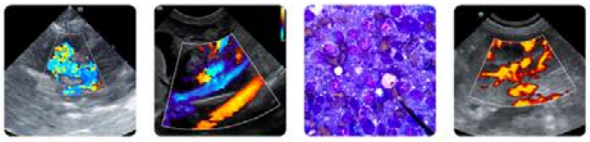


PATIENT

Piro Rivera

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

2 Years

WEIGHT

42.6 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. Maria Colon

INVOICE

74436

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy and weight loss. Px visited rDVM on Monday due to sudden lethargy and decrease in weight loss even though Px has a hearty appetite. No vomiting or diarrhea reported. No recent diet change reported. Px currently lives in an animal sanctuary. Px is utd on vx and HW and flea/tick prevs. Hx of Heartworm disease but was treated and is now negative. FNA of Medial Iliac Lymph Nodes were collected and results are currently pending.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to 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. Bladder wall measures 0.21 cm.

The prostate is normal in size (0.93 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 (6.71 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 (7.2 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.

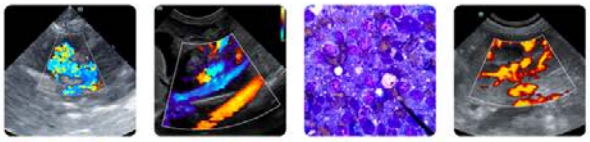
Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.55 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 0.62 cm at the cranial pole and 0.55 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 (1.75 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 0.47 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.

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 0.53 cm. Jejunum wall measures 0.41 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. There are occasional prominent mesenteric lymph nodes. Examples at the mesenteric root measure 0.76 cm x 1.25 cm and 0.48 cm x 1.52 cm. Additionally, the iliac lymph nodes are large, the right measures 1.1 cm x 2.76 cm and the left measures 1.17 cm x 2.08 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent/large mesenteric and iliac lymph nodes – Findings are most consistent with highly reactive or early metastatic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mild/moderate mesenteric lymphadenopathy with the iliac lymph nodes in particular being prominent. This could represent highly reactive or early neoplastic disease. A fine needle aspirate was obtained during today's exam, which should be very helpful in trying to differentiate.

No other focal lesions were visualized on today's exam to explain the symptoms reported. Consider a hunt for possible infectious causes of fever. Consider a urine culture, auscultation for a new heart murmur +/- blood cultures, etc.

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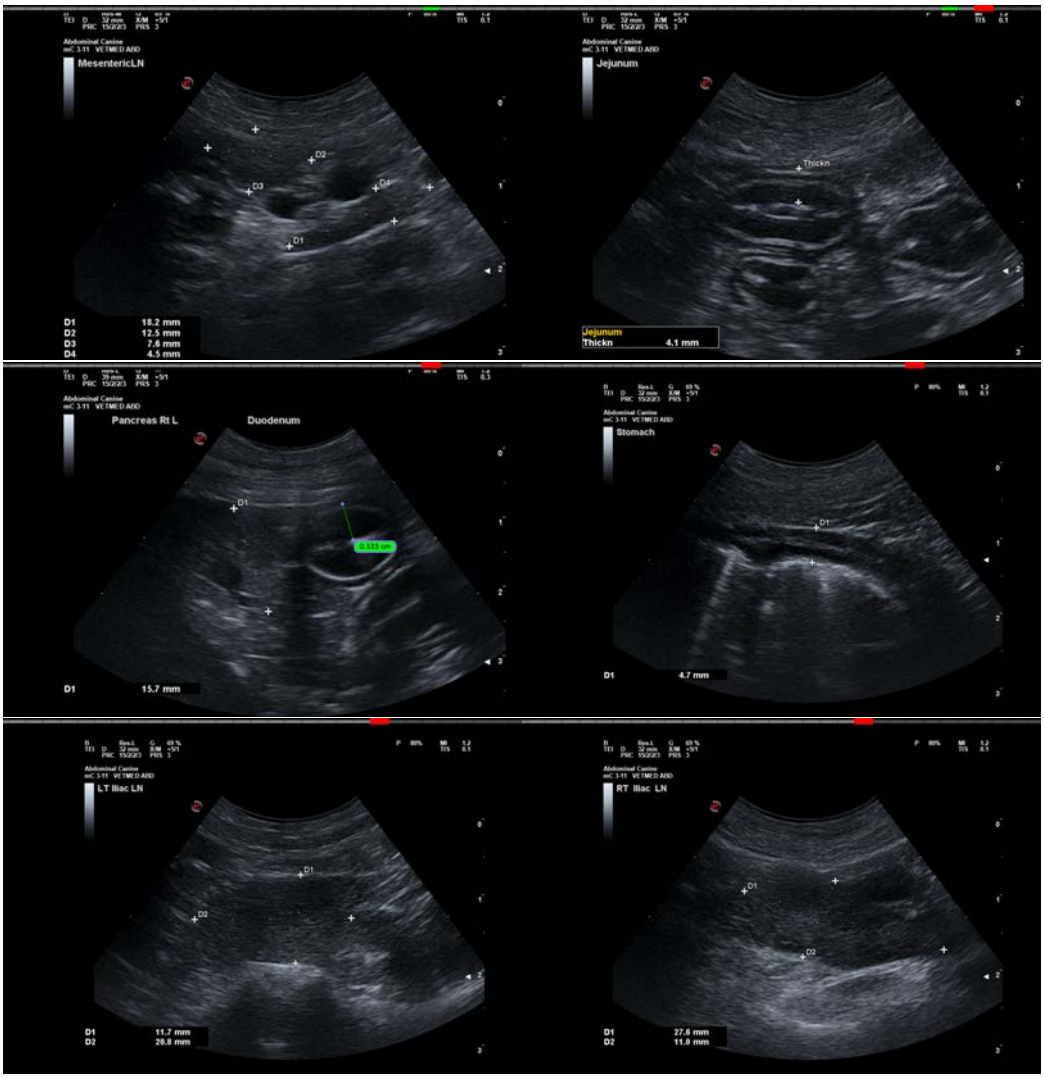
If vector borne disease is considered, you could consider a more expansive evaluation with canine comprehensive panel for vector borne disease from NC State University, which includes screening for bartonella, babesia, etc. Additionally, you could consider joint taps with samples for fluid analysis and cytology, looking for possible immune mediated polyarthritis or similar. If symptoms are persistent, you could consider repeat imaging over time, looking for further enlargement of the lymph nodes observed.

Recommend a digital rectal exam to evaluate for any anal gland disease, unseen prostatic changes, etc.



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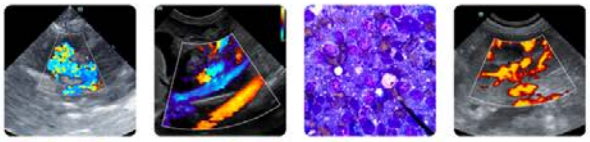

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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