lymph nodes. Examples measure 2.83 cm x 2.31 cm and 4.87 cm x 4.03 cm. A lymph node in the cranial abdomen measures 1.26 cm x 2.55 cm. A cystic lymph node is visualized in the right cranial abdomen. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Small, poorly defined hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, rounded, heterogeneous liver with a poorly defined hypoechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Diffusely thickened small intestine with focal section of bowel with severe wall thickening and complete loss of layering – Findings are most consistent with an infiltrative mass lesion (round cell neoplasia, carcinoma, other). Other differentials are possible.

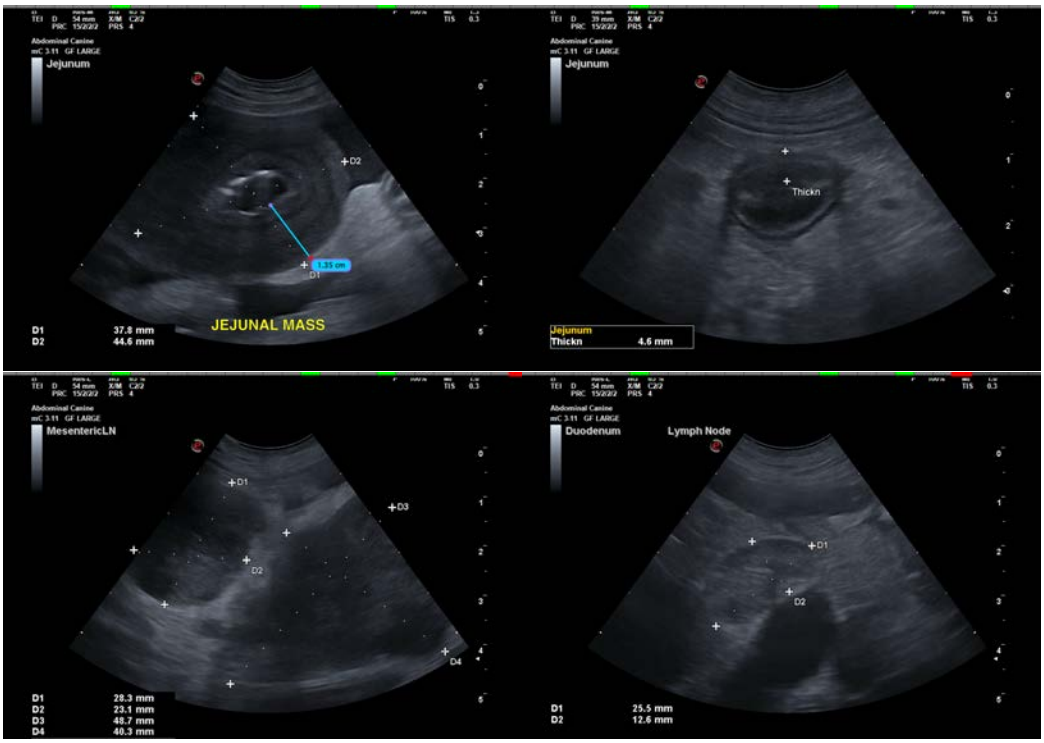
- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, focal bowel mass observed. This has the appearance most consistent with infiltrative neoplasia such as round cell neoplasia, carcinoma, other. Additionally, there is a severe mesenteric lymphadenopathy. Given the appearance, multicentric lymphoma would be the primary differential.

The liver is large, heterogeneous and rounded. There would be concern for possible infiltrative neoplasia to the liver as well based on today's appearance.

A fine needle aspirate of a mesenteric lymph node and the bowel mass was obtained during today's exam. If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. This patient is unlikely to be a good surgical candidate based on the multicentric nature of this presentation.



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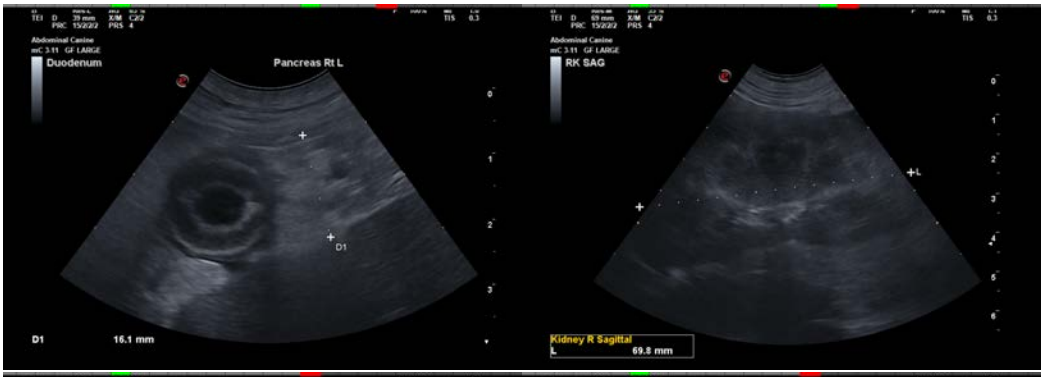

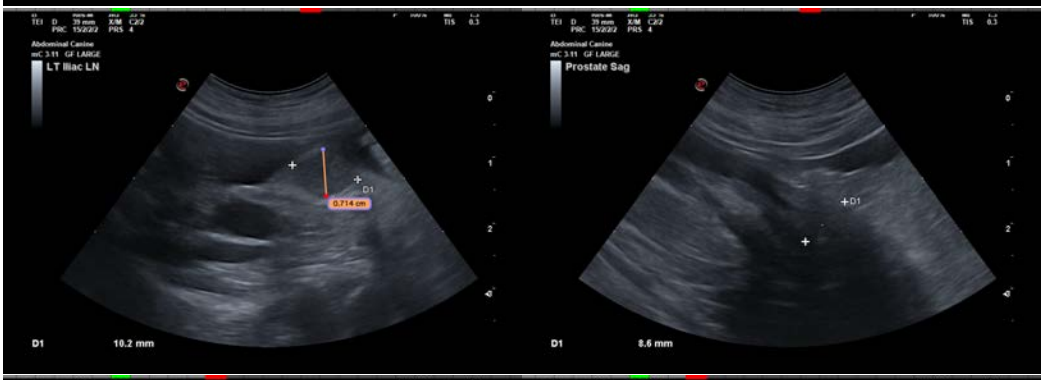

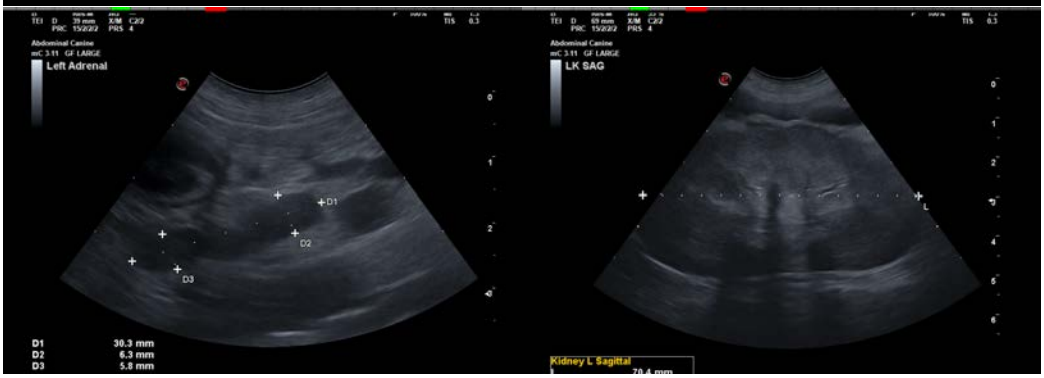

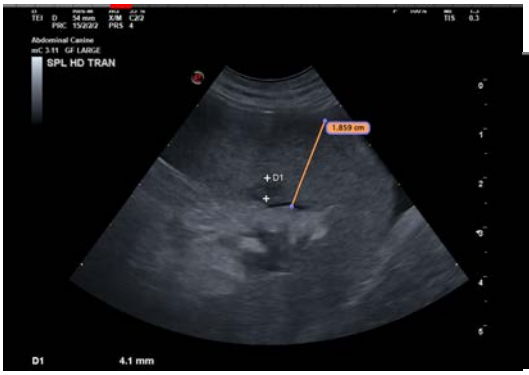

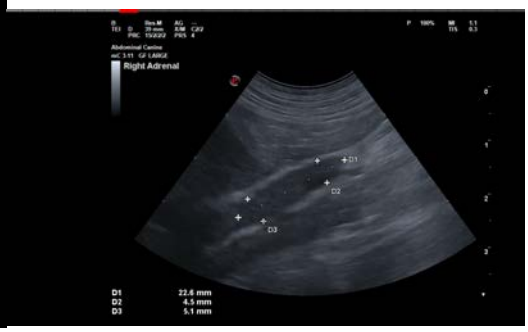

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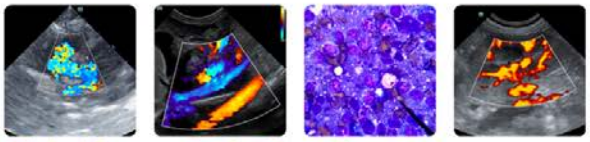

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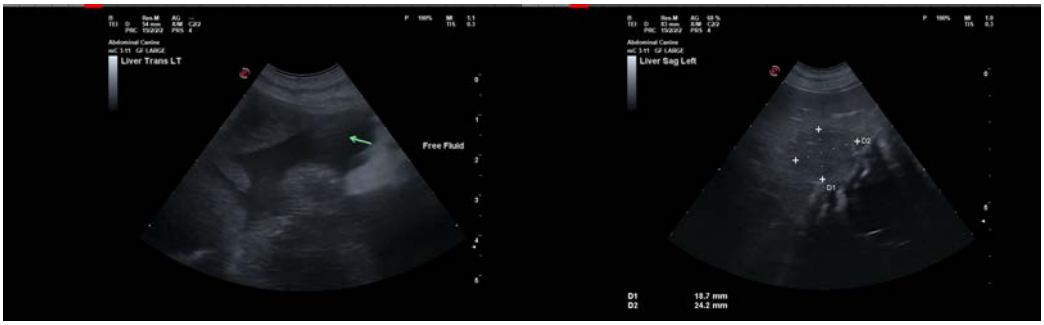

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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