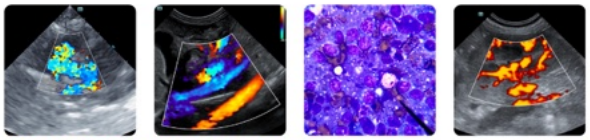


PATIENT

Pooh Bear Poto

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

13 years

WEIGHT

44.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

78210

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Owner is concerned about multiple cutaneous and subcutaneous masses. 4 masses were aspirated. 1 could be a melanoma and 1 could be hemangioma or hemangiosarcoma.
Abnormal PE/Chem/CBC/UA Results: Senior profile WNL except for mild elevation of alk phos at 170 3 view thoracic radiographs appear normal abdominal ultrasound submitted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is moderately distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.86×3.10 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.15×3.46 cm, with a cortical thickness of 0.50 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity that is isoechoic to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis

Adrenal Glands

Both adrenal glands are mildly enlarged and somewhat rounded (globoid) in appearance while maintaining relatively homogeneous echogenicity. The left adrenal gland measures 0.82 cm at the cranial pole and 0.88 cm at the caudal pole. The right adrenal gland measures 0.99 cm at both the cranial and caudal poles.

A well-defined intraluminal soft tissue structure measuring 1.79×2.16 cm is identified within the caudal vena cava. Color Doppler interrogation demonstrates blood flow surrounding the lesion.

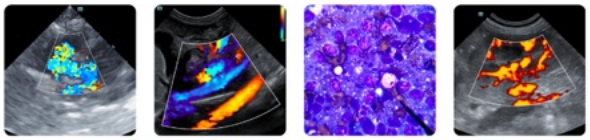
Spleen

Splenic thickness is 2.15 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is mildly irregular and demonstrates changes consistent with mucosal gland hyperplasia. A moderate amount of biliary sludge is present within the lumen. No evidence of gallbladder mucocele formation, cystic duct dilation, or extrahepatic biliary obstruction is identified.



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Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 2.38 mm and preserved wall layering.

The pylorus measures 6.93 mm. The duodenum measures 3.78 mm and the jejunum measures 4.10 mm. Wall layering is preserved throughout the evaluated intestinal tract.

No sonographic evidence of gastrointestinal inflammation, obstruction, ileus, foreign material, or infiltrative intestinal disease is identified.

The colon measures 1.22 mm and contains formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild bilateral adrenomegaly with rounded adrenal morphology.
- Gallbladder mucosal gland hyperplasia with moderate biliary sludge.
- Intraluminal soft tissue structure within the caudal vena cava measuring 1.79×2.16 cm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large intraluminal soft tissue structure is identified within the caudal vena cava. Color Doppler interrogation demonstrates blood flow surrounding the lesion. The ultrasonographic appearance is most consistent with a caval thrombus. Although a tumor thrombus cannot be completely excluded, no obvious primary abdominal source of vascular invasion is identified during this examination.

Mild bilateral adrenomegaly with rounded adrenal morphology, gallbladder mucosal gland hyperplasia, moderate biliary sludge, and mildly increased serum ALP activity collectively raise suspicion for hyperadrenocorticism. In this context, an underlying hypercoagulable state secondary to hyperadrenocorticism should be considered a potential predisposing factor for caval thrombosis.
No sonographic evidence of metastatic disease is identified within the liver, spleen, kidneys, pancreas, gastrointestinal tract, or evaluated abdominal lymph nodes.

Overall, the findings raise concern for a caval thrombus, potentially occurring secondary to an underlying hypercoagulable disorder such as hyperadrenocorticism, although a neoplastic thrombus cannot be completely excluded.

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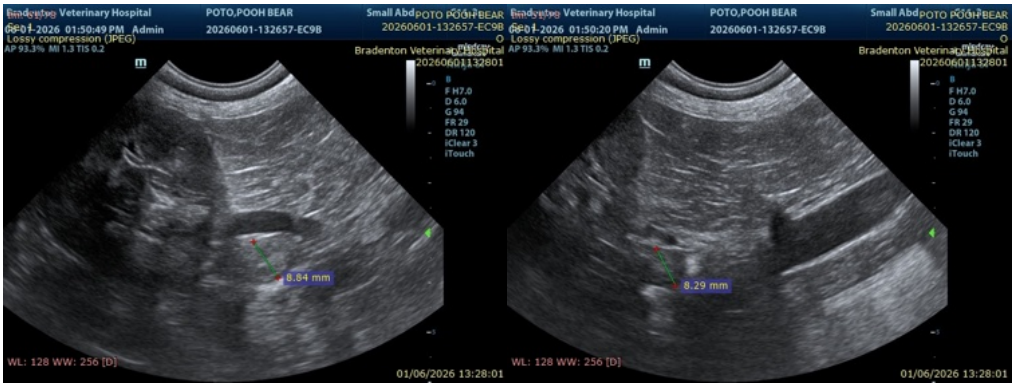
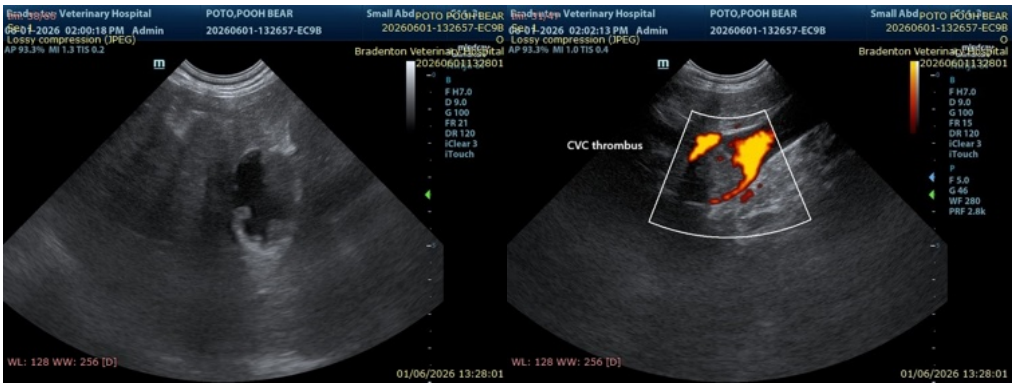
Recommendations

• Endocrine testing is recommended to further evaluate hyperadrenocorticism.
• Coagulation testing and consideration of antithrombotic therapy are recommended at the discretion of the attending veterinarian.
• Histopathologic diagnosis of the cutaneous and subcutaneous masses is recommended if not already obtained.
• Advanced imaging (contrast-enhanced CT) may be considered if further characterization of the caval lesion is desired

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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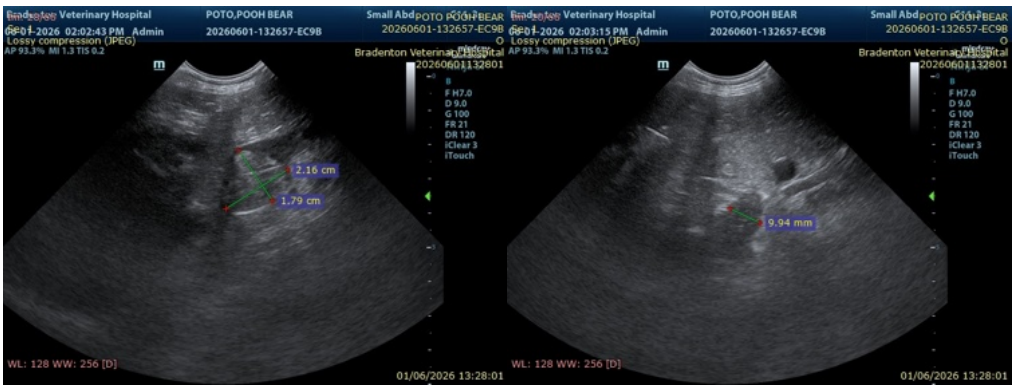

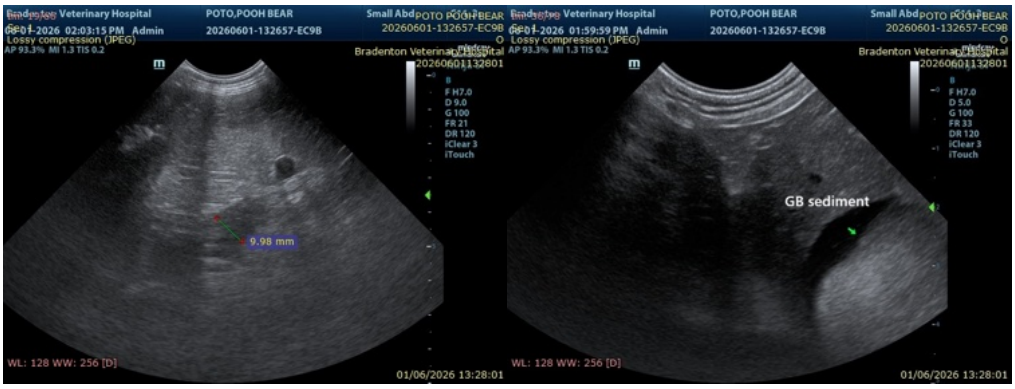

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com