

PATIENT

Theo Hoffman

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

79 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Englewood Cliffs VH

REFERRING VET

Dr. Lisa-Anne Attansi

INVOICE

36690

DATE

4/1/22

PRESENTING CLINICAL SIGNS

Weight loss of 10 lbs over the past 9 months, new soft tissue sarcoma on left hip. Ultrasound of abdomen in preparation for surgical removal of hip mass.
Abnormal PE/Chem/CBC/UA Results: Blood work WNL except lipase 2193.

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 left kidney is within normal limits in size (6.93 cm) for the patient's weight and the capsule is smooth. However, the cortex is moderately hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mild mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney is within normal limits in size (7.47 cm) for the patient's weight and the capsule is smooth. However, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mild mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The prostate is homogenous and measures 1.14 cm in diameter and 1.82 cm in length, which is within normal limits for a neutered male.

Adrenal Glands

The left adrenal gland is plump and enlarged, measuring 0.88 cm at the cranial pole, 0.97 cm at the caudal pole, and 2.44 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The left adrenal gland is plump, and enlarged, measuring 0.91 cm at the cranial pole, 0.92 cm at the caudal pole, and 2.59 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

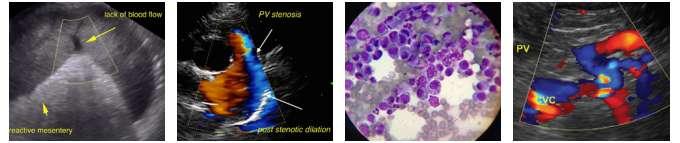
The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and the borders are smooth and sharp. The liver is very mildly granular in echotexture, which may be suggestive of a reactive hepatopathy. There are no signs of neoplasia.

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.

Gastrointestinal



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

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved.

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Dilated loops of bowel are not observed. 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

Both the left and right limbs of the pancreas have a mildly coarse echotexture, i.e., they are mildly heterogeneous, most likely due to nodular hyperplasia, which is a benign, age related change. Occasional hyperechoic foci are observed, which may be due to fibrosis. There are no signs of active pancreatitis.

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Other

Lymph nodes: No abnormalities are observed.

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Abdominal effusion is not visualized.

A well-defined hyperechoic nodule is observed within the mesentery, which measures 1.2 cm x 1.4 cm. It is most likely a lipogranuloma, and is not considered clinically significant.

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Previously diagnosed with a soft tissue sarcoma located on the left hip. The mass is 1.84 cm in diameter x 3.16 cm in length. It is heterogeneous, with both hyper and hypo-echoic regions amongst the muscle fibres. A "pseudocapsule" is visualized.

ULTRASONOGRAPHIC FINDINGS

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- The subcutaneous (SQ) mass on Theo's left hip was previously diagnosed as a soft tissue sarcoma.
- There are no obvious signs of metastases on today's abdominal ultrasound.
- Bilateral adrenomegaly, without evidence of neoplasia. Differential diagnoses include hyperplasia, secondary to chronic illness or stress. However, subclinical pituitary dependent hyperadrenocorticism cannot be excluded. This is most likely an incidental finding, unless Theo has been demonstrating signs of pu/pd/pp or excessive panting. A low-dose dexamethasone suppression test or an ACTH stimulation test is *not* recommended at the moment due to concurrent disease (soft tissue sarcoma), particularly if Theo is not demonstrating clinical signs of hyperadrenocorticism, as false positives may occur. See below for further suggestions.

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- The hepatic changes are suggestive of a reactive hepatopathy. There are no obvious signs of hepatitis or cholecystitis.

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- Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration.

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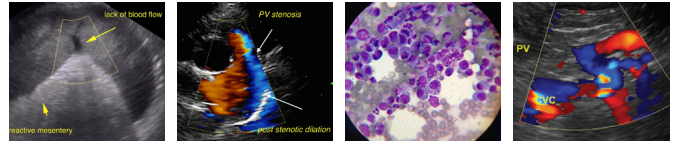
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- The pancreatic changes are also considered age related in origin, likely nodular degeneration and multifocal areas of fibrosis. There are no signs of active pancreatitis.

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- The presence of the lipogranuloma within the mesentery is not considered clinically significant.



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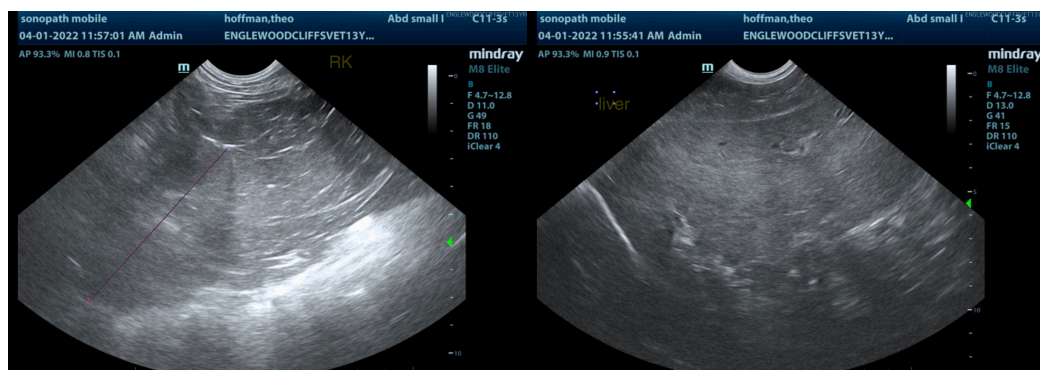
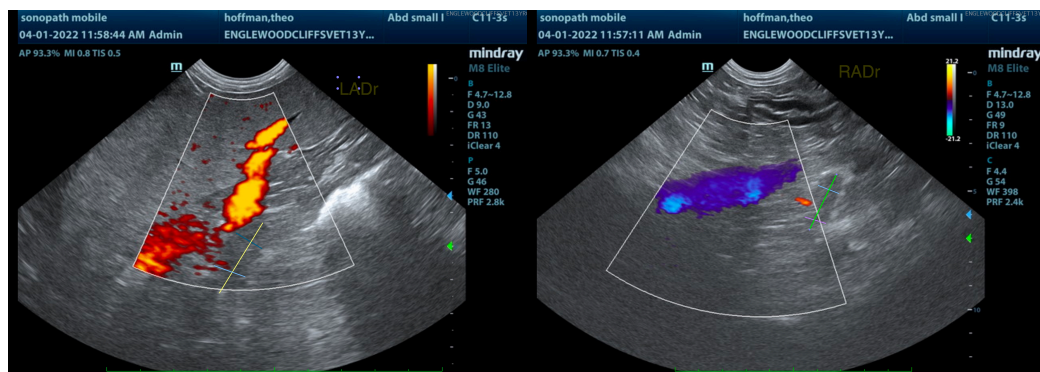
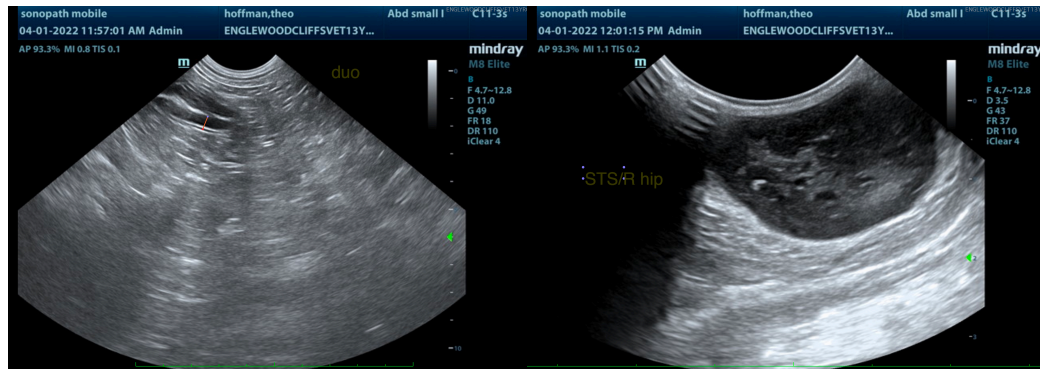
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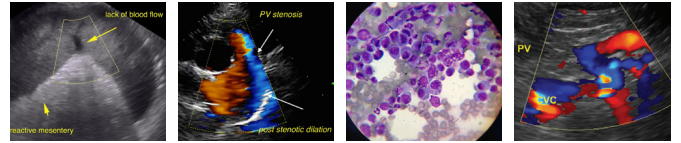
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostics, such as a low-dose dexamethasone suppression test or an ACTH stimulation test is *not* recommended at the moment due to Theo's concurrent disease (soft tissue sarcoma), however, a urine protein: creatinine ratio is recommended, in addition to the evaluation of his arterial blood pressure. These should be performed approximately 4 to 6 weeks post-operatively. If proteinuria or hypertension is present, further work up for hyperadrenocorticism is suggested. If they are absent, he should be monitored for signs of hyperadrenocorticism and a re-evaluation of his UPCr and arterial blood pressure is recommended every 2-3 months.

The thoracic radiographs do not show signs of pulmonary metastases. However, a mixed peribronchiolar interstitial lung pattern is observed, which may be age related, as well as secondary to underlying chronic bronchitis. Spondylosis is also present. Subjectively, Theo's cardiac silhouette appears slightly enlarged for a deep chested dog (the VHS was not calculated). Therefore, an evaluation of his diet is recommended to ensure he is not receiving a grain-free or raw meat diet.





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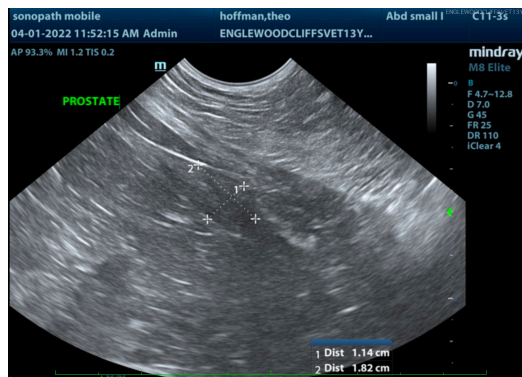
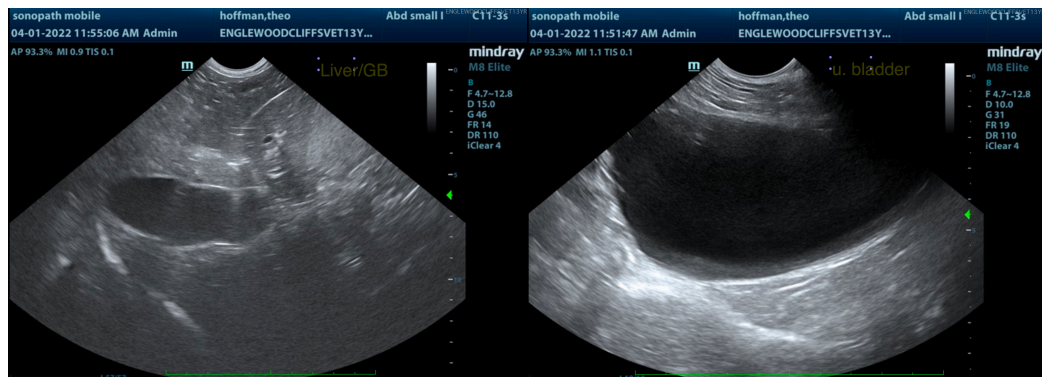
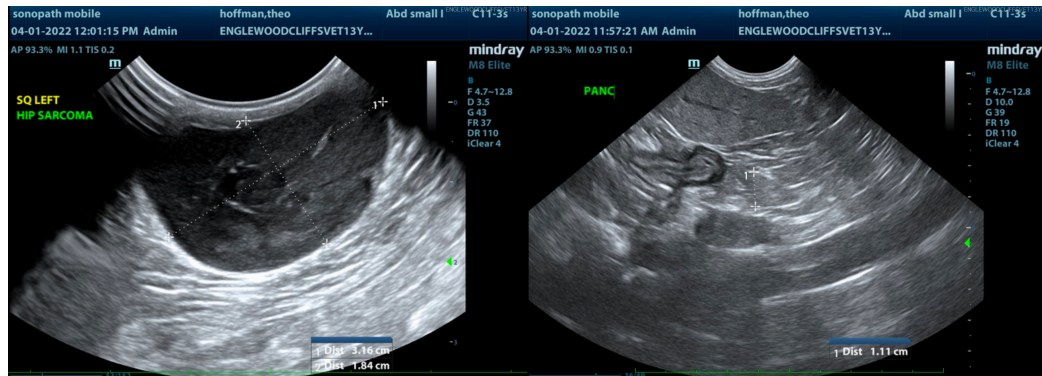
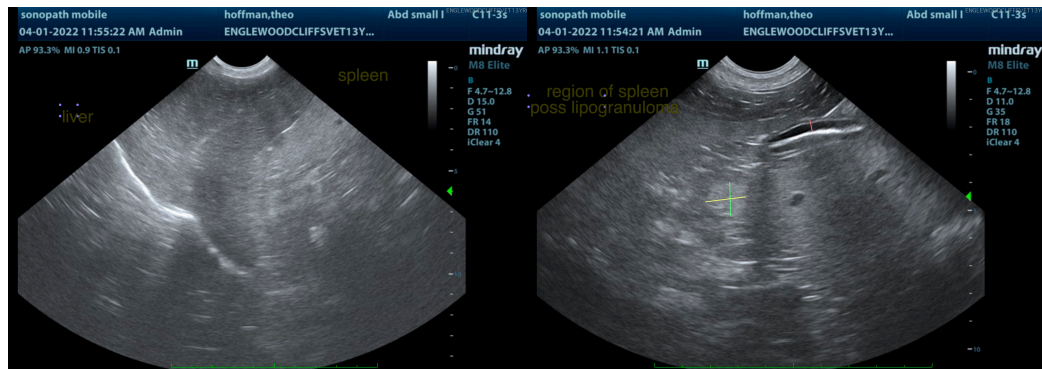
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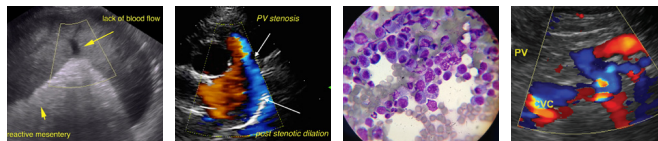
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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