**PATIENT**

Rocco Ramirez

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

13 years

WEIGHT

77 lbs Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**Potomac Mobile
Veterinary Ultrasound**HOSPITAL NAME**Banfield Pet Hospital
Leesburg Village**REFERRING VET**

Dr. Jarrett

INVOICE

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DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Had cancer previously. Lethargic, trouble walking, urinary accidents, and fecal incontinence. Abdominal mass seen on radiographs.
 Abnormal PE/Chem/CBC/UA Results: CHEM: ALKP-392, ALT-217, CHOL- 322. U/A: Protein +++/300 and USG 1.039.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes or echogenic sediment are observed. However, there are cystoliths within the lumen of the urethra within the prostate. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is mildly enlarged. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. Mineral debris/sand/cystoliths are noted in the intra-prostatic urethral lumen. The prostate measures 2.0 cm thick. This finding is likely normal patient variant, especially if patient was neutered as an adult; however, if patient was neutered as a puppy, prostatitis or, less likely, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc. and either further investigated or monitored, as indicated.

Left kidney is normal is size (6.49 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, or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

Right kidney is normal is size (7.28 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, or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

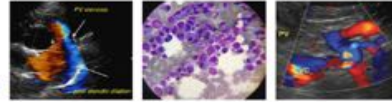
Adrenal Glands

Left adrenal gland is normal in size (0.49 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.59 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.



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Liver

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Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. 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.

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

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Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

In the midabdomen there is a large, approximately 10-12 cm round, homogenous, hyperechoic mass that appears consistent with a fat density such as can be seen with an intraabdominal lipoma versus other.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

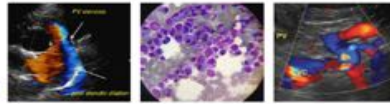
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- **Large intraabdominal mass** that appears consistent with an intraabdominal lipoma. Infiltrative neoplasia such as a liposarcoma etc. cannot be ruled out without tissue sampling.
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

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- **Gallbladder debris (canine)** - 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.

Secondary Findings

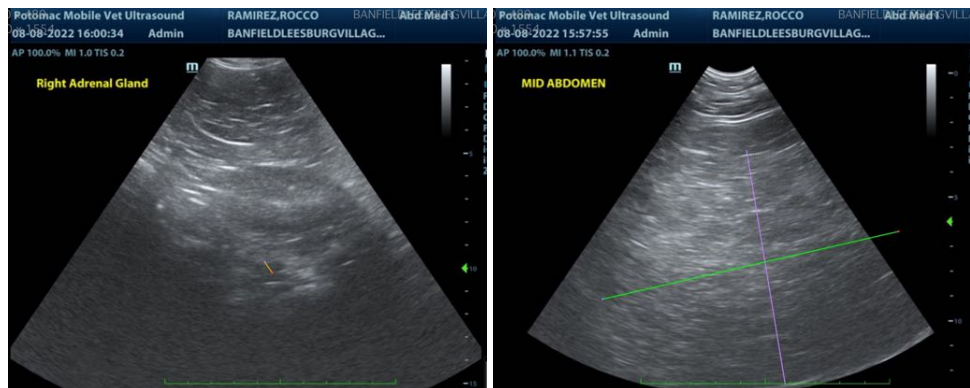
- **Urinary bladder/small cystoliths** non-obstructive within the intraprostatic urethral lumen. This is likely a normal patient variant especially if the patient was neutered later in life. However, prostatitis and much less likely infiltrative neoplasia cannot be ruled out.
- **Bilateral non-obstructive nephrolithiasis.**

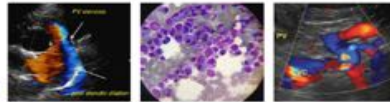
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported weakness, urinary and fecal incontinence combined with the reported proteinuria blood pressure is recommended as is a urine protein creatinine ratio to quantify the proteinuria if not recently evaluated.

However, a more likely differential for this patient's clinical signs is likely compression from the mass that extends into the caudal abdomen. FNA of the mass is recommended if the patient's coagulation status is appropriate or alternatively an exploratory laparotomy could be playing directly for mass removal and hopefully alleviation of clinical signs regardless of tissue type.

Prior to surgery to remove the mass, evaluation by a neurologist would be warranted to rule out a compounding neurologic issue contributing to the patient's clinical signs of weakness, incontinence, etc.





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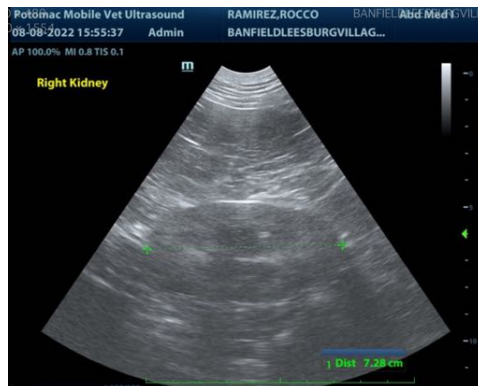
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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