**PATIENT**

Bogo Santiago

PRESENTING CLINICAL SIGNS

History: Patient presented after dog attack. Patient was bit on head by larger dog. Laceration on left side of face. Skull radiographs revealed fracture of left mandible. Patient has also been dealing with large tumor on left hind limb, which owner stated has been present for 3 months.

SPECIES

Canine

Current Medications: Cerenia 0.7ml IV q24hrs, Methadone 0.1ml IVq6hrs, Unasyn 0.4ml IVq8hrs, Clindamycin 0.51ml IVq8hrs.

BREED

Poodle

Lab Results: pending Radiographs: Skull radiographs- fracture of left mandible near ramus Radiographs of left hind limb- destruction of femur and part of tibia Radiographs of chest and abdomen- nsf.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans. Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT REQUESTED.

SEX

Male Intact

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

1/26/2011

WEIGHT

15.3 Lbs

The prostate is enlarged (1.84 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate ACVIM
(Small Animal Internal
Medicine)

The left kidney is normal in size (5.64 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.19 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Rachel Brillhart, RDMS

The right kidney is normal in size (5.63 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Eastern Animal Hospital

Adrenal Glands

The left adrenal gland is borderline enlarged (0.61 cm at cranial pole) (0.60 cm at caudal pole) (1.59 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. McKnight

The right adrenal gland is borderline enlarged (0.83 cm at cranial pole) (0.65 cm at caudal pole) (2.46 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10210

Spleen**DATE**

1/27/22

The spleen is normal in size (0.91 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

The left testicle measures 1.95 x 0.96 cm. The right testicle measures 1.92 x 1.38 cm. The testicles are subjectively normal in size and symmetrical with homogenous parenchyma. No focal lesions are observed.

Evaluation of the left hind limb mass reveals a >8 cm lobulated soft-tissue mass effect. The underlying cortical bone is disrupted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left hind-limb mass with bony involvement. Differentials include osteosarcoma, chondrosarcoma, other.
- There is no obvious evidence of metastatic disease in the abdomen.

Secondary Findings

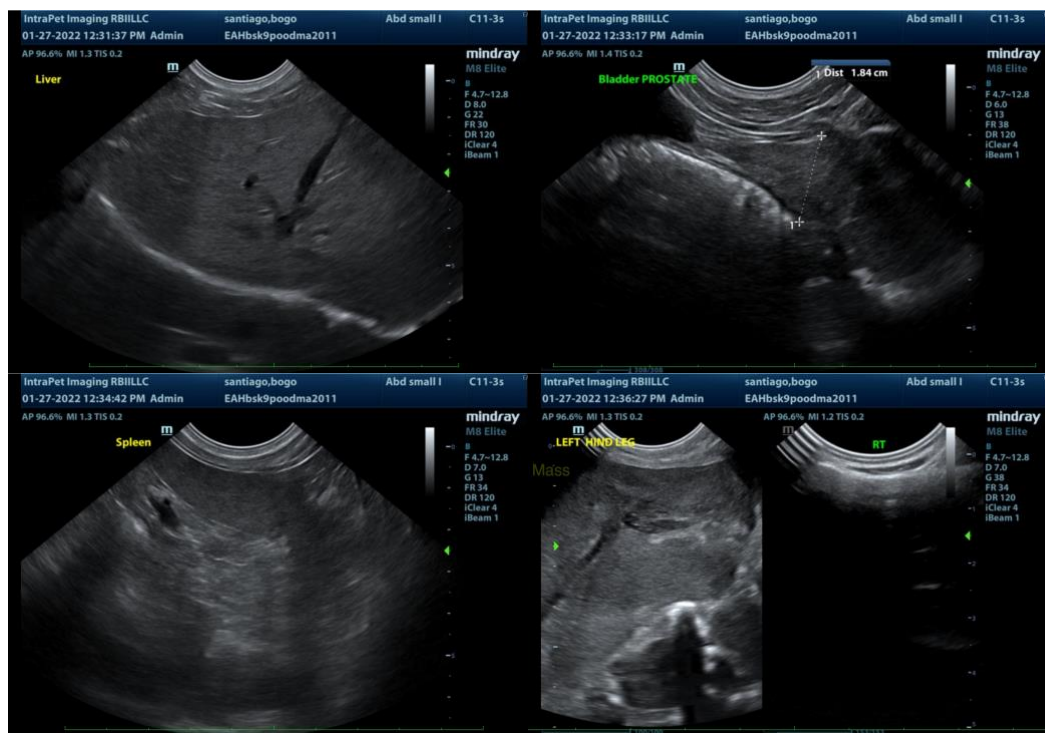
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's liver values is

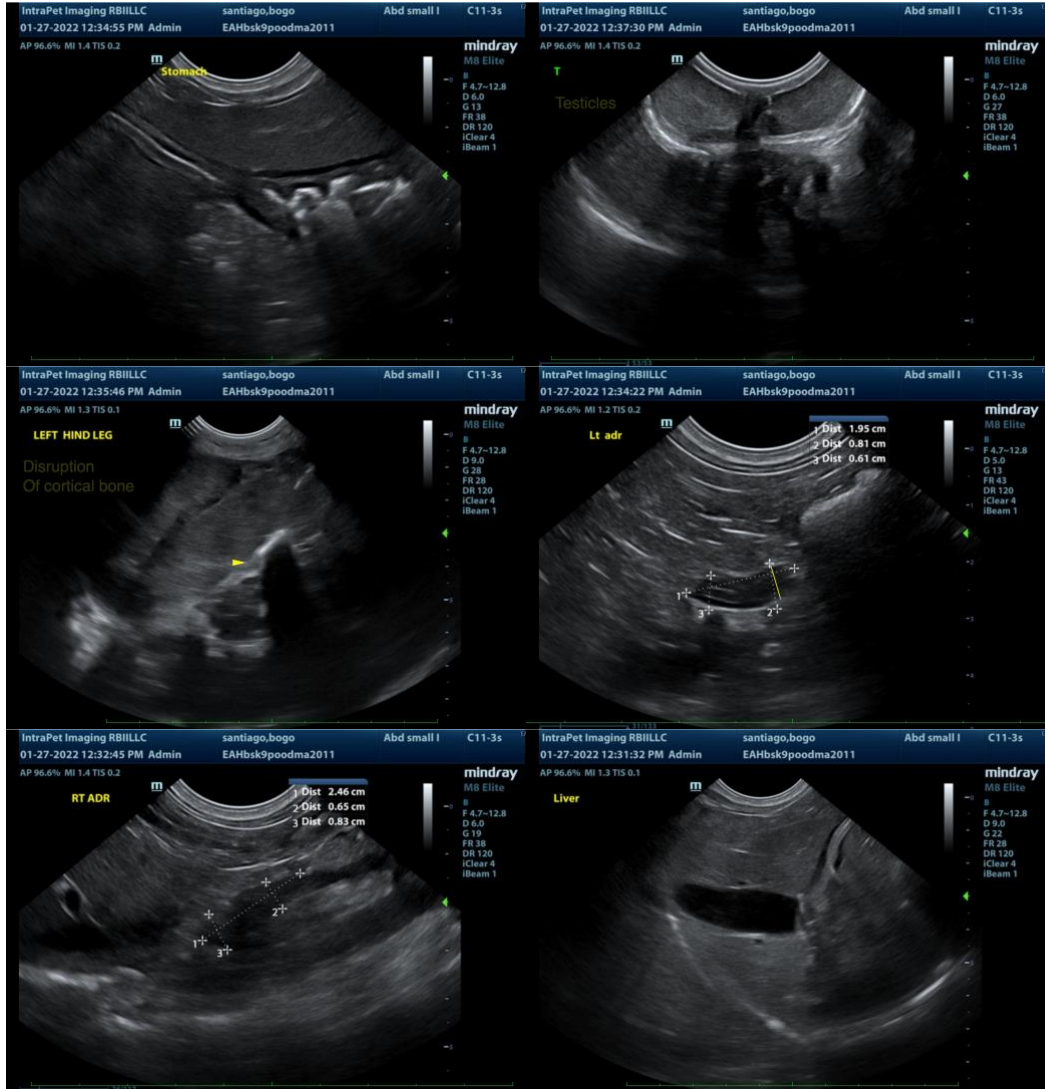
recommended.

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Borderline bilateral adrenomegaly
- Mild to moderate degenerative renal changes.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider consultation with a board-certified surgeon to discuss treatment options for the left hind limb mass, once the patient's condition has stabilized. An ultrasound guided fine needle aspirate of the lesion can also be considered. In the meantime, pain management is recommended.





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.

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