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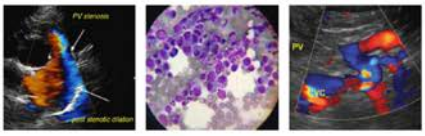

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Milo Mohre

SPECIES

Canine

BREED

Husky/Shepherd

SEX

Neutered Male

AGE

12 Years

WEIGHT

75 Pounds

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Matt Januszewski

INVOICE

45353

DATE

2/17/23

PRESENTING CLINICAL SIGNS

Diagnosed with osteosarcoma in LF, was amputated March of 2022. No current obvious symptoms.

Abnormal PE/Chem/CBC/UA Results: /23/23 Senior panel results: RBC 4.34 (low), Hematocrit 32.1 (low), Hemoglobin 10.8 (low), Reticulocytes 9 (low), Total Protein 5.3 (low), Albumin 2.6 (low). UA: Dark yellow, clear, SG 1.031, pH 8.5, Ketones trace, WBC 0-2, RBC 0-2, Epi Cells 1+, Occasional ammonium mg phosphate (0-1)/HPF. Total T4 2.6 (WNL).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The prostate was enlarged (2.27 cm in width). There was a hyperechoic area ventrally as well as some smaller hypoechoic cysts giving an overall heterogeneous appearance.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.32 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.82 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.64 cm cranial pole, 0.65 cm caudal pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.74 cm caudal pole, 0.66 cm cranial pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. There were several mildly hypoechoic nodules, with the largest measuring 1.2 cm x 1.1 cm. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. There were a few mildly hypoechoic to heterogeneous nodules noted. The largest nodule was in the left liver lobe and measured 1.26 cm x 0.92 cm. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is distended. The wall is a toward the upper limits of normal thickness (0.24 cm, normal is 0.30 cm). There is a slightly irregular mucosal contour to the wall, suggestive of cystic

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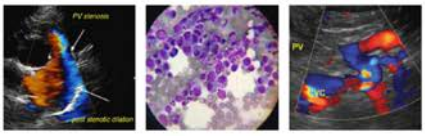

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mucinous hyperplasia. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.25 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness (jejunum wall 0.28 cm, duodenum wall 0.52 cm). The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Liver nodules, considered benign
- Splenic nodules, considered benign
- Enlarged prostate with heterogeneous echotexture

SECONDARY FINDINGS

- Suspected mild cystic mucinous hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the prostate could be consistent with the reported neutering late in life, though if there is concern for prostatic neoplasia (e.g., dysuria, hematuria), then urine cytology, BRAF, or traumatic catheterization could be considered.

The nodules found in the liver are suspected to be benign, either nodular hyperplasia, extramedullary hematopoiesis, or other aging change. The nodules in the spleen are also considered likely benign aging change, either extramedullary hematopoiesis or lymphoid hyperplasia. These nodules could be aspirated if desired, though that may be challenging, given they are approximately 3.0 cm deep. Alternatively, monitoring with ultrasound could also be considered if there is concern (osteosarcoma does not usually metastasize to these organs).

The cause of the anemia and hypoalbuminemia is not apparent from this examination. Consider ongoing workup for anemia of chronic disease (such as chest radiographs, skeletal radiographs, radiographs of prior surgical site) versus ongoing monitoring, given that this could be variation of normal given the age of the patient and prior diagnosis of osteosarcoma.

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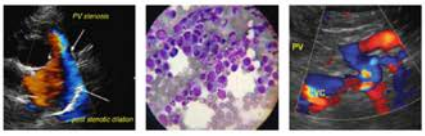

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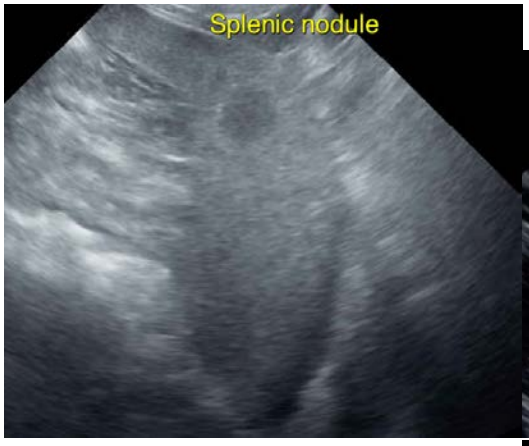

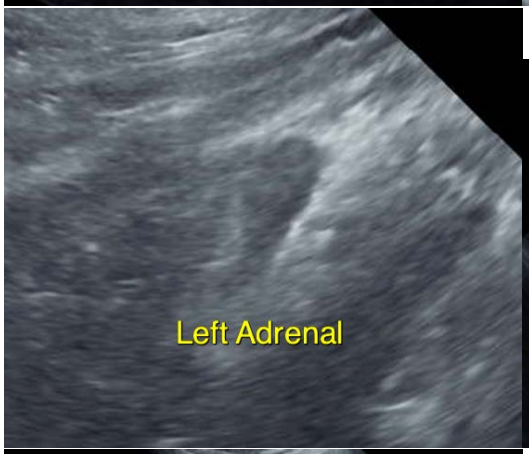

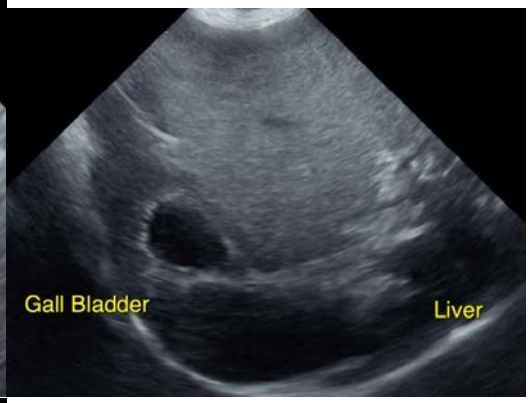

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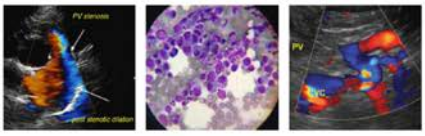

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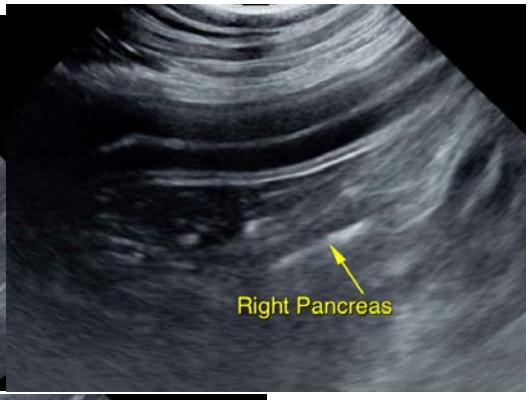

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)

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