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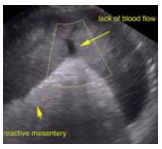
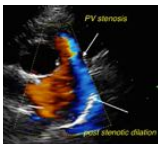
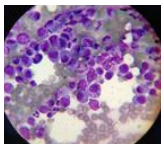
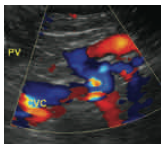

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Oslo Barnes

SPECIES
Canine

BREED
Labrador Cross

SEX
Neutered male

AGE
12 years

WEIGHT
77.8 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Jessica Bailes

HOSPITAL NAME
All Creatures Great and Small Corvallis

REFERRING VET
Dr. Litalien

INVOICE
91884

DATE
9/16/21

PRESENTING CLINICAL SIGNS

History: examined 8/31/21 for evaluation of a pedunculated mammary mass; patient also had chronic hx of LR lameness as well as chronic skin disease/FAD. Aspirates taken of mammary mass - septic inflammation, otherwise NSF on cytology. Sent home on prednisone, Clavamox and medicated shampoo for skin disease and infected mammary mass. 3 view thoracic rads taken: NSF Lateral abdominal radiograph taken: Rounded spleen, otherwise NSF LR leg rads: stifle effusion consistent w/ CCLR Patient sedated 9/13 for mammary mass removal - histopath pending.
Abnormal PE/Chem/CBC/UA Results: Generalized poor haircoat; pruritic, otherwise NSF on PE Bloodwork: increased ALP (171), otherwise NSF Urinalysis not performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. The wall measures 0.55 cm. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The prostate is normal for a neutered dog except for the presence of an incidental anechoic cyst measuring 0.34 cm in diameter.

Left kidney is normal is size (7.11 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal is size (6.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.68 cm x 0.47 at cranial pole and 0.43 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.7 cm long x 0.43 cm at cranial pole and 0.55 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. A 6.0 x 8.0 cm heterogenous and partially cavitated mass extended from the head of the spleen causing disruption to normal shape and capsule. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

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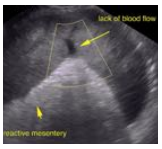
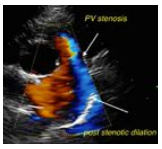
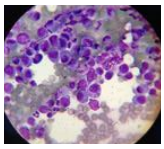
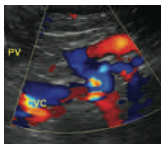

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Gastrointestinal

The visible gastric wall is diffusely thick measuring up to 1.0 cm in thickness with a hypoechoic wall and early loss of layering.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Medial iliac lymphadenopathy is appreciated with the largest lymph node measuring 2.9 x 1.8 cm. The lymph node was heterogenous and cavitated in appearance.

ULTRASONOGRAPHIC FINDINGS

Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

Heterogenous splenic mass with ultrasound appearance alone cannot differentiate benign versus malignant disease. This mass is concerning for infiltrative neoplasia such as hemangiosarcoma or infiltrative round cell neoplasia. However, benign hematoma, extramedullary hematopoiesis, nodular hyperplasia, etc. are also possible.

Gastric wall thickening. Differentials include both benign edema or infiltrative inflammatory disease as well as infiltrative neoplasia.

Medial iliac lymphadenopathy. Concerning for infiltrative neoplasia given the shape and appearance. However, highly reactive node cannot be ruled out.

Incidental prostatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of the enlarged medial iliac lymph nodes a complete rectal exam including anal gland expression and palpation of anal glands for an anal gland mass is recommended if not already performed. Urinalysis and urine culture are recommended if not already performed as well as FNA of the enlarged medial iliac lymph node and splenic mass if the patient's coagulation status is appropriate. FNA of the gastric wall could also be considered or that lesion could be monitored for progression given the very mild nature of it.

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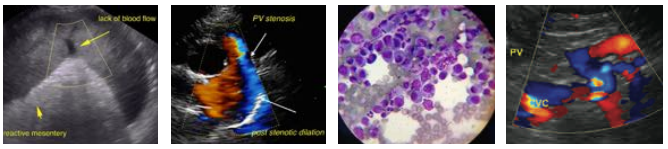

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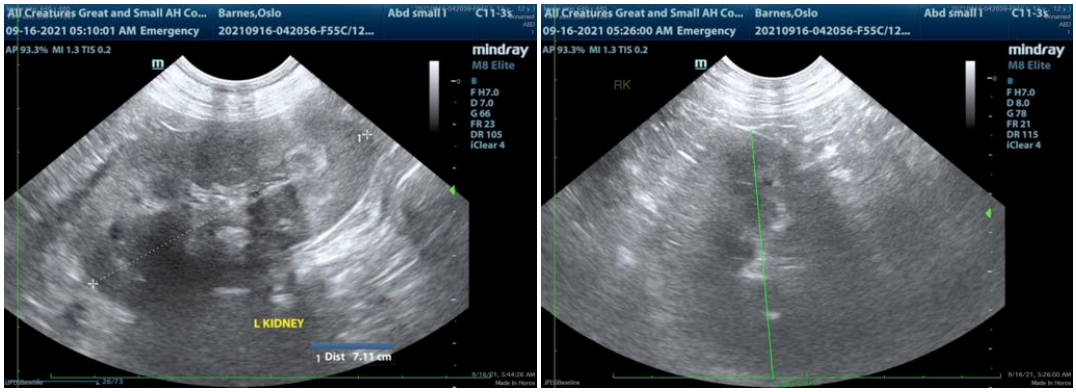

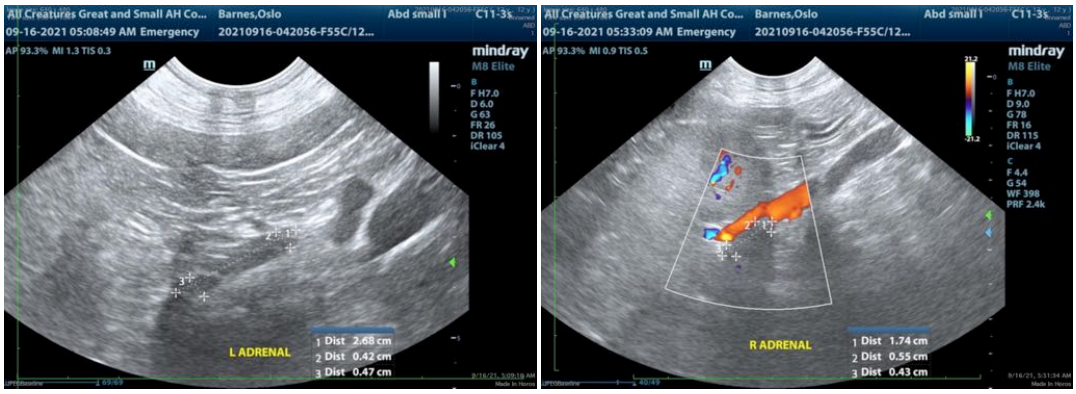

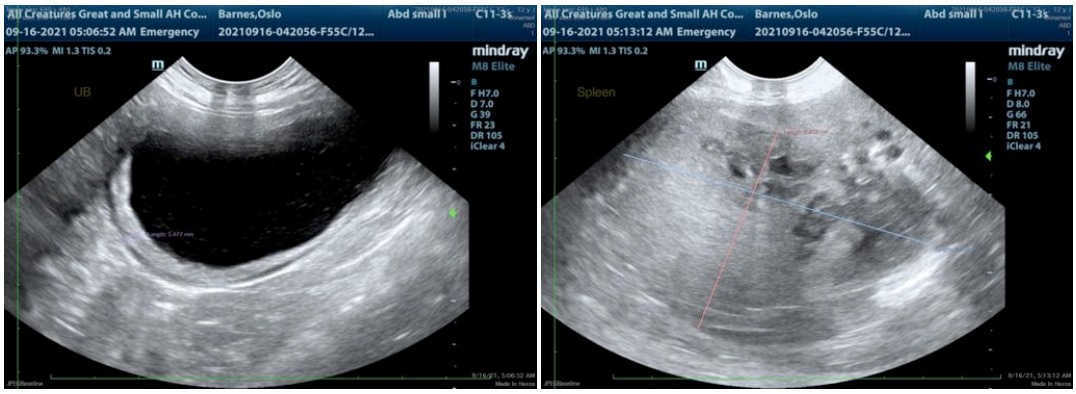

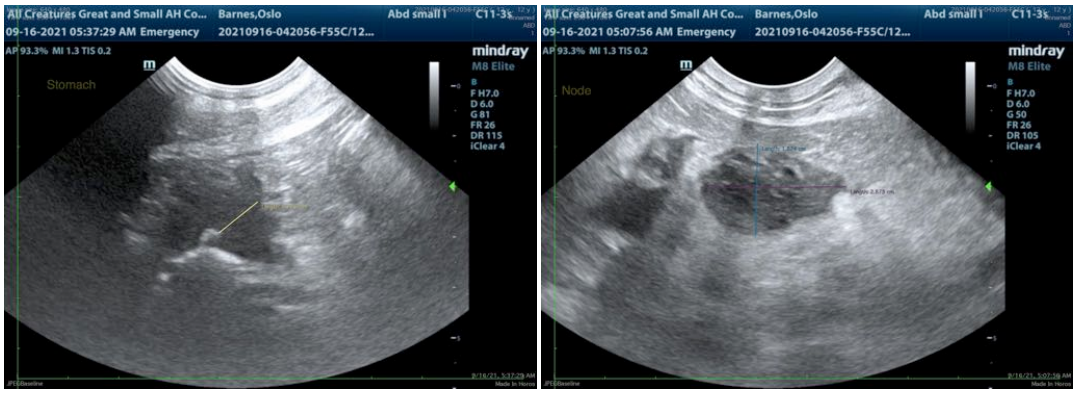

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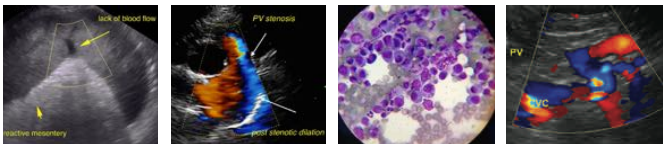

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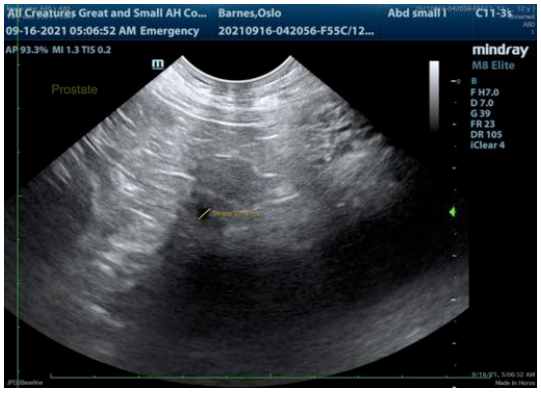

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com