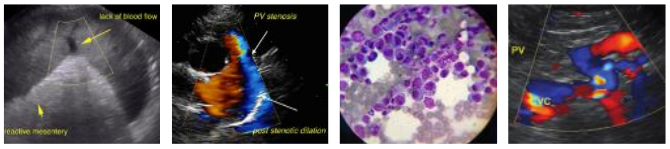
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Frazier Bertram

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

11 years

WEIGHT

37 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr Law

INVOICE

14115

DATE

8.16.23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital 8/14/23 for having possible sz episode vs syncope. Owner's husband left pet outside walked away to get his phone came back noted pet laying on his side outside unresponsive but twitching passed small amount of loose stool came to owner helped pet stand gave him Rimadyl po. Had pet with him for a few hours let pet back upstairs heard a crash came up noted pet laying on the floor again.

Previous Health Concerns: heart issue (sees Cardiologist), punctured ear drum, allergies Current Medications: mexiletine, sotalol, hydroxyzine, Yunnan Bayaio Appetite
When did they eat last: last night Diet: Diamond Naturals

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: sinus arrhythmia noted w/ occ skipped beats, mild murmur Abdominal: sl tense, no sig pain, no fluid wave palp Blood work – Neu 13.53, HCT 23.1, Plt 99, TP 5.4, ALP 450, Lip 251; BP – 159/83 (108), 165/85 (110), 148/76 (102); EKG – occ ventricular ectopic beats, single larger VPC noted; Afast- free fluid noted in cranial abd, suspect splenic mass, difficult to get up under ribcage; Rads – no obvious metastasis, sl pleural fissure lines noted, signs of hypovolemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.94 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (8.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild-to-moderate pyelectasia is present (0.36 cm in the longitudinal plane). A small amount of echogenic debris is observed in the renal pelvis. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A large mass arising from the spleen may be causing invasion or overshadowing of the left kidney in some images.

The right kidney is normal in size (7.10 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

(See "Other" category).

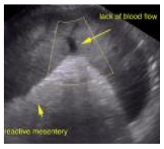
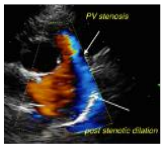
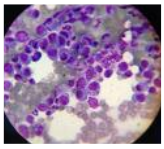
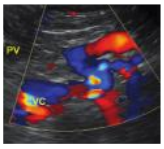
The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

In the normal-appearing portion of spleen, the margins are curvilinear, and the parenchyma is of appropriate echogenicity and echotexture. Splenic vasculature appears normal with no evidence of thrombosis. (See also "Other" category).

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are

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observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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 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. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 1.77 x 1.15 cm rounded, hypoechoic lymph node is observed in the left midabdomen.

Other

A >11.00 cm irregular, heterogenous, slightly cavitated mass is observed in the left cranial- to midabdomen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large cranial- to midabdominal mass, the origin of which is unclear. It may be arising from spleen, left kidney, left adrenal gland, mesentery, other. There is questionable invasion into the left kidney. Adjacent peritonitis is present.

Secondary Findings

- Mild bilateral chronic renal changes with left pyelectasia.
- The hepatic parenchymal changes are nonspecific and may be secondary to benign age-related remodeling. However, other hepatopathies cannot be excluded.
- The prominent midabdominal lymph node may be reactive or may be secondary to infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An abdominal CT scan would be useful in further characterizing the large abdominal mass, and its possible organ of origin. If a CT scan is not pursued, consider an abdominal exploratory with mass removal submission for histopathology. Liver biopsies should also be obtained at the time of surgery.

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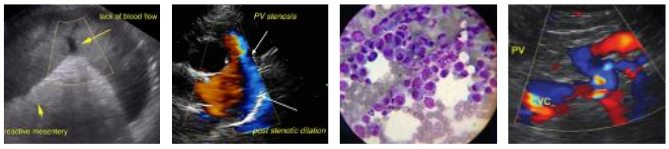

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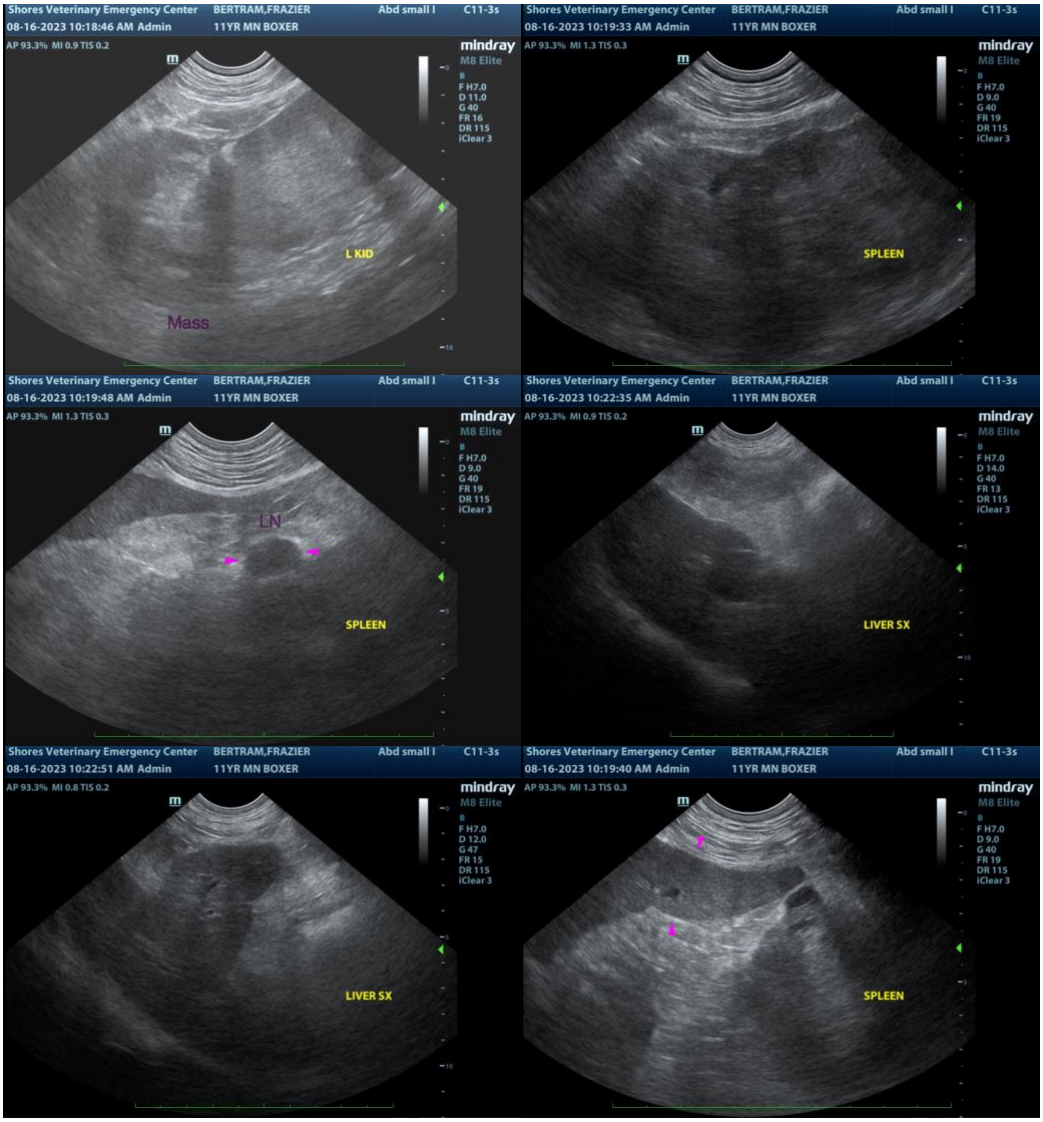

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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