



PATIENT

Winter Barone

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

6 Years

WEIGHT

57 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

14401

DATE

3/21/22

PRESENTING CLINICAL SIGNS

History: Enlarged prostate on rectal palpation, poor appetite, lethargic, fever
Abnormal PE/Chem/CBC/UA Results: Blood nsf, ua 2+ protein, Temp 105.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular; however, it is mildly thickened and measures up to 1.8 mm at the apex. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A small amount of sediment is present at the apex of the bladder. A very small amount of anechoic fluid is visualized medial to the urinary bladder, vis à vis the apex.

The prostate is homogeneous. It measures 3.14 cm in diameter x 4.2 cm in length. It is considered enlarged for a neutered male, assuming he was not neutered recently (i.e., in the last month).

The left kidney is enlarged; it cannot be measured, as it is larger than the footprint. The capsule is smooth, while the medulla is more echogenic overall compared to usual. It is heterogeneous circumferentially, with different "layers" of variable hyperechogenicity. The surrounding mesentery is hyperechoic. Multiple mineralizations are present within the pelvis and mild pyelectasia is present at 3.2 mm.

The right kidney is also markedly enlarged. Although the capsule of the right kidney is smooth, its overall structure is markedly distorted with the cranial pole being very enlarged; it "balloons out". A complete loss of the normal architecture has occurred and the parenchyma has been replaced by vascularized, hypoechoic tissue. The cortex is thinner than what is considered normal. The medulla is similar in appearance to the left kidney. Multiple mineralizations with small nephroliths are present within the pelvis, the largest measuring approximately 6.9 mm. Very mild pyelectasia is present. In a transverse view, the right kidney measures 8.24 cm in diameter x 6.74 cm in length.

The appearance of both kidneys is suggestive of infiltrative disease, such as lymphoma or other round cell neoplasm.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

The spleen has a slightly rounded, scalloped capsule. Its overall echotexture is "moth-eaten", although, no obvious nodules are present. It is diffusely hypoechoic, although it is somewhat difficult to appreciate due to the severe hyperechogenicity of the mesentery surrounding the spleen, the stomach and liver, as well as the small intestines in the cranial abdomen.

Liver

The liver has smooth, sharp borders. It does not appear overly enlarged. It has a subtle "moth-eaten" appearance, similar to the spleen and it too appears diffusely hypoechoic. Again, the mesentery is markedly hyperechoic. No abnormalities are observed with the hepatic vessels. The hepatic lymph nodes are unremarkable.



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The gall bladder wall appears to be 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. 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.

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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.

SEX

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Pancreas

Both limbs of the pancreas are not visualized.

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Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is visualized (apex of urinary bladder, near left kidney)

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There are no thrombi visualized within the aortic trifurcation. A small amount of anechoic free fluid is visualized in the region of the left kidney.

ULTRASONOGRAPHIC FINDINGS

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- Winter's ultrasound findings are highly suggestive of infiltrative disease, such as a round cell tumor, including lymphoma. As previously mentioned, both kidneys appear involved, as well as the spleen and the liver.
- Uroabdomen cannot be excluded, including uroperitonitis with a secondary bacterial infection, although a severe inflammatory reaction, due to cytokine release, may also cause fever, lethargy and anorexia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Fine needle aspirates of multiple organs are recommended to obtain a definitive diagnosis.

If further diagnostics are not pursued, empirical therapy with prednisone may be administered at 1 mg/kg per day or 20 mg per meters squared, once per day for 7 days and the dose is then tapered to the minimum effective dose.

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Appetite stimulants may also be administered, as well as analgesics, as renomegaly stretches the capsule and is uncomfortable.

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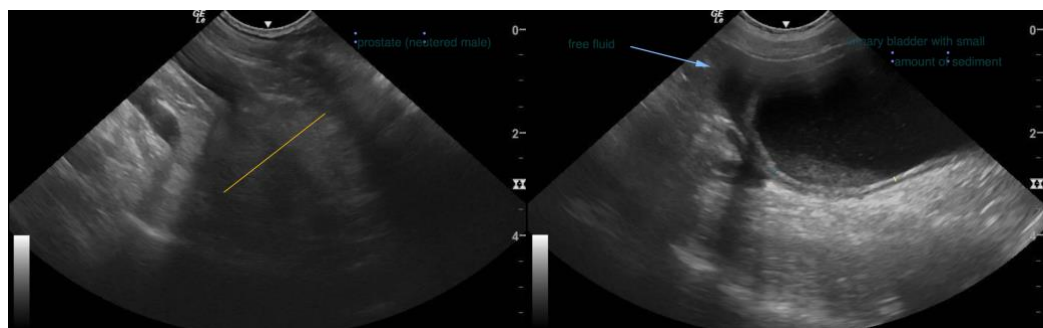
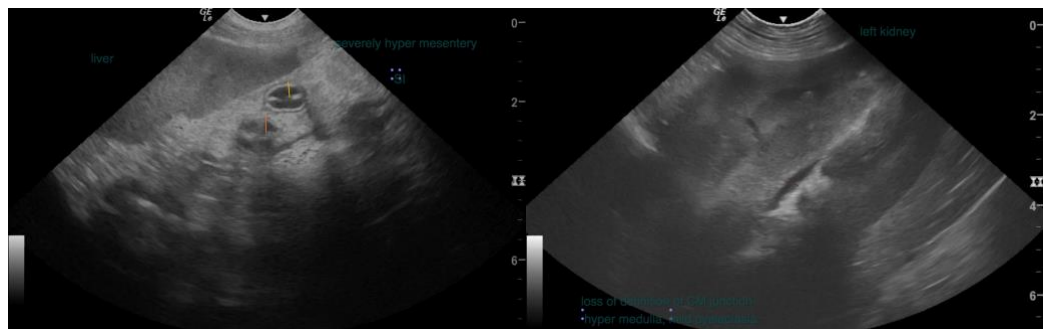
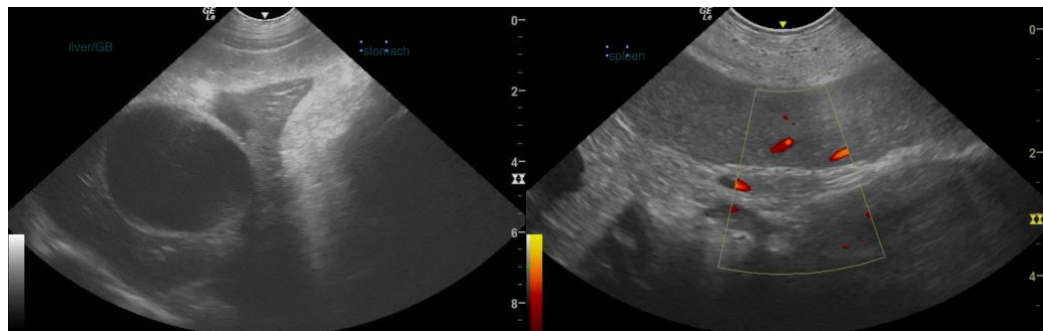
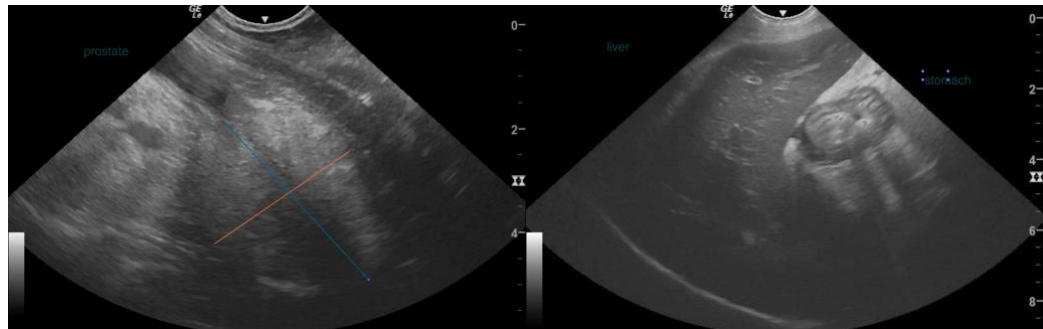
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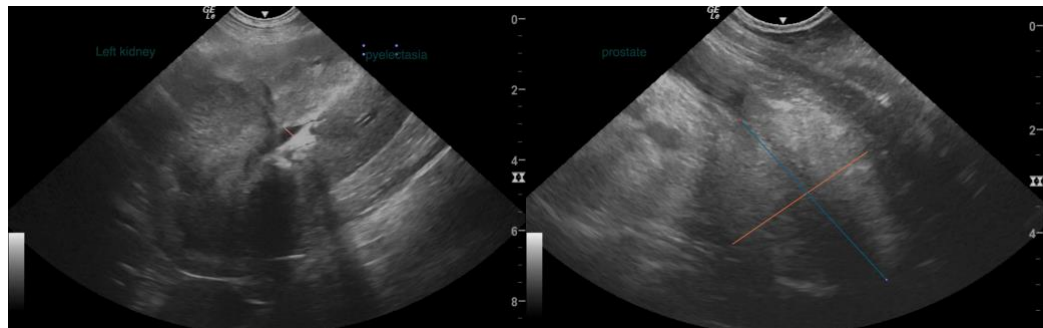
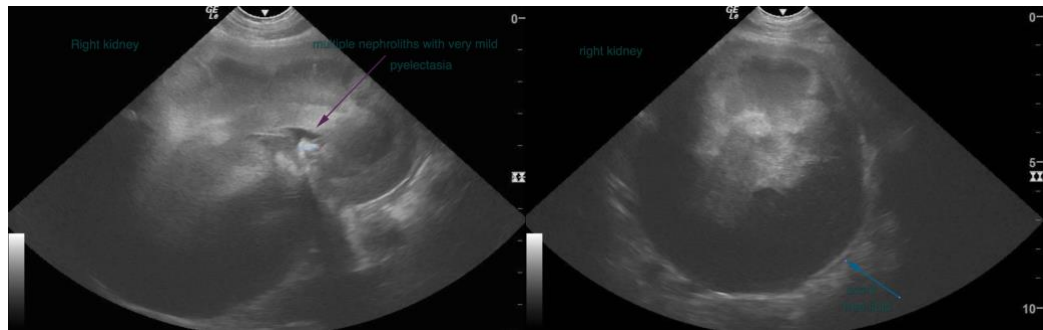
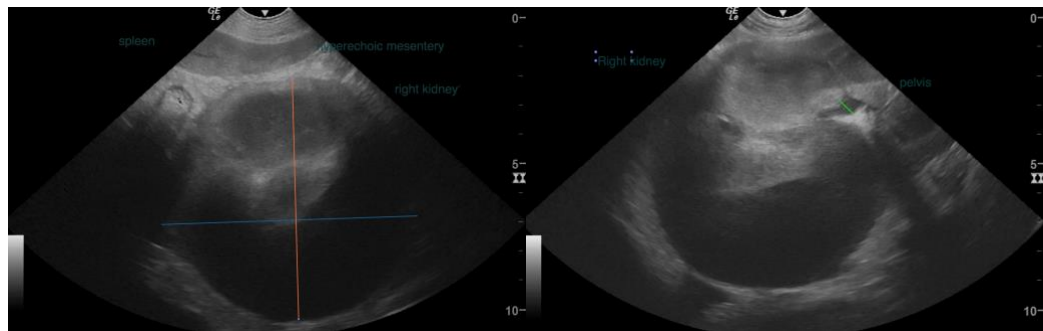
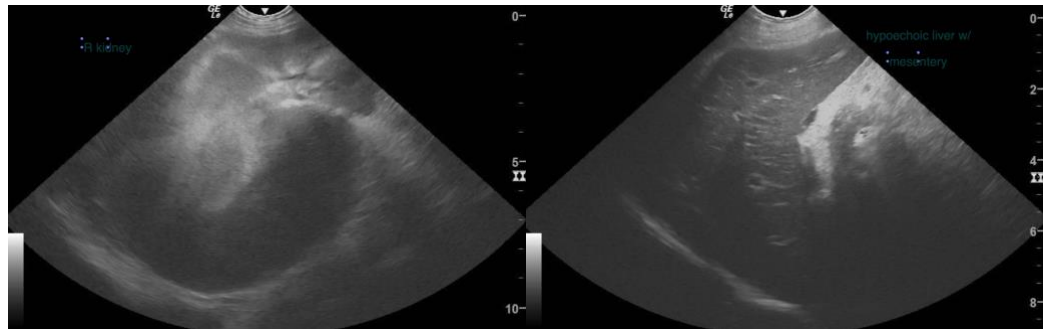
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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