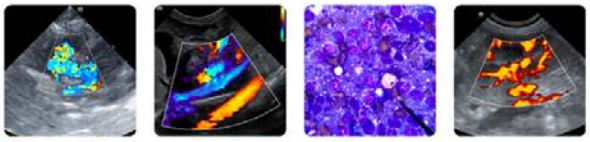


PATIENT

Jay Marcano

SPECIES

Canine

BREED

Shepherd x

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

21.9 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. McKay

INVOICE

73899

DATE

3/22/26

PRESENTING CLINICAL SIGNS

Presented for generalized weakness, anorexia for 2 days, vomiting, even after drinking water, gradual weight loss over the last 1-2 years. On PE, temperature was 40.1*C, HR 140, BP 164/88 (112). Very weak - doesn't like to stand for long periods.

Abnormal PE/Chem/CBC/UA Results: Mild generalized sarcopenia. BW: leukocytosis with a neutrophilia (bands), monocytosis. Elevated liver enzymes (ALT 156, ALP 293). Bloodwork done one month ago was reportedly normal. Urinalysis revealed normal USG (1.045) with evidence of infection (10 WBC/hpf, >50 RBC/hpf, cocci present).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Examples measure 0.70 cm and 0.80 cm in size, and 0.40 cm and 1.5 cm in size. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 7.8 cm. Right kidney measures 7.0 cm. Multiple cortical cysts present in the left kidney measuring up to 1.6 cm x 2.0 cm in size.

Reproductive System

Small, hypoechogenic prostate measuring 1.4 cm in width.

Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.68 cm and 0.76 cm in width.

The right adrenal gland is not visualized.

Spleen

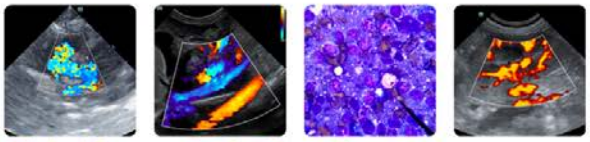
Normal size (2.6 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

A large, irregular, fluid containing mass is noted in the mid abdomen, showing no vascular pattern, and measuring approximately 3.4 cm x 5.0 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. The mass is not obviously associated with any organ system. However, it is in close proximity of the right lobe of the pancreas.

A focal enlarged lymph node is noted measuring approximately 0.50 cm x 1.9 cm in size, maintaining normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass/abscess with regional lymphadenomegaly.
- Ascites.
- Left renal cyst.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the abdominal mass/abscess would be neoplasia or granuloma with necrotic center, mesenteric abscess, or pancreatic abscess.

The most likely etiology for the regional lymphadenomegaly would be reactive hyperplasia, with lymphadenitis and infiltrative neoplasia being possible differential diagnoses.

The ascites can be ascribed as secondary to the mass, with bacterial peritonitis being a differential diagnosis.

Both the left renal cyst and the gallbladder sediment can be considered incidental findings.

Further assessment would be 3-view thoracic radiographs, analysis of the ascitic fluid, and possibly FNA cytology/percutaneous drainage of the mass/abscess.

A laparotomy should be considered, as it could be both diagnostic and therapeutic.

Further specific therapy would be dependent on an etiological diagnosis.

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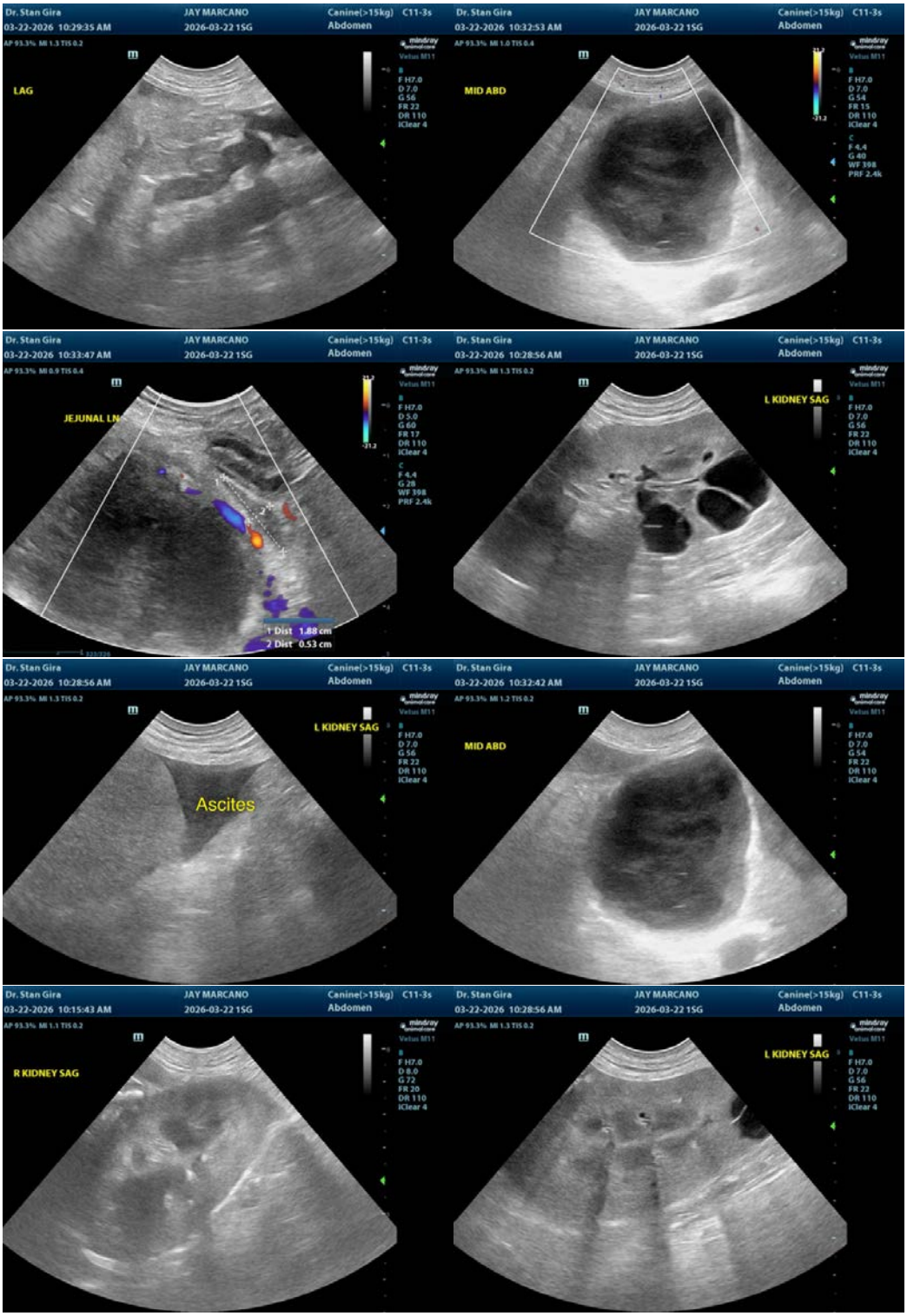

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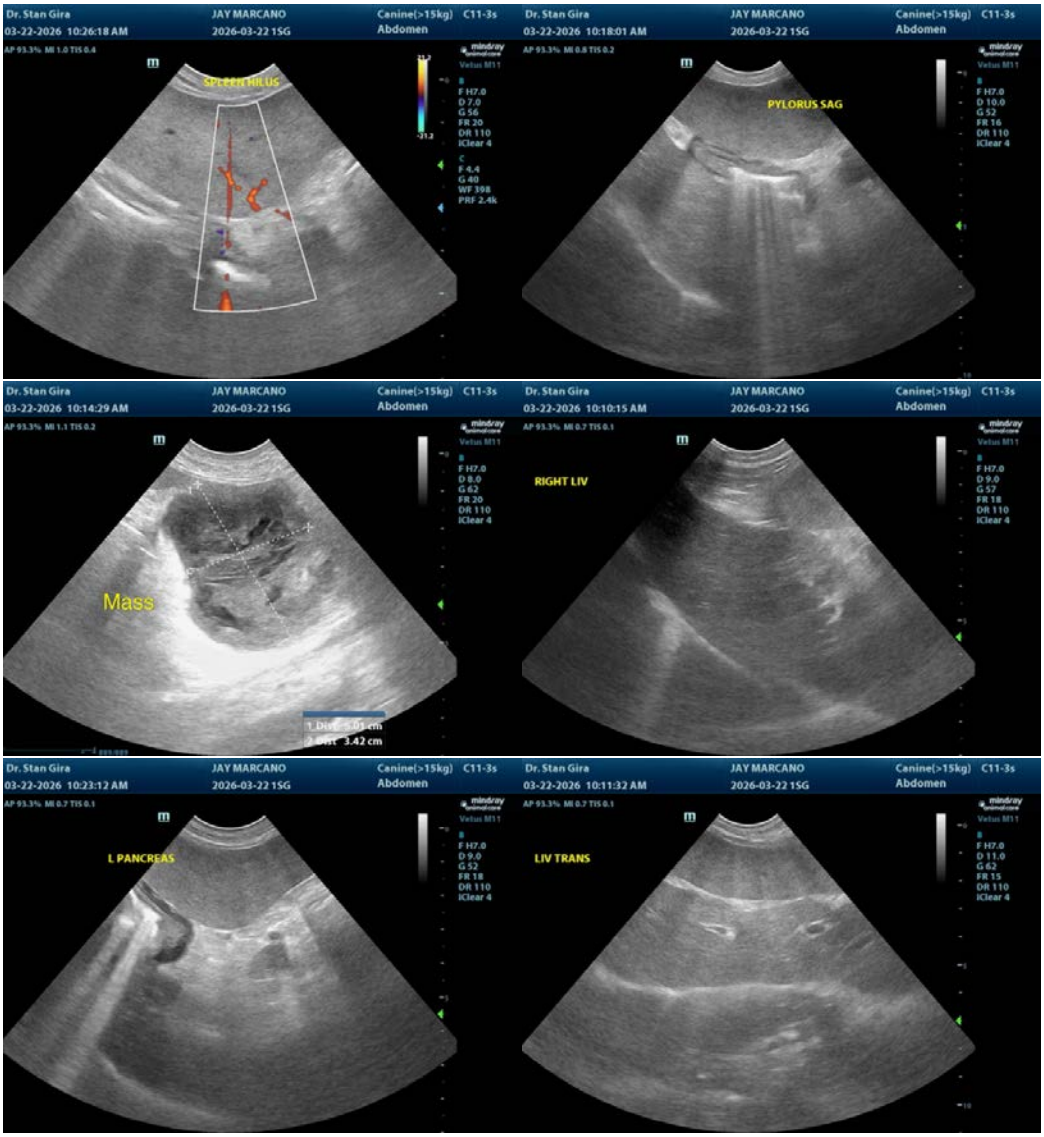

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com