



PATIENT

Porter Sandberg

PRESENTING CLINICAL SIGNS

Oral melanoma present rostral aspect of left lower lip. Screening for abdominal mets.

SPECIES

Canine

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. A very small amount of sediment, which is considered clinically insignificant, is present free floating in the lumen. There are no signs of cystoliths, polyps, or a mass.

BREED

Shepherd X

The left kidney is within normal limits in size for the patient's weight, measuring 5.30 cm in length. The right kidney is 5.77 cm (within normal limits for the patient's weight). Their capsules are smooth and overall architecture is preserved. The cortex is mildly hyperechoic and mild loss of the normal definition of the corticomedullary junction is observed. Mild to moderate mineralization of the diverticulae and pelvis is present, without signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. The above changes are considered degenerative in nature; likely due to age related changes.

SEX

Neutered Male

AGE

9 Years 6 Months

Adrenal Glands

The left adrenal gland is within normal limits in size and shape. An irregularly contoured hyperechoic region, measuring 5.8 mm x 4.1 mm is visualized extending from the cortex and through the medulla. Acoustic shadowing is not present, i.e. calcification due to neoplasia is considered unlikely. Possible differential diagnoses include ischemia and secondary fibrosis or mineralization.

WEIGHT

56.8 Pounds

The right adrenal is not visualized. However, there are no obvious abnormalities in the area where it should be located.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Spleen

The spleen is within normal limits in size, echotexture, and echogenicity, as well as shape. It is isoechoic to the liver and renal cortex, i.e. both liver and kidneys are hyperechoic compared to what is considered normal. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

IMAGING PERFORMED BY

M. Kermendy, CVT

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's overall echotexture is homogeneous and diffusely, but mildly, hyperechoic. However, there are a small number of hypoechoic nodules of variable size observed diffusely throughout the parenchyma. These are mostly consistent with nodular regeneration, which are benign age related changes often seen in senior patients. The mild hyperechogenicity is most likely associated with a vacuolar hepatopathy, which may occur due to chronic stress or illness. There are no obvious signs of hyperadrenocorticism or diseases, such as hepatitis.

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Ericka Haynes

INVOICE

35815

Hyperechoic perivascular cuffing is present surrounding a few blood vessels, which is most likely due to fat and/or some fibrosis, which is not considered clinically significant. No abnormalities are observed with the biliary system. The hepatic lymph nodes are unremarkable.

DATE

3/2/22

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or 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. A moderate amount of gas is present in the stomach. 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.

The small intestinal wall thickness 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.

Pancreas

Both the left and right limbs of the pancreas are normal in size and architecture. However, they are mottled; their heterogeneous echotexture is described as having hyperechoic areas due to fibrosis, as a result of previous episodes of pancreatitis. They do not appear to be associated with active inflammation.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

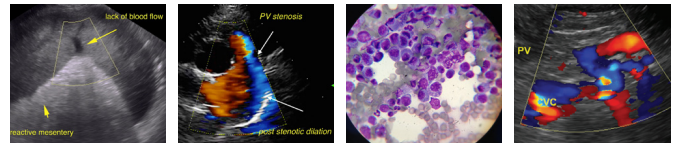
ULTRASONOGRAPHIC FINDINGS

- No evidence of abdominal metastases associated with the oral melanoma.
- The irregularly contoured hyperechoic region within the left adrenal gland is not considered neoplastic, but may be due to a previous ischemic episode and secondary fibrosis, and/or mineralization.
- Very mild degenerative changes of both kidneys – suggestive of age related degeneration.
- Liver – High index of suspicion for nodular hyperplasia, which is not considered clinically significant. A very mild hepatic vacuolar hepatopathy is suspected, which is also not considered clinically significant, although blood work is suggested.
- Pancreas – Both limbs show signs suggestive of fibrosis, most likely due to age related degeneration, as well as possible scar tissue associated with previous episodes of pancreatitis and possibly some nodular regeneration. There are no signs of metastases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A CBC, serum biochemical profile and urinalysis are recommended, and most importantly 3-views of the thorax to ensure there are no metastatic lesions of the pulmonary parenchyma. Palpation and fine needle aspirates of the submandibular and prescapular lymph nodes are recommended, particularly if they are enlarged.

***Supplemental abdominal radiographs did not reveal obvious signs of neoplasia. Stools are present in the descending colon as well as a small amount of gas. The urinary bladder is within normal limits. The spleen has nice sharp margins. Stomach axis is considered normal. There are no osseous lesions. The caudal lung lobes are visualized on the abdominal x-ray and there is a mixed mild peribronchiolar and moderate interstitial lung pattern, which may be due to age related changes. However, 3-views of the thorax are recommended to exclude*



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chest metastases. There is no evidence of left atrial enlargement. The pulmonary veins that are visualized do not show any signs of abnormalities.

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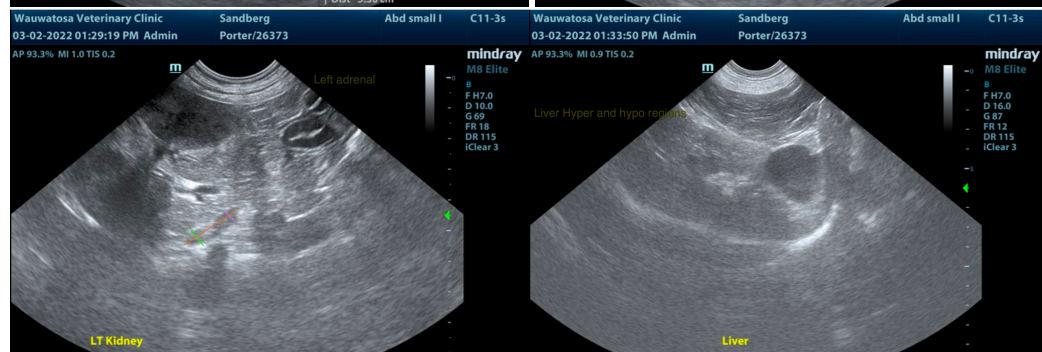
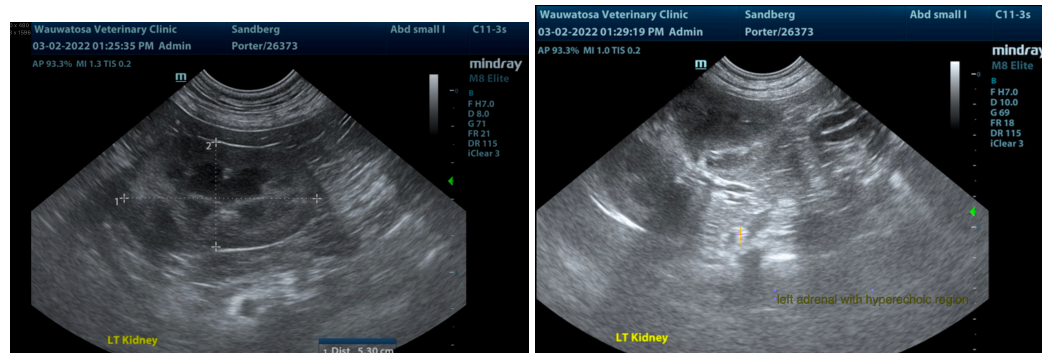
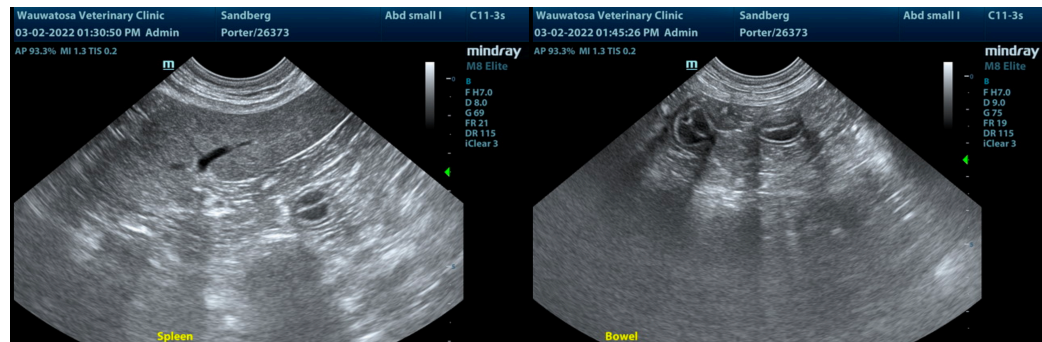
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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