



PATIENT

Otto Roen

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

82 lbs

PRESENTING CLINICAL SIGNS

History: Patient presented for a large mass on the left lateral thorax. Pre surgical blood work showed a nonregenerative anemia. Pathologist review of the blood smear did not find bacteria or parasites, but did show keratocytes.

Radiographs: No abnormalities are observed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The prostate is homogenous and measures 9.8 mm, which is within normal limits for a neutered male.

The left kidney is within normal limits in size for the patient's weight and measures 6.68 cm. The capsule is smooth. Its overall architecture is preserved. There is mild loss of corticomedullary architecture. Mild diffuse mineralization is present, without signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size for the patient's weight and measures 6.56 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. Mild diffuse mineralization is present, without signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

Both poles of the left adrenal gland measure 0.61 cm x 2.97 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The cranial pole of the right adrenal gland measures 0.51 cm and caudal pole measures 0.55 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. It is hyperechoic to both the liver and renal cortex. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. Peri-vascular cuffing is noted. This is consistent with myelolipomas and is clinically insignificant.

REFERRING VET

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Liver

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The liver appears slightly decreased in size compared to normal although this may be due to Otto's deep chested nature as his stomach axis is normal on radiographs. The borders are smooth and relatively sharp. A diffusely coarse, granular, mottled echotexture is noted. In addition to the heterogenous echotexture, the liver is diffusely hyperechoic, i.e., some areas are isoechoic to the spleen. Occasional, ill-defined, hyperechoic patches are also evident in a haphazard pattern throughout the parenchyma.

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Marked perivascular cuffing of multiple blood vessels is visualized, which may be due to fibrosis and some fat accumulation. The hepatic veins are not congested.

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The gall bladder wall appears to be within normal limits in thickness and echogenicity. A mild amount of echogenic material (sludge) is present within the GB. There is no evidence of edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

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Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.

SEX

Neutered male

The small intestinal wall thickness, including the duodenum, is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

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Pancreas

Hyperechoic foci are visualized diffusely throughout the left and right limbs of the pancreas. These are attributed to mineralization, although fibrosis cannot be excluded. There is no evidence of hyperechogenicity of the surrounding mesenteric fat, i.e. there are no signs of active pancreatitis.

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Other

Lymph nodes: No abnormalities are observed.
Abdominal effusion is not visualized.

IMAGING PERFORMED BY

M Kermendy CVT

ULTRASONOGRAPHIC FINDINGS

- No signs of neoplasia are observed on the abdominal ultrasound.
- The hepatic changes are suggestive of a reactive hepatopathy. However, some of the changes may also be consistent with chronic hepatitis, as well as cholestasis. There are no obvious signs of active hepatitis or cholecystitis. These findings are most likely incidental and not associated with the subcutaneous mass located on Otto's left thorax.
- The pancreatic and renal changes are considered age related in origin.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mild anemia may be due to anemia of chronic illness or inflammation.

A urinalysis is recommended to complete the minimum database.

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An ultrasound of the subcutaneous mass located on the left thorax is highly recommended, in addition



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to radiographs of the thorax (three views) to rule out metastases. Attention to the integrity of the ribs is suggested to exclude osteosarcoma.

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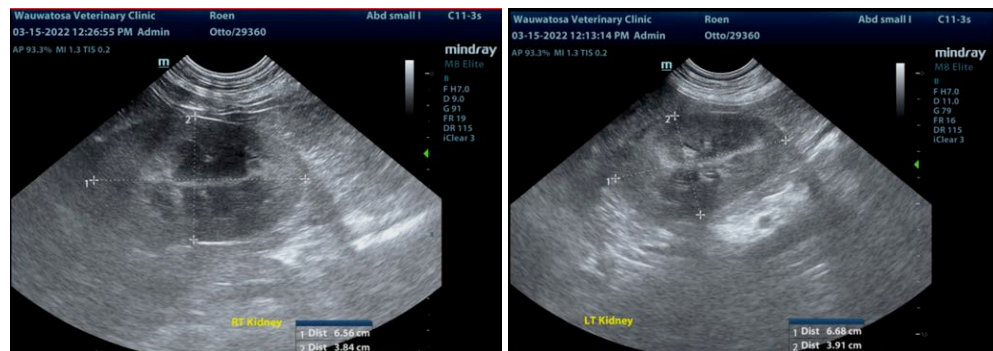
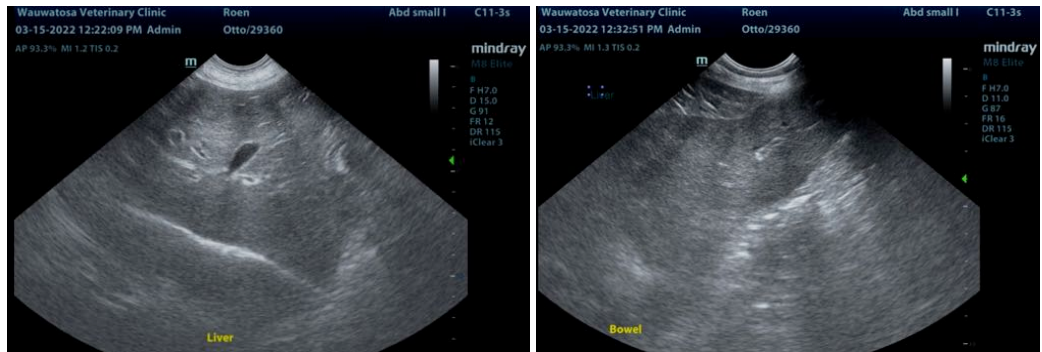
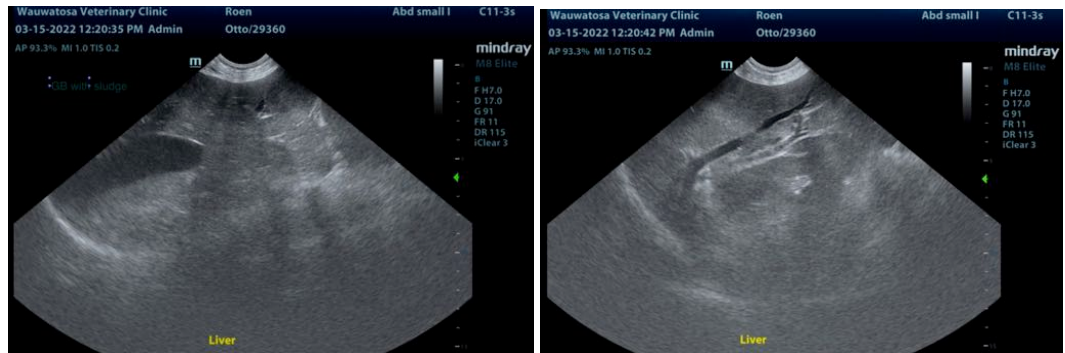
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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