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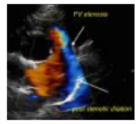
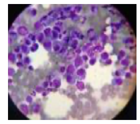
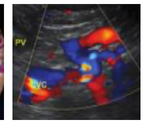

SonoPath
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DATE
4/12/22

PATIENT
Maxwell Peck

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Male, neutered

AGE
4/12/2015

WEIGHT
23.6 lbs.

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

HOSPITAL NAME
Banfield Towson

REFERRING VET
Dr. Lewis

INVOICE
13187

PRESENTING CLINICAL SIGNS

P present today for exam and estimate for dental and mass removal. Owner is concerned that pet is acting constipated and straining to defecate. Has not eaten since last night around 5 or 6 pm. Pet does have a history of waxing/waning diarrhea and arthritis. QAR, Wt: 10.70 kg, BCS: 6/9, Eyes: Grossly appropriate, Ears: Unremarkable, Nasal and Oral Cavity: No nasal discharge. 2/4 dental calc mod tartar, PLN: WNL, Heart/Lungs: no murmurs or arrhythmias. pulses strong and synchronous. Eupneic, lungs clear. Abdomen: tense and palpation with abnormal firm swellings palpated bilateral caudal abdomen, U/G: normal external genitalia. No discharge. Musculoskeletal: ambulatory x4 with not appreciable lameness, Integument: 1.5 cm soft skin mass right axillary area, Neuro: Appropriate mentation. Full neurologic exam not performed, Rectal: severe narrowing of colon when attempting to rectal, unable to pass finger more than a cm into rectum. Last rectal performed 2021 was normal.

Current Medications: Galliprant 20mg daily, Dasuquin, Proviable capsules.
Lab Results: 1/5/22- ALKP 319, rest WNL. Cortisol level normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Requested by DVM.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A tiny cystic calculus is observed within the lumen. Luminal contents are otherwise mostly anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.59 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.

The right kidney is normal size (5.03 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.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.43 cm at caudal pole) (1.81 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 right adrenal gland is normal size (0.76 cm at cranial pole) (0.64 cm at caudal pole) (1.88 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.

Spleen

The spleen is normal in size (1.14 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.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular 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. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic to mineralized partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric 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. No obstructive 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.

Lymph Nodes
See *Other.*

Other

A 9.24 x 5.32 cm irregular heterogeneous vascular mass with foci of mineralization is observed in the caudal abdomen and extends into the pelvic canal. The mesentery surrounding the mass is hyperechoic. The mass can also be visualized from a rectal approach.

A 1.59 x 1.06 cm hypoechoic nodule is observed. The nodule causes a ring down artifact. Several additional ring downs are observed in the thorax.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Large mineralized caudal abdominal mass with extension into the pelvic canal. The origin of the mass is unclear. It may be arising from soft tissues, mesentery, lymph node, vasculature, descending colon, other. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a low possibility of benign pathology (i.e., inflammatory lesion). Adjacent tissues are inflamed.

- Pulmonary nodule with other ring down lesions present, suggestive of pulmonary parenchymal disease. Pulmonary metastases is a possibility, particularly with regard to the nodule. However, other pulmonary diseases (i.e., granulomas) cannot be completely excluded.

Secondary Findings:

- Suspected benign hepatopathy.

- Gallbladder debris/sludge, incidental.

- Minor age-related renal changes.

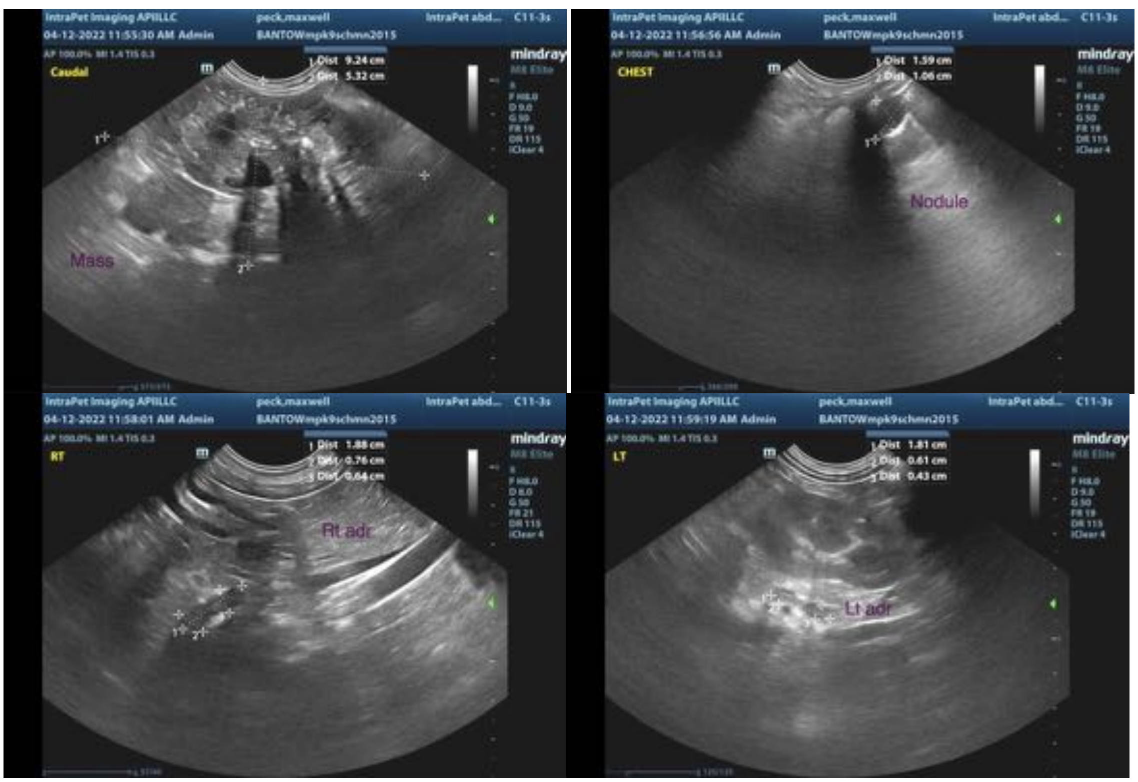
- Tiny cystic calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- Consider a fine needle aspirate of the caudal abdominal mass (if clotting status is appropriate). Care should be taken to avoid vascular regions. The client should be warned of the potential risk for iatrogenic hemorrhage with aspiration.

- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal and pelvic CT scan would be useful in determining the extent of the mass. However, the prognosis for this patient is considered guarded, particularly due to the size of the mass, its location and the concern for pulmonary metastatic disease.



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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com