

**PATIENT**

Rosie Hanson

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

10yr

WEIGHT

40.2lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Tracy LaSarge

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Nash

INVOICE

11935ag

DATE

10/19/2022

PRESENTING CLINICAL SIGNS

Started with limping on Right Hind on 10/06/22, Bruising and swelling was noted upon exam on 10/08/22. On 10/10/2022 Bruising had spread to to Abdomen and entire hind end with pale MM. Pet is lathargic and not eat well. On 10/11 Swelling spread to Left hind leg 10/8/22 - Bruising and pitting edema noted on right hind leg from toe to inguinal region. No enlarged lymph nodes noted. HCT: 28.3%, PLT: 125K/uL 10/10/22 - Bruising and pitting edema worsened, spread cranial to umbilical region, and left medial thigh. HCT: 22.7%, PLT: 79K/uL No treatment was initiated as we did not get bloodwork results until 10/12/22. Radiograph of abdomen appears WNL. 10/11/22 - Bruising continued to spread cranial and lateral, left hind limb starting to get pitting edema as well. In house HCT: 18%, PLT: 95K/uL. 10/12/22 - Exam findings minimal change. In house HCT: 16.5%, PLT: 90K/uL. Steroids started at 2mg/kg per day, as well as Sucralfate 1gm BID, and Doxycycline at 10mg/kg BID. Blood transfusion scheduled for tomorrow (10/13/22). Blood transfusion complete on 10/13/22 - pre PCV was 16%, post PCV was 24% 10/14/22 - PCV 26% Bruising has now decreased significantly. Pt still on steroids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder exhibited subjective mild distention yet normal tone. Concurrent distention of the proximal urethra to a depth of 2 cm was noted. Anechoic urine was present in the lumen with no uroliths or sediment. An indistinctly visualized possible urethral luminal lesion at a depth of 2 cm was observed. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary thinly walled cyst was present in the left kidney measuring ~ 2.0 cm in diameter. The left kidney measured 6.9 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

The spleen exhibited generalized enlargement with diffuse areas of asymmetrical contour and generalized non-uniform variably nodular parenchyma including solitary to multiple variably sized to expansive cavitated masses. An example of a splenic mass measured 4-5 cm in diameter. Mild regional hyperechoic mesentery was noted.

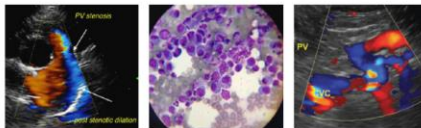
Liver

The liver was subjectively enlarged in size with multiple expansive non-homogeneous hypoechoic intraparenchymal macronodules/small masses. An example of a liver mass measured 5.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas**BREED**

Border Collie Mix

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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FS

No overt lymphadenopathy or peritoneal free fluid was present.

AGE

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A large to expansive non-homogeneous mass in the area of the right inner thigh was present measuring ~ 6.9 cm in diameter.

WEIGHT

40.2lb

ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenomegaly with mass/masses
- Hepatomegaly exhibiting multiple variably size intraparenchymal macronodules/small masses
- Non-homogeneous mass right inner thigh
- Mild distended urinary bladder and proximal urethra, suspect proximal luminal lesion although not definitive

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Secondary

- Bilateral chronic renal changes with left kidney cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic presentation in conjunction with the right inner thigh mass is consistent with multicentric neoplastic criteria although sampling is required for definitive diagnosis. Primary concern for multicentric sarcoma vs other neoplasia. Potential for non or partially obstructive proximal urethral lesion could be possible if evidence of stranguria/dysuria etc. An unfavorable prognosis is indicated.

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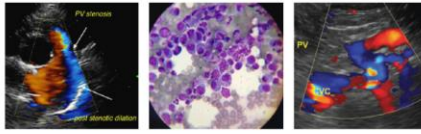
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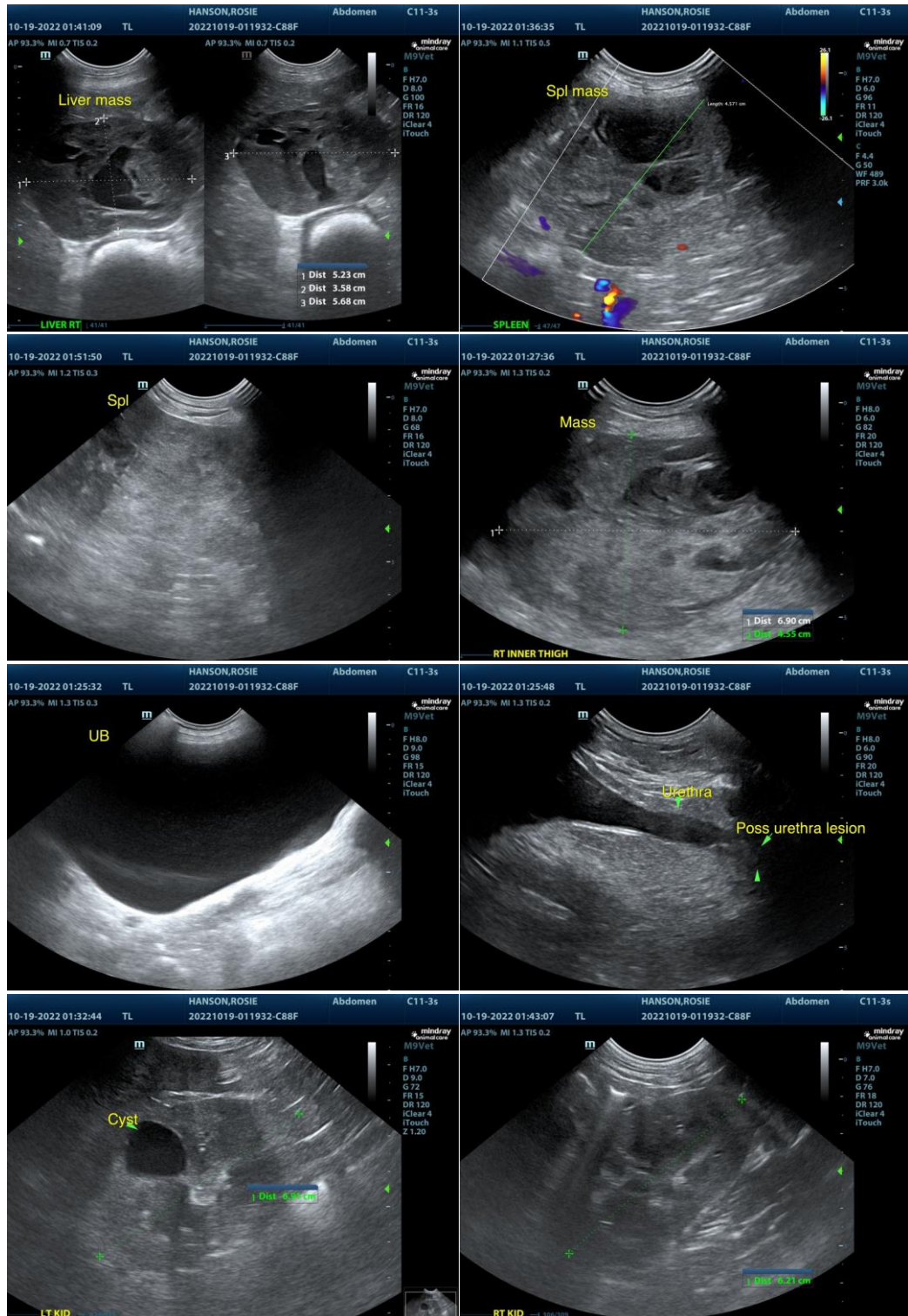
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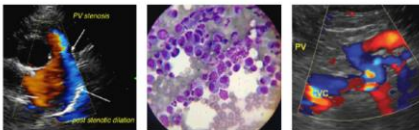


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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