

**PATIENT**

Auggie Brock 164377

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

9 years

WEIGHT

39.7 kg

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Wirth

INVOICE

30393

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Patient presents today for an assessment of his thyroid carcinoma progression. He has declined over the last few weeks. He has been laying around more and overall not as playful. He has also been eating less - will eat treats but not much beyond. His water intake remains stable. Auggie has had loose stools (no blood). He has not been vomiting, but has been eating a lot of grass. He discontinued the Palladia after the last visit (4/14) and has not started the Chlorambucil. Prior history: 1. Invasive solid/compact thyroid carcinoma with vascular invasion, tumor thrombi in cranial thyroid artery: PD -removed left lobe of thyroid gland on 7/10/20 -completed 5 doses of carboplatin treatment on 10/14/20 -neck US on 1/6/22 showed metastasis to local lymph nodes (R & L SMLNs, L PSLN) -started palladia on 1/6/22 2. Splenectomy on 7/10/20 for a nodule; benign 3. Gastropexy on 7/10/20 4. R TPLO 4/27/20 5. L TPLO 4/7/21 6. Palladia induced hypertension

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Prostate

The prostate is homogenous and measures 0.94 cm, which is within normal limits for a neutered male.

Kidneys

The **left** kidney measures 7.53 cm. The capsule is smooth. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. Very subtle mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.81 cm. Findings are similar to the left kidney.

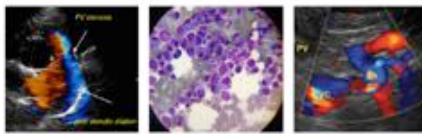
Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 1.36 cm at the cranial pole, 1.01 cm at the caudal pole. A hyperechoic nodule is noted at the cranial pole. It measures 1.39 cm in diameter x 1.26 cm in length. An ill-defined hyperechoic region is also observed at the center of the gland. No abnormalities are noted with phrenico-abdominal vein and surrounding vasculature. The surrounding mesentery is unremarkable.

The **right** adrenal gland measures 1.05 cm at the cranial pole, 0.72 cm at the caudal pole. An ill-defined hyperechoic nodule is noted at the center of the gland, which measures 0.83 cm in diameter x 1.06 cm in length. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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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. The liver's borders are smooth, but mildly rounded. A heterogenous mass, measuring 5.26 cm in diameter x 4.74 cm in length, is noted in the sagittal view of the left liver. It has very small anechoic lacunae, hypo and hyperechoic areas. Multiple heterogeneous masses and nodules are observed throughout the left and right liver lobes, which are vascularized. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. No abnormalities are observed with the ileocecal colic junction. Abnormally 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 in the gastrointestinal tract.

Pancreas

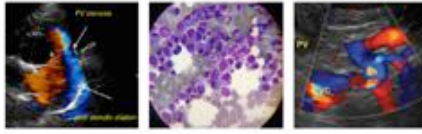
No overt abnormalities are observed with the echogenicity or echotexture either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other**Lymph nodes**

Left medial iliac LN - 0.71 cm; right - 0.59 cm

One of the mesenteric LNs is within normal limits at 0.50 cm.

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

- The hepatic nodules and masses are highly suggestive of metastases from the thyroid carcinoma.
- The adrenal glands show a few abnormalities. The left adrenal gland is enlarged at both poles. A hyperechoic nodule at the cranial pole is not suggestive of calcification or mineralization, i.e., it is not suggestive of neoplasia. An adenoma is the most likely diagnosis. The right adrenal gland is also enlarged at the cranial pole. An ill-defined hyperechoic nodule is noted at the center of the gland. The latter is suggestive of fibrosis, fat and/or mineralization, i.e., the abnormalities are not consistent of neoplasia. No abnormalities are noted with the phrenico-abdominal vein and vasculature surrounding either gland. Bilateral adrenomegaly may be secondary to hyperplasia secondary to stress and chronic illness. Pituitary dependent hyperplasia is considered less likely, but cannot be excluded.
- The renal changes are subtle and suggestive of age related regeneration.

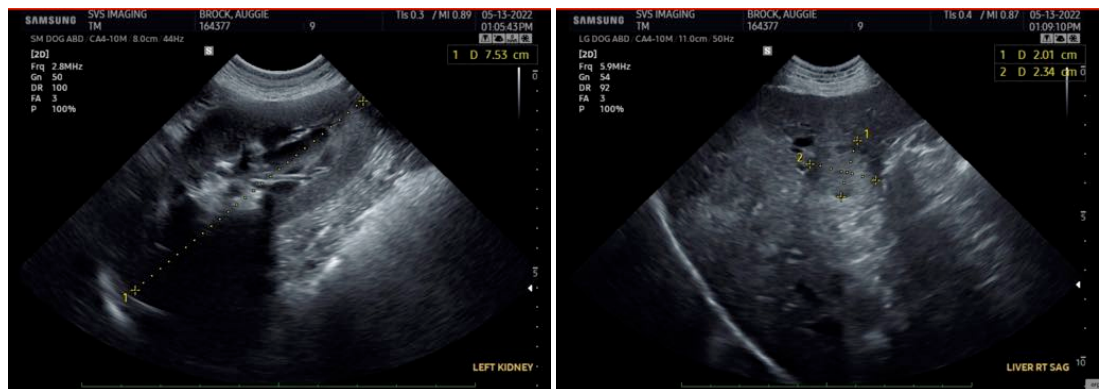
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic lesions are highly suggestive of metastatic disease from the thyroid carcinoma.

Palliative care that may help improve his quality of life includes

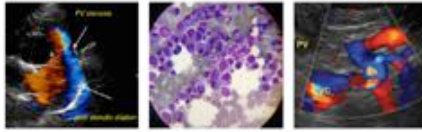
- prednisone or prednisolone at 0.25-0.5 mg/kg/day
- appetite stimulant (Entyce or other)
- chlorambucil may be considered if his appetite improve

A consultation with an oncologist may be considered to discuss further options.



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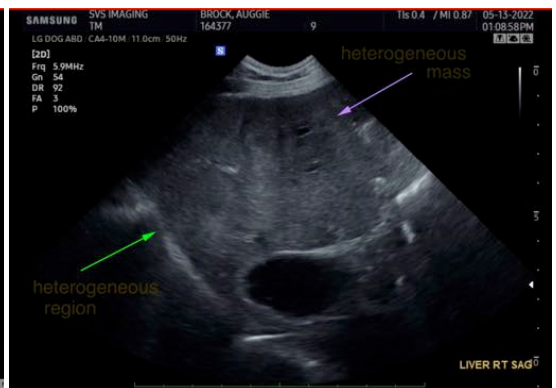
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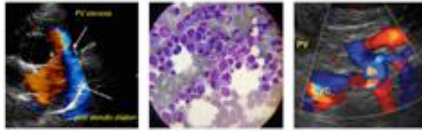
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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