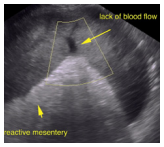
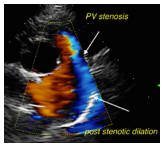
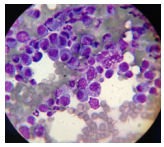
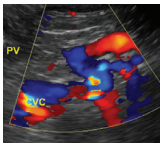
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Roscoe Mistrangelo

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

10 Years

WEIGHT

31 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Anthony Smatt

INVOICE

38918

DATE

6/20/22

PRESENTING CLINICAL SIGNS

Patient has been having abnormal blood work and monitored the past couple of months. There is concern because Ca has become elevated now and on recent PE patient has pendulous abdomen. Abnormal PE/Chem/CBC/UA Results: 9/25/2021 elevated alk phos 581 ca normal 10.9 elevated chol / tirg 726/ 1479 3/12/2022 elevated alk phos 635 high ca 12.1 high chol/ high trig 746/ 1349

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

The right kidney is normal in size (5.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. An approximate 2.0 cm round, hypoechoic, homogeneous nodule off of the cranial pole is noted, resulting in mild capsular bulge, but minimal disruption of architecture.

The left kidney is normal in size (6.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.64 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.63 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

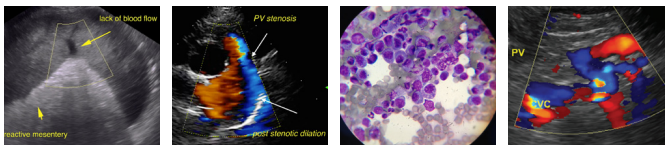
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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

PATIENT

Roscoe Mistrangelo

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

10 Years

WEIGHT

31 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Anthony Smatt

INVOICE

38918

DATE

6/20/22

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

In the mid right abdomen, there is a round, hypoechoic structure that measures 1.2 cm x 1.7 cm, most consistent with an enlarged lymph node. A mild amount of enhanced hyperechoic fat surrounds the lymph node.

PRIMARY FINDINGS

- Focal hypoechoic nodule in the cranial pole of the right kidney – Differentials include both benign lesions such as a complicated cyst, hematoma or abscess, as well as infiltrative neoplasia such as renal cell carcinoma, sarcoma, metastatic lesions, or in this patient (given the concurrent hypercalcemia and closely associated, enlarged lymph node), round cell neoplasia such as lymphoma.

SECONDARY FINDINGS

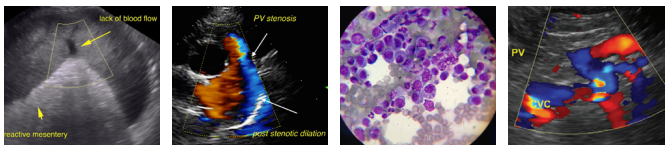
- Hyperechoic hepatomegaly canine – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malignancy panel including PTH/PTTrP and ionized calcium to Michigan State College of Veterinary Medicine is recommended for further investigation of the reported hypercalcemia.

- Thorough peripheral lymph node palpation, rectal exam, etc. are recommended if not already evaluated for further investigation of possible lymphadenopathy, anal gland tumors, etc. that



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

PATIENT

Roscoe Mistrangelo

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

10 Years

WEIGHT

31 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Anthony Smatt

INVOICE

38918

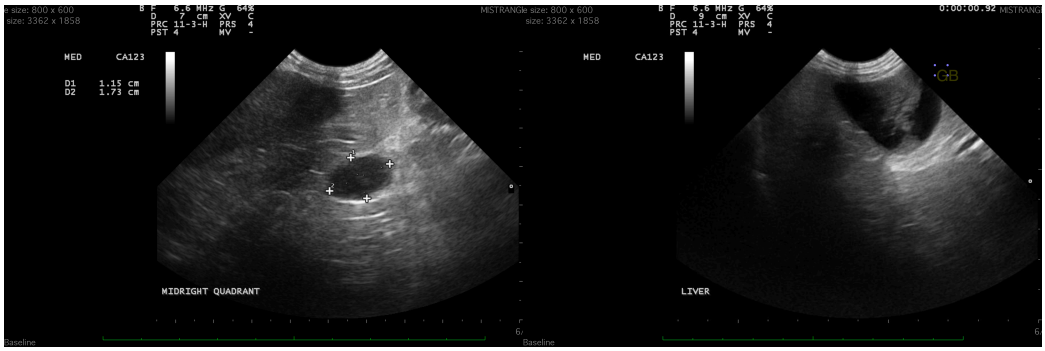
DATE

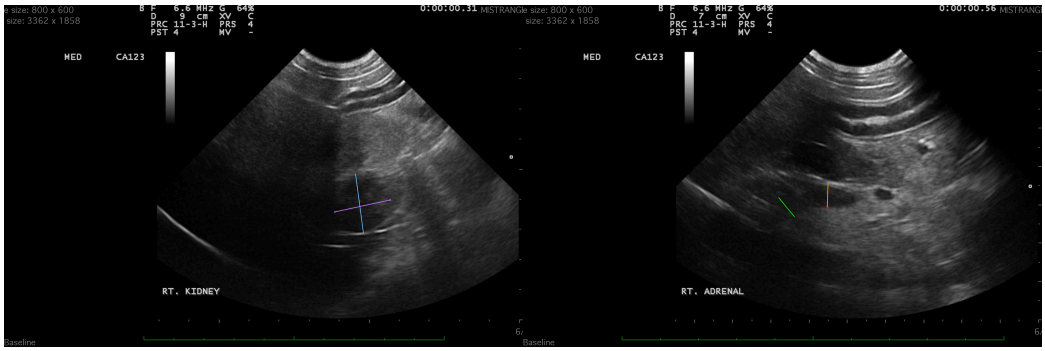
6/20/22

may result in hypercalcemia.

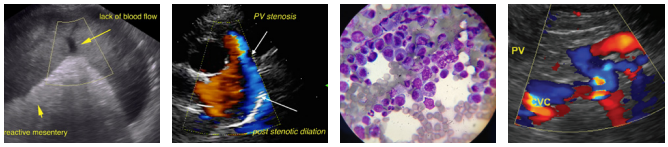
- A fine needle aspirate of the right kidney nodule as well as the enlarged lymph node in the right mid abdomen are recommended if patient's coagulation status is appropriate. Alternatively, if the malignancy panel is not consistent with a hypercalcemia of malignancy and/or is diagnostic for hyperparathyroidism, etc., monitoring of the renal nodule could be considered with a recheck ultrasound in 4-6 weeks.

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Roscoe Mistrangelo

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

10 Years

WEIGHT

31 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

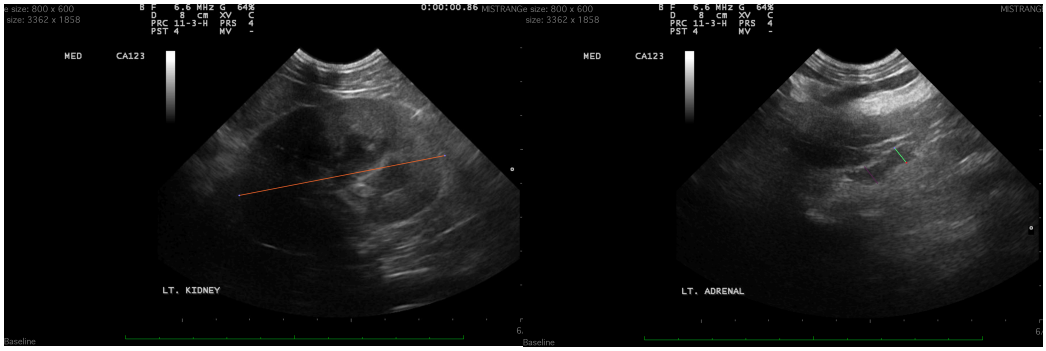
Dr. Anthony Smatt

INVOICE

38918

DATE

6/20/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com