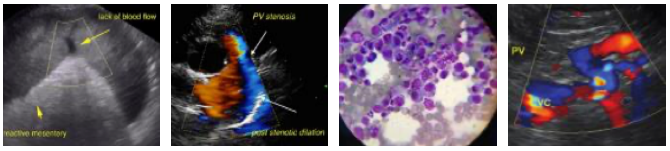

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1-800-838-4268 info@sonopath.com

PATIENT
Uri Ivashchenko

SPECIES
Canine

BREED
Standard Poodle

SEX
Male, intact

AGE
12 Yrs.

WEIGHT
52.5 lbs.

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

IMAGING PERFORMED BY
Sorbo

HOSPITAL NAME
Back Bay VC

REFERRING VET
Dr. Sager-Gellerman

INVOICE
13013

DATE
2/22/22

PRESENTING CLINICAL SIGNS

History: acute on chronic CxS (similar signs ~1 mo ago) Past 48-72 hours inappetance --> anorexia, vomiting, diarrhea, lethargy. Evaluated in person 2/20 --> dehydrated, pale-pink MM, weight loss. labwork (below), supportive care (SQF, Cerenia). Started metro/doxycycline. Tick-borne PCR pending, Clinpath review of CBC pending (as of 2/21)
Abnormal PE/Chem/CBC/UA Results: 1/13/22: CBC: - low normal HCT (41%), low normal RBC (5.85) - mild monocytosis (1.357), thrombocytopenia (w/ clumps) (74k) CHEM: - mild hypokalemia (3.9), remainder wnl Cortisol: - wnl (3.2) cPL: wnl (119) 2/20/22: CBC: - moderate normochromic normocytic regenerative anemia (HCT - 24.7, RBC - 3.78) - Reticulocytes (137; reference range 10-110) - inflammatory leukogram: (neutrophilia - 33.4, monocytosis - 4.65, lymphs wnl - 4.4) - thrombocytopenia (103k) --> no clumps seen on smear in clinic; MPV elevated (17.5) CHEM: - no abnormalities Tick vector PCR Pending Clinpath review of CBC pending 2/22/2: PCV: 30%

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.

The prostate is enlarged (4.72 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with numerous small ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

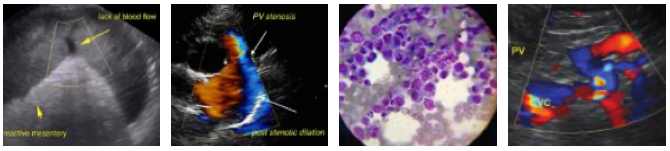
The left adrenal gland is normal size (0.69 cm at cranial pole) (0.75 cm at caudal pole) (2.46 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is normal size (0.71 cm in width); normal shape; glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

In the definitively visualized portion of the spleen, the contours are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis. See *Other.*

Liver



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The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. Vascular and biliary tracts are of normal volume with no evidence of congestion. See *Other*. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is gas distended and displaced/compressed by the cranial abdominal mass. The small intestinal lumen is segmentally fluid distended. 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 disease is noted.

Pancreas

The pancreas is largely obscured by the large cranial abdominal mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

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

Other

An approximately 14 cm irregular, heterogeneous, cavitated mass is observed in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cranial abdominal mass, the origin of which is unclear. It is suspected to be arising from liver. However, splenic, mesenteric, or other origin cannot be completely excluded.
- The trace ascites is likely secondary to the cranial abdominal mass.

Secondary Findings:

- The prostatic changes are most consistent with benign prostatic hyperplasia with parenchymal cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning.

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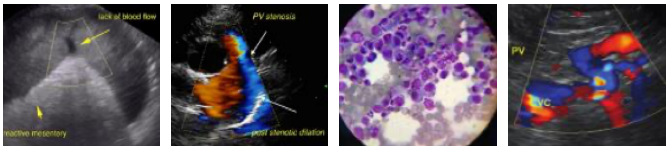

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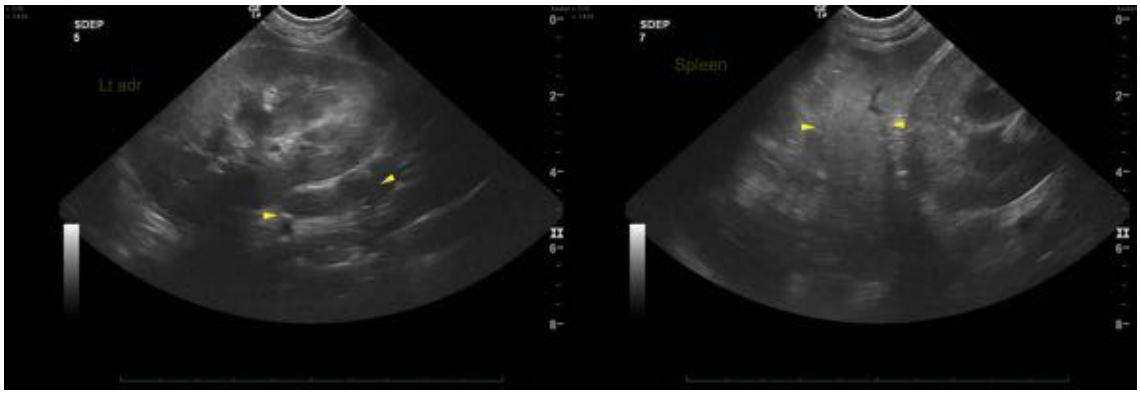

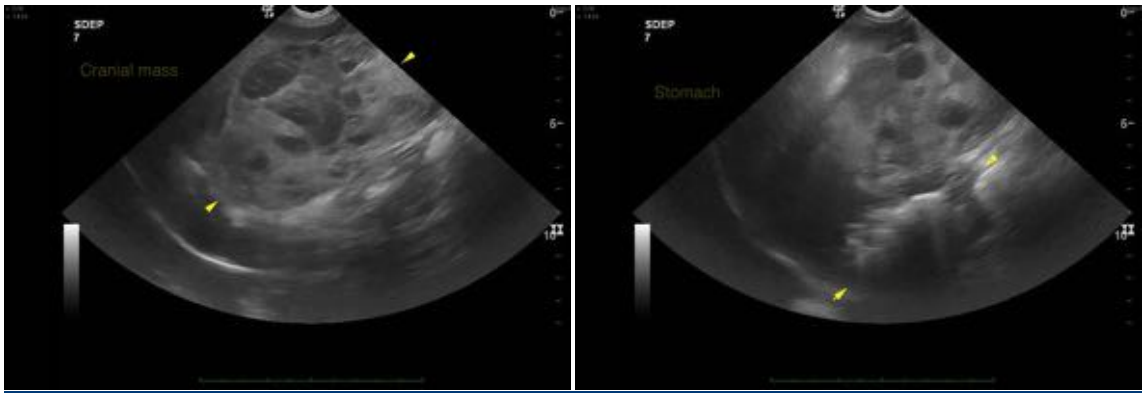

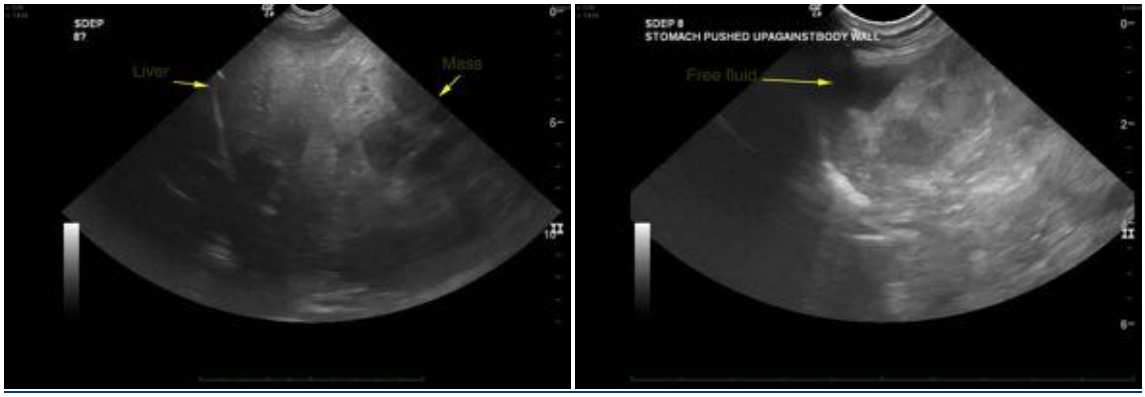

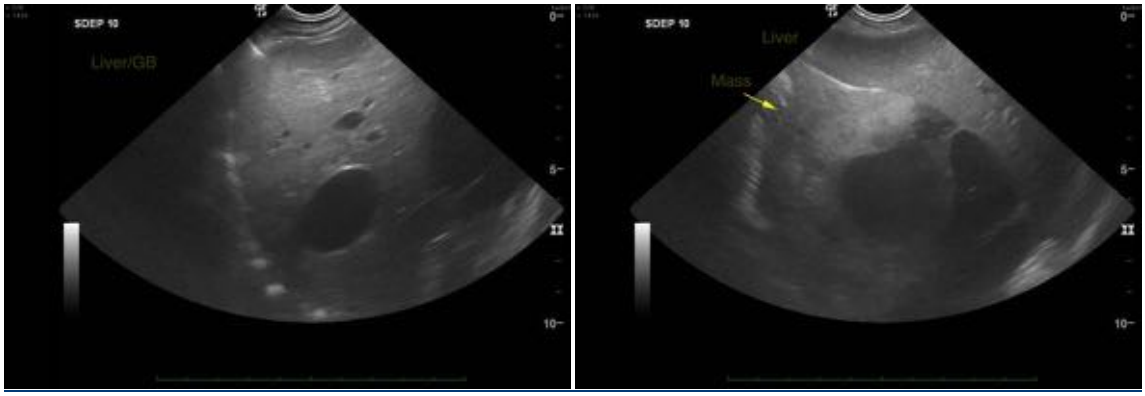

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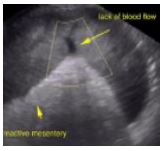
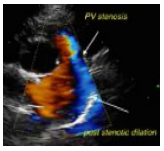
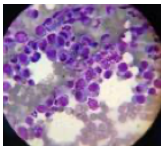
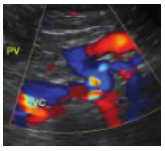

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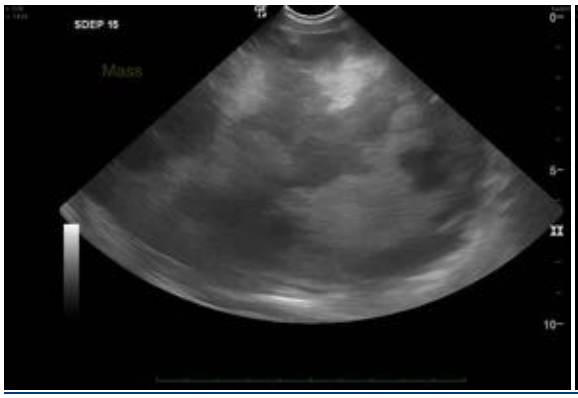

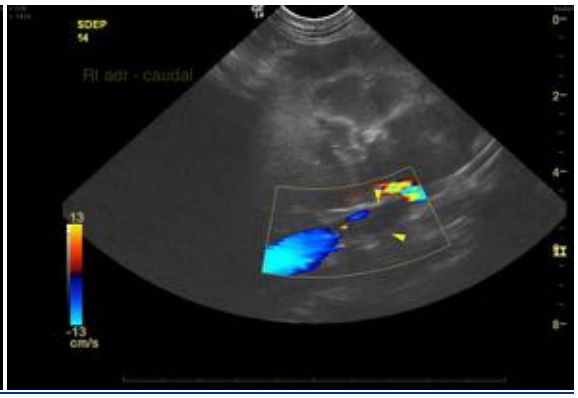

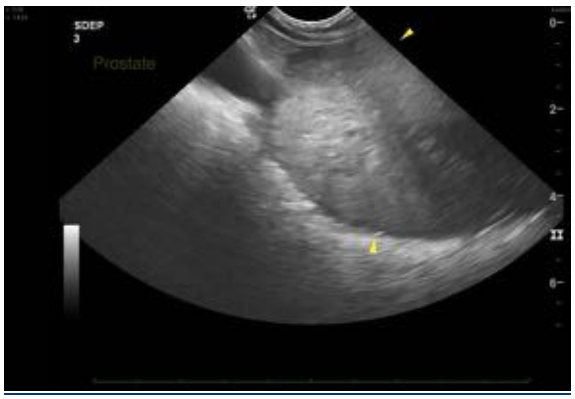

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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