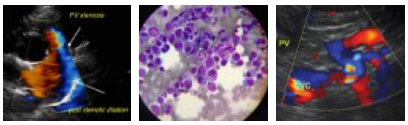
IMAGING PERFORMED BY

IntraPet.com



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DATE

5/9/22

PATIENT

Benji Larkin

SPECIES

Canine

BREED

Rottweiler mix

SEX

Male, neutered

AGE

9/3/2016

WEIGHT

26.13 kg.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Lewis

INVOICE

13329

PRESENTING CLINICAL SIGNS

4/12/22 pet presents for an exam for decreased energy. Owner has noticed a decrease in energy over the past week, eating/drinking normally. NO vomiting or diarrhea. Spends time with both owners and owners' parents. Owner has also noticed 2 masses-one behind right ear and one on right hindleg. Not growing or bothering pet. PE: BAR, Wt: 26.13 kg BCS: 6/9, Eyes: Grossly appropriate, Ears: wnl, Nasal and Oral Cavity: No nasal discharge. Mild dental tartar/periodontal disease, PLN: WNL, Heart/Lungs: no murmurs or arrhythmias. pulses strong and synchronous. Eupneic, lungs clear. Abdomen: tense and splinting on abdominal palpation, U/G: normal external genitalia. No discharge
Musculoskeletal :ambulatory x4 with not appreciable lameness; no pain found on palpation of limbs, spine, or neck, Integument: 1 cm firm skin mass inside of R back leg: small skin tag medial to right ear base
Neuro: Appropriate mentation. Full neurologic exam not performed
Rectal: Not preformed. Owner called 5/2/22 to state that pet is still lethargic and refusing to eat meals. Will graze occasionally throughout the day. No evidence of pain, no lameness. No vomiting or diarrhea present

Current Medications: None.
Lab Results: Superchem/CBC on 4/12: globulins 5.2, Rest WNL
Histopath of ulcerated mass returned as a histocytoma.
Radiographs: Abdominal radiographs were read out by radiologist as normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.32 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.70 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.75 cm at caudal pole) (3.07 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 (0.82 cm at cranial pole) (0.80 cm at caudal pole) (3.11 cm in length) with a normal shape and smooth peripheral contours. A 0.74 x 0.62 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.33 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 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 gallbladder 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.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. The abdominal lymph nodes are normal/not visible.

Other

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

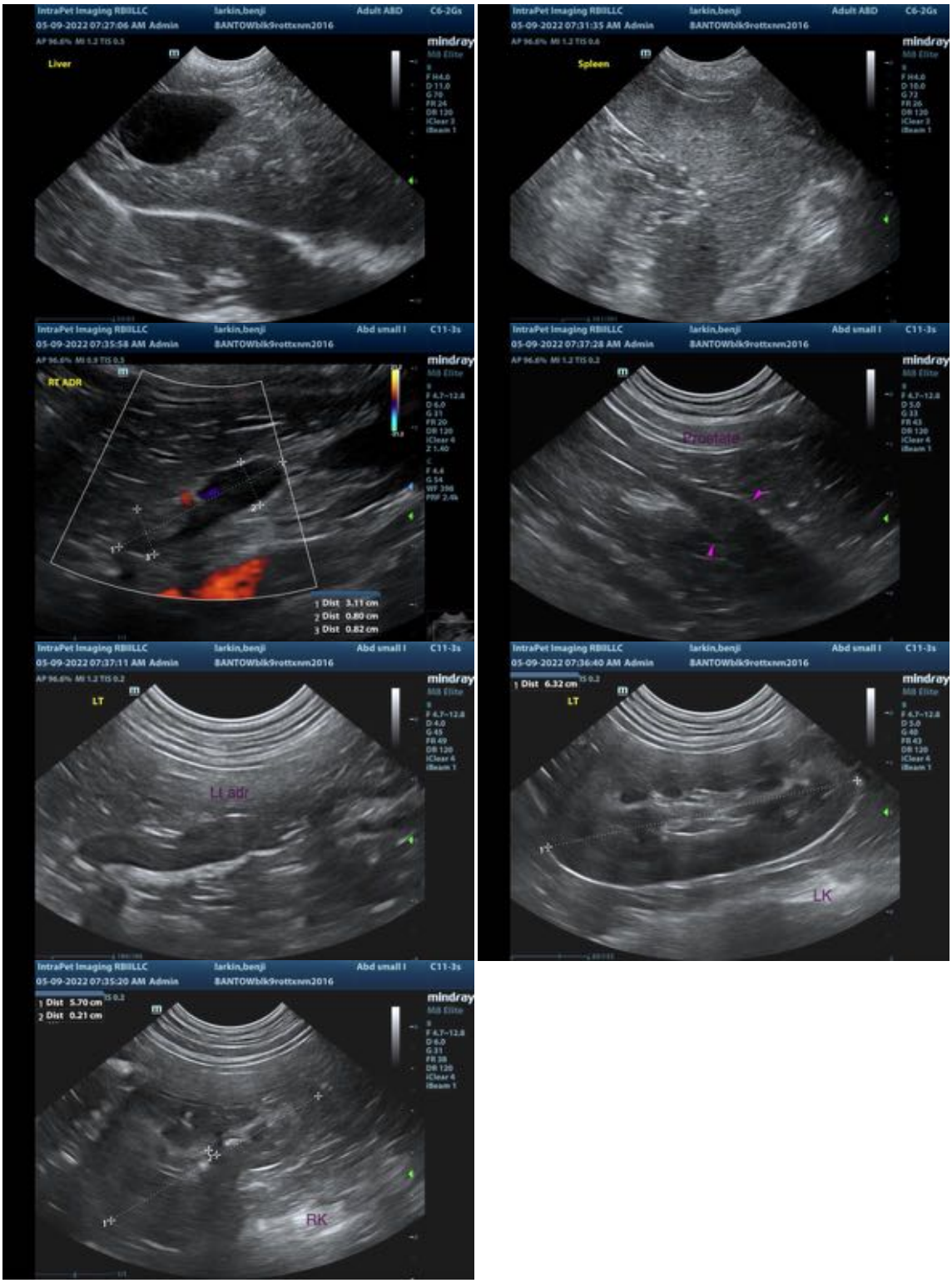
ULTRASONOGRAPHIC FINDINGS

- The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include orthopedic/neurologic disease, underlying metabolic issue, occult neoplasia, infection, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs (three-view) are recommended to assess for occult disease in the chest.
- Thorough orthopedic and neurological evaluations are recommended.
- Consider further testing for infectious disease (i.e., tick borne).
- Consider a malabsorption panel including serum cobalamin, folate, TLI/PLI to further assess for low-grade gastrointestinal and pancreatic disease as a cause for inappetence.



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