

**DATE PRESENTING CLINICAL SIGNS**

12/27/21

History: Muscle atrophy at left hind limb with neurologic deficits. Note: first MRI done on 11/15 and second MRI done on 12/15.

**PATIENT**

Current Medications: Prednisone 20 mg sid.

Bear Shapiro

Radiographs: (MRI): MRI report conclusion: Progressive variable diffuse thickening and enhancement of the left L7 nerve root extending from the the level of the cranial aspect of the L7 vertebral body to the caudal aspect of the sacrum and potentially to the level of the coxofemoral joint and ischiatic notch. Mild expansion of the left lumbosacral intervertebral foramen similar to prior. Diffuse mild thickening of the left L6 nerve root extending from immediately proximal to the L6 intervertebral foramen to the union with the L7 nerve. Progressive left gluteal muscle atrophy.

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

Mildly enlarged left medial iliac lymph node, suspect slightly progressive relative to prior. Similar lumbar dorsal articular arthritis and spondylosis.

No evidence of a disc associated compressive spinal cord lesion.

The constellation of imaging findings are most consistent with a neoplastic process and a malignant peripheral nerve sheath tumor of the left L7 nerve is the most likely differential. Round cell neoplasia is possible but considered much less likely. Importantly, the L6 nerve root is also thickened and likely infiltrated. Date of Previous IntraPet Ultrasound: 11-18-2021.

**AGE**

4/17/12

Sedation: Not required for a full diagnostic ultrasound.

Stat Report: Not requested.

**WEIGHT**

77 Lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.98 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDCS, RVT

The left kidney has a normal shape and size (6.76 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Belvedere VC

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.57 cm at the caudal. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Almstaden

The right adrenal gland is normal in size measuring 0.67 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**INVOICE**

12/27/21

### ***Spleen***

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### ***Liver***

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.42 cm, jejunum measures 0.35 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The (pancreas/region 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.

### ***Free Abdomen***

There is no free fluid or lymphadenomegaly visualized, but the omentum is generally of increased echogenicity.

The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

### ***Other***

A brief view of the heart was submitted. No significant pericardial effusion was seen.

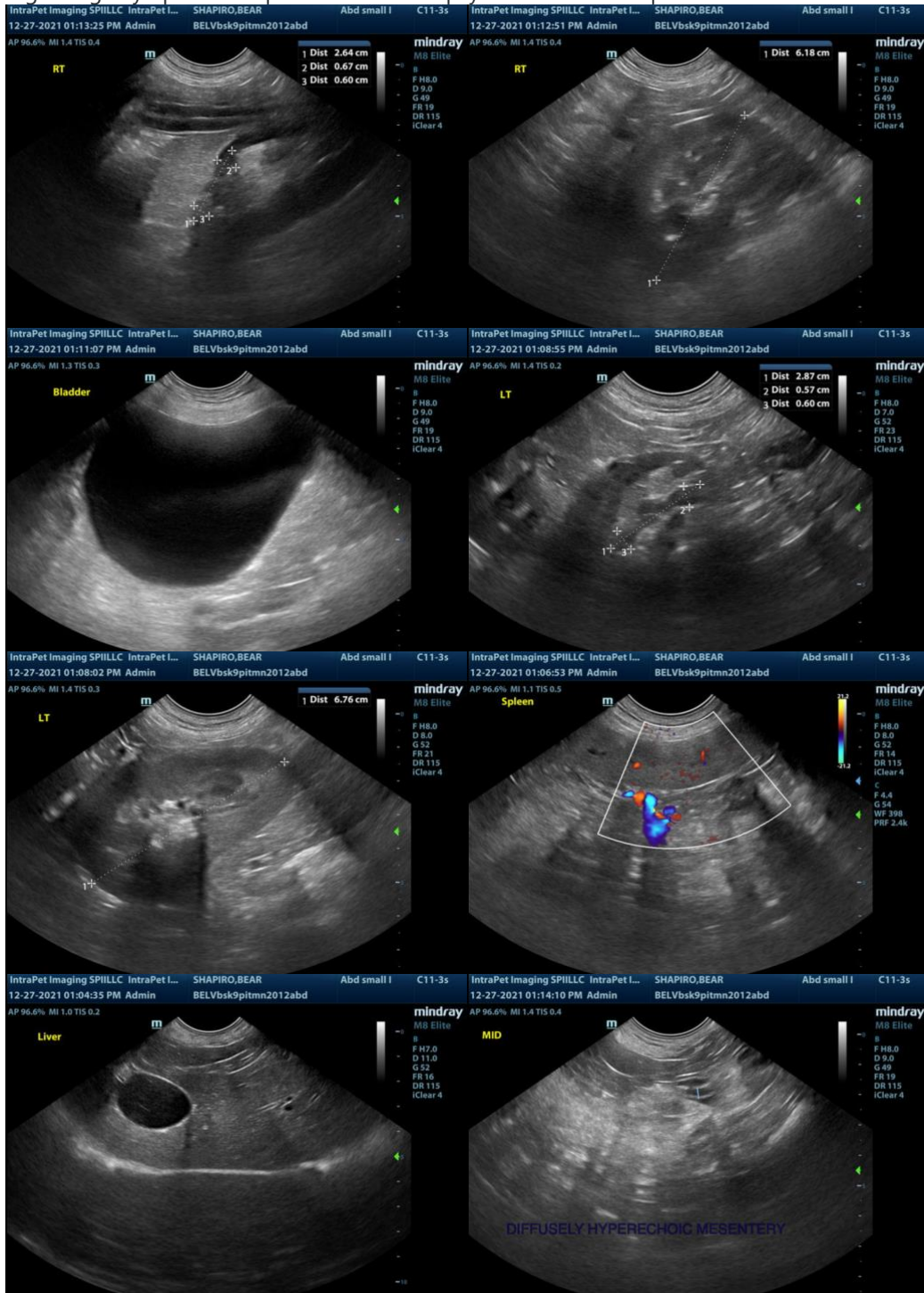
A brief evaluation of the cranial mediastinum was performed with no obvious mass effect or free fluid visualized. I recommend thoracic CT scan for better visualization in this area.

## **ULTRASONOGRAPHIC FINDINGS**

- Diffusely hyperechoic mesentery. Findings are consistent with generalized inflammation. No source of inflammation was visualized. Today's scan is very similar to the findings from 11/18/2021.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is very similar to the previous scan performed 11/18/2021. No new mass effects, lymph nodes, free fluid, etc. are visualized. If not already done, consider consultation with a veterinary neurologist regarding any options for possible nerve biopsy or fine needle aspirate?



**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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com