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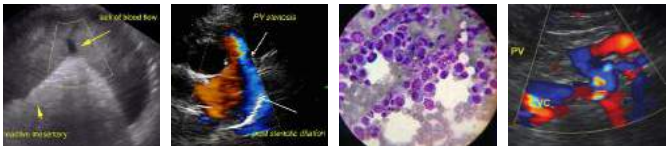

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1-800-838-4268 info@sonopath.com

PATIENT

Ginger Kobza

SPECIES

Canine

BREED

Cockapoo

SEX

Female Spayed

AGE

12 years

WEIGHT

17.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

Dr. Elia

INVOICE

11882kk

DATE

9/23/21

PRESENTING CLINICAL SIGNS

History: Large firm ventral rectal mass.

Current meds: Enrofloxacin

Abnormal PE/Chem/CBC/UA Results: Neuts 80, lymph 11, BUN/Creat 29, PSL 143,USG 1.029, PH 8

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 left kidney is normal size (3.49 cm in length) with slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.45 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.71 cm at caudal pole) (1.96 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 mildly enlarged (0.88 cm at cranial pole) (0.62 cm at caudal pole) (1.65 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 subjectively normal in size (1.41 cm in width at the level of the hilus) with an irregular, lateral contour. A 1.34 x 0.95 cm isoechoic to slightly heterogeneous nodule is observed at the lateral aspect approximately mid-spleen. The lesion causes capsular expansion. The remaining parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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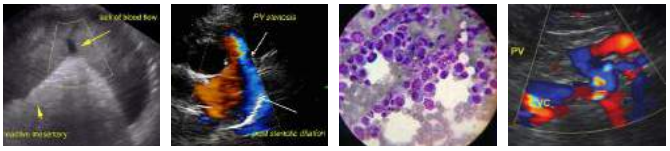

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Gastrointestinal

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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discrete masses are not identified. A focal area of wall in the distal descending colon is mildly thickened (up to 0.46 cm) and irregular with retention of the normal layering pattern. The remaining colonic wall is normal in thickness. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of obstruction.

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 1.56 x 1.04 cm subcutaneous mass in the right caudoventral abdomen in the region of the mammary gland is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The focal distal colonic wall changes could be consistent with inflammation or emerging neoplasia. The small intestinal wall changes are suggestive of an inflammatory process. However, correlation with clinical findings is recommended.
- The splenic nodule is concerning for infiltrative neoplasia (i.e., round cell tumor, metastatic lesion, sarcoma). However, benign pathology cannot be excluded.

Secondary Findings:

- Mild bilateral adrenomegaly.
- Bilateral, age-related renal changes with dystrophic mineralization.
- Subcutaneous mass in the caudoventral abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the splenic nodule is recommended (if clotting status is appropriate). A 25-guage needle should be used. If cytologic evaluation is inconclusive, consider a splenectomy with submission of the spleen for histopathology and biopsy of the rectal mass.
3. If surgical removal of the rectal mass is desired, a CT scan is recommended to assess the extent of gross disease. Referral to a board-certified veterinary surgeon is recommended if this

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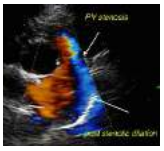
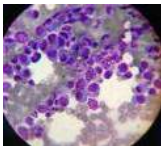
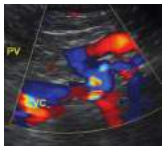

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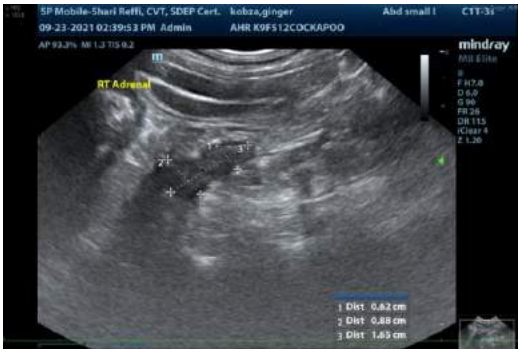
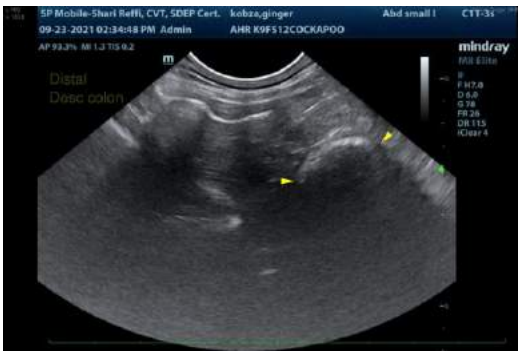
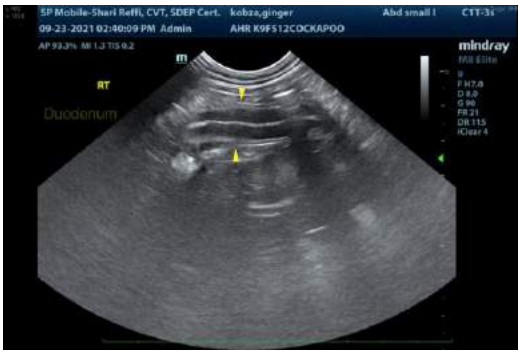
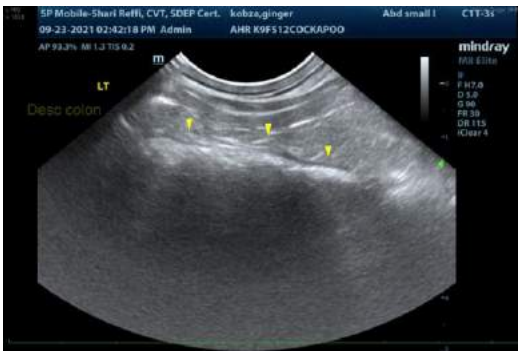
procedure is to be pursued.









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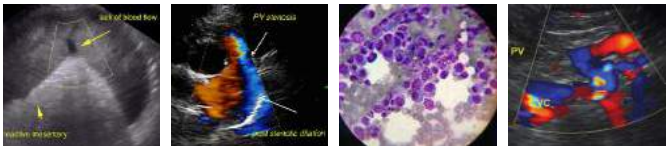

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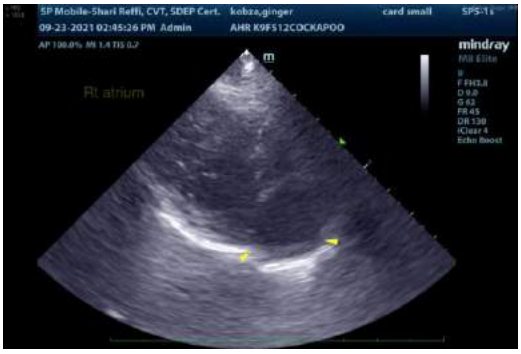

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
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