



PATIENT

Bo Bismark

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

6 years, 2 mos

WEIGHT

74.4 lbs

History: Chief Concern / Provisional Diagnosis: ~Suspected lymphoid neoplasia~ Relevant Medical History and Physical Exam findings: ~Bo initially presented on 1/22/22 for evaluation of a 2x2.5cm skin mass on the dorso-lumbar region that has changed in size over time. Initial cytology examination did not show malignancy however neoplasia could not be ruled out. Bloodwork showed marked hyperglobulinemia and immunoelectrophoresis showed monoclonal gammopathy. Rec further diagnostics to r/o neoplastic process and metastasis~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ 2/17/22 Glob 8.3g/dL Alb 1.9g/dL (suspected compensatory) Immunoelectrophoresis: IgM monoclonal gammopathy~

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 normal in size (1.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney presented normal size (6.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney presented normal size (6.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.57 cm at caudal pole) (2.76 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.

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The right adrenal gland is normal size (0.67 cm at cranial pole) (0.41 cm at caudal pole) (3.29 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. Pablo Mendoza

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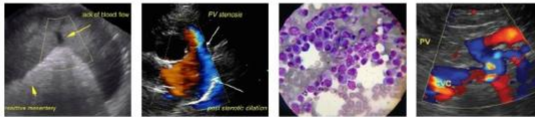
Spleen

The spleen is normal in size (2.40 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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Liver

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Bo Bismark 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.

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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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.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two prominent caudal abdominal lymph nodes are visualized, the largest measuring 2.50 cm in length. The nodes are normal in shape and echogenicity.

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Other

A 2.34 x 0.84 cm heterogenous subcutaneous mass is visualized. The lesion contains ill-defined hyperechoic areas.

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A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mild caudal lymphadenomegaly is most consistent with reactive nodes, with a lower possibility of emerging neoplasia.
- Subcutaneous mass

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**An obvious cause for the patient's monoclonal gammopathy is not identified in this study. Top differentials include multiple myeloma and lymphoma.

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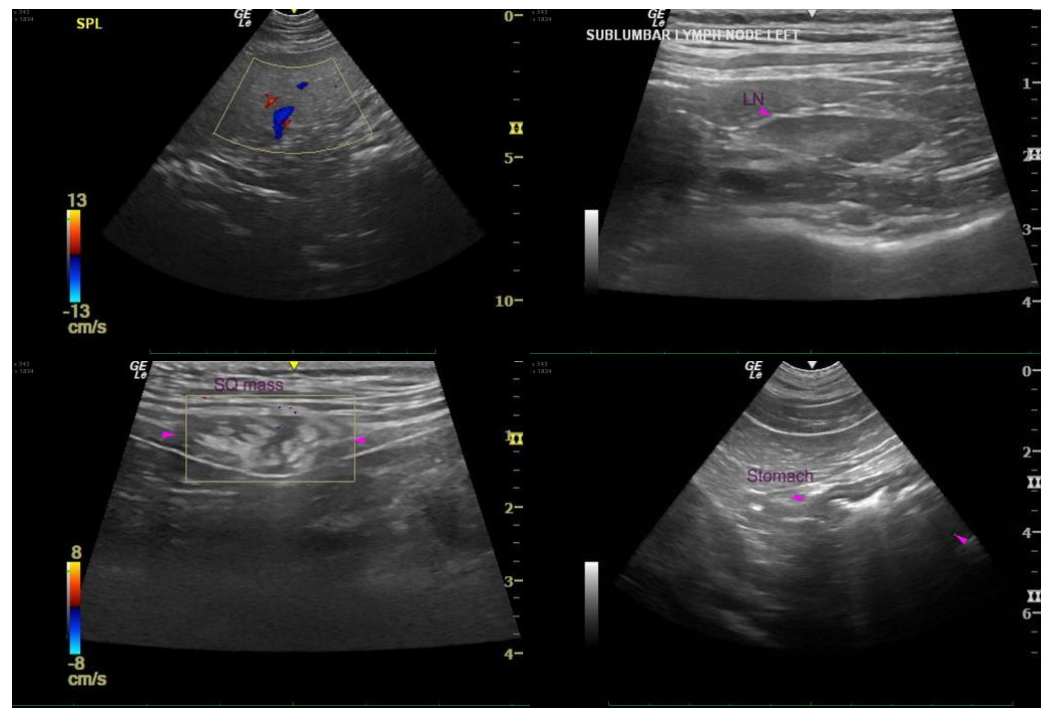
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Whole body radiographs are recommended to assess for neoplasia in the chest and bony lesions, particularly in the vertebrae. Ultimately a bone marrow aspirate may be necessary to get a definitive diagnosis. This procedure can be useful in further evaluating for multiple myeloma.



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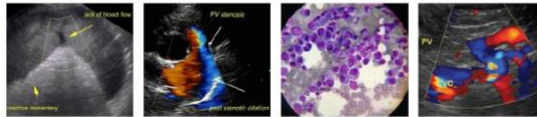
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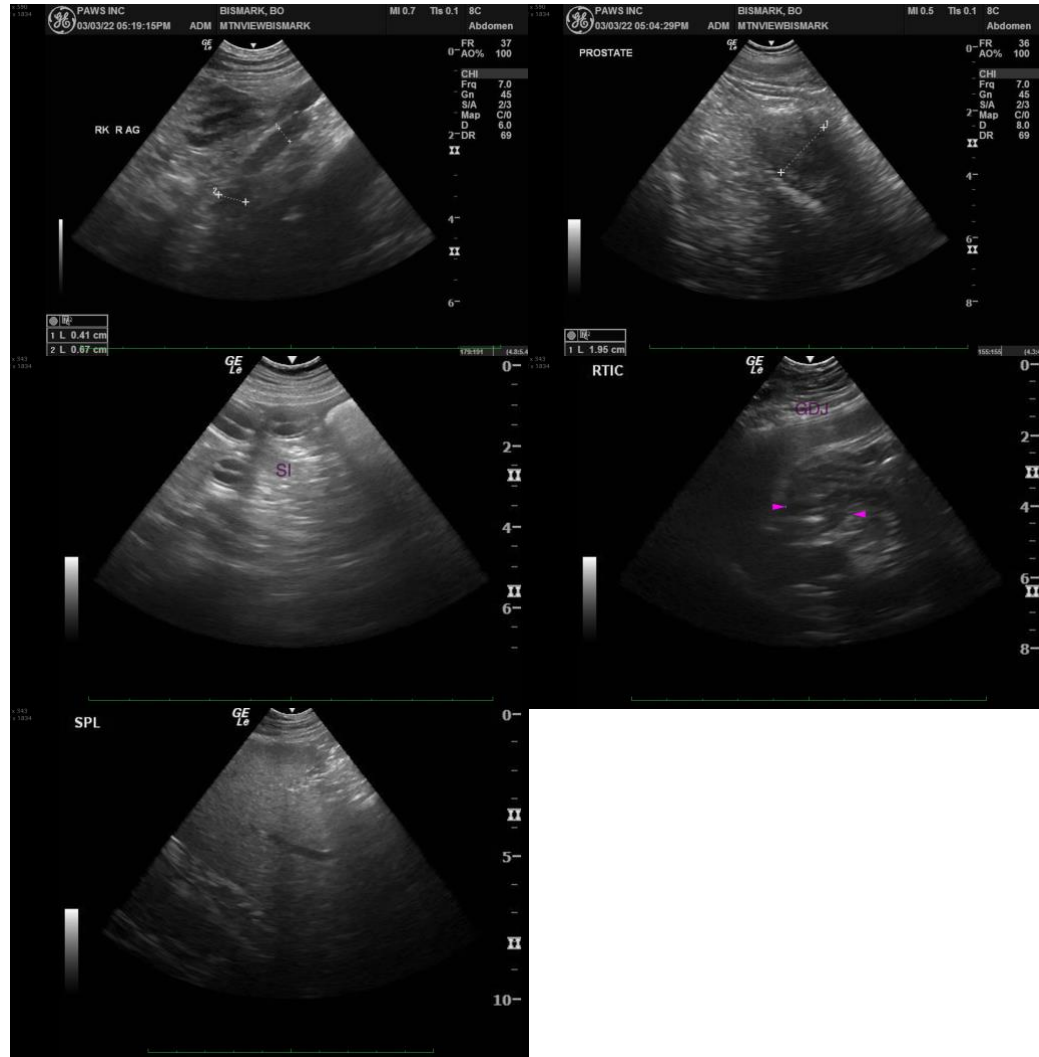
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Dr. Pablo Mendoza

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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