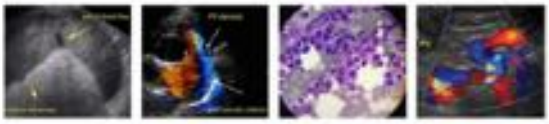

PATIENT

Bo Bismark

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

7 years, 1 mo

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr Sarah Kalivoda

INVOICE

12247

DATE

2.16.23

PRESENTING CLINICAL SIGNS

History: Sedated- Suspect Multiple Myeloma
RECOMMEND RECHECKING AN IHCBC PRIOR TO US.
1-yr-History of suspected Multiple Myeloma. Hyperviscisity syndrome. P also had a TPLO on LH and Prolo on right~ Meds"PREDNISONE 15 MG po sid VETPROPHEN 100MG 1/2 TAB po bid prn TRAMADOL 50MG 2-3 TABS PO BID PRN CORYDALIS 2 TABS PO BID PRN

Abnormal PE/Chem/CBC/UA Results: 1/24/23: PTT 217 PT: RBC: 4.72 HCT: 29.8 HGB: 10.4 mild leukopenia Platelets 111 Cholesterol 48 Amylase: 257 Calcium 12.3 (LABs attached as well) RAD report: Conclusions: Increase in synovial volume within the left stifle commonly represents effusion which is often seen secondary to ligamentous injury (cranial cruciate ligament tear/rupture) or due to synovitis. Correlate with orthopedic exam. Osteoarthrosis of the left stifle and to a lesser extent the right. Impression of radiolucent areas affecting the condyles of the left femur and tibia. These are believed to be cystic changes secondary to osteoarthrosis; however, given the degree of effusion within the stifle, clinical signs and reported bloodwork results, secondary to a neoplastic process or septic arthritis cannot be completely ruled out. Unremarkable thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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.

The left kidney is normal in size (8.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (8.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is slightly small in size (0.40 cm at cranial pole) (0.46 cm at caudal pole) with normal curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (0.81 at the cranial pole) (0.55 cm at caudal pole) (3.05 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.78 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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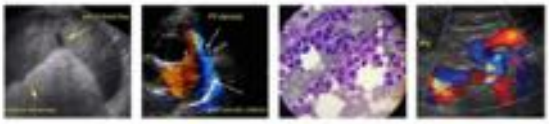

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Liver
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

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
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other
A >5.00 multi-septated cystic structure with fat opacities is observed along the midline. The lesion appears to be in the subcutaneous region. However, a small rent in the body wall cannot be excluded.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cystic subcutaneous structure may represent a vascular tumor (i.e., hemangiosarcoma, hemangioma), hematoma, umbilical hernia, abscess, cystic lipoma, other. It is suspected to be confined to the subcutaneous space. However, given the trace ascites and the difficulty in assessing all margins of the lesion, penetration into the abdominal cavity cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- A fine-needle aspirate of the cystic structure is recommended (using a 25-guage needle). Samples should be submitted for cytologic evaluation. Also consider a CT scan of the region to better characterize the lesion and to assess for potential abdominal involvement. Consultation with a board-certified surgeon should also be considered.
- Consultation with a board-certified oncologist is recommended regarding further recommendations for multiple myeloma management.

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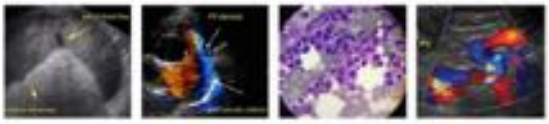

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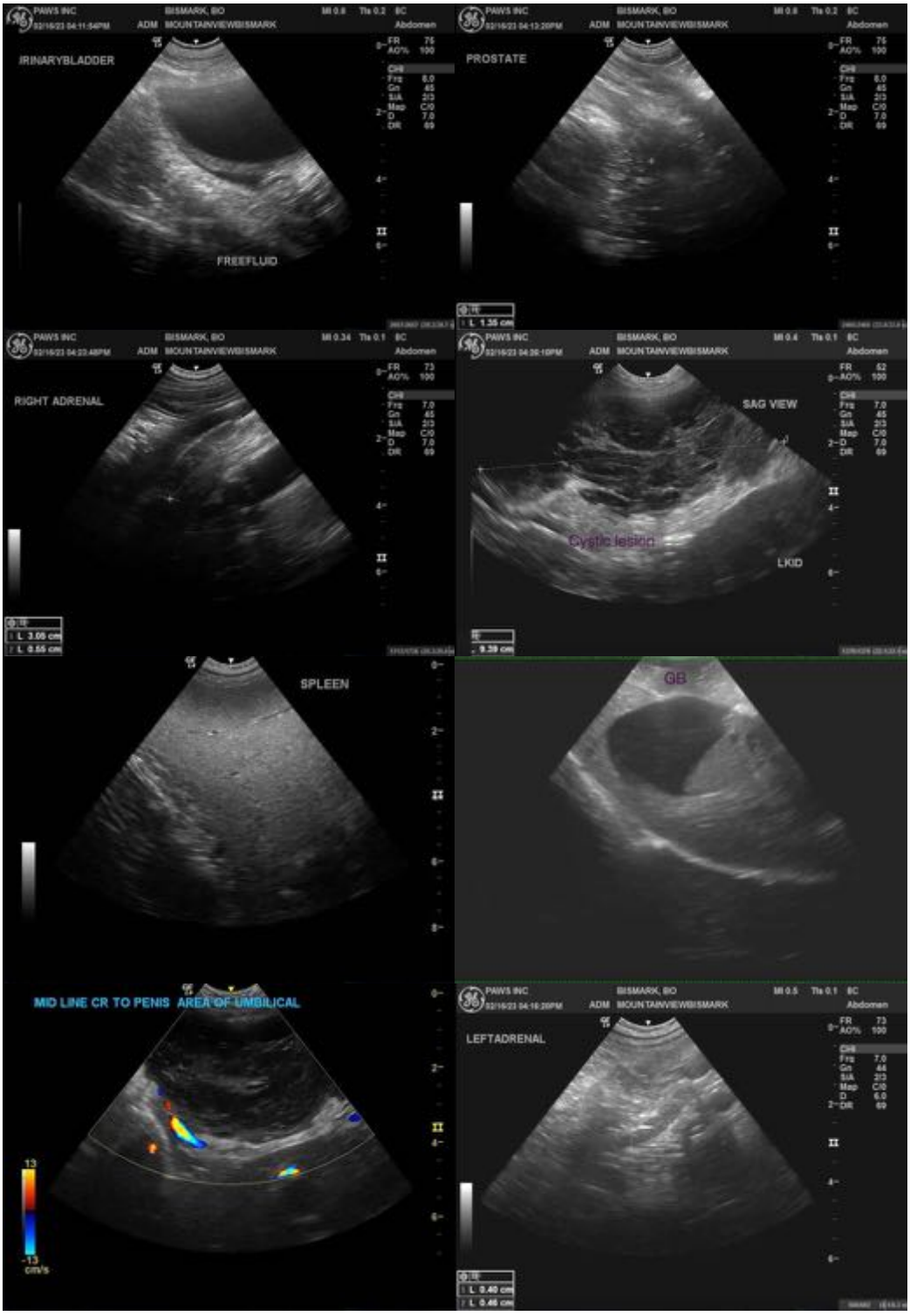
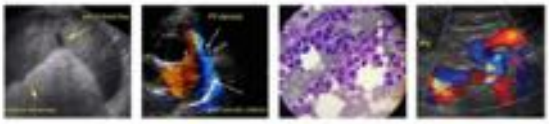


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com