

**DATE PRESENTING CLINICAL SIGNS**

1/4/2022

History: Presented for ongoing milk production. Started over the summer and still ongoing. Has mammary tumor, so not sure if that is the cause of if there is a tumor elsewhere in abdomen (ovarian, adrenal?)

PATIENT

Pixie Sapp

Current Medications: Apoquel 5.4mg: Give 1/2T BID for 14 days
 Cefpodoxime 100mg: Give 1/2T SID for 14 days. These were just started for perivulvar dermatitis on 12/9/2021.

Lab Results: CBC, chem, UA, T4—NSF.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Female, intact

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

AGE

2/26/2009

The left kidney is normal size (4.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.3 lbs.

The right kidney is normal size (4.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

Adrenal Glands

The left adrenal gland is mildly enlarged (0.69 cm at cranial pole) (0.62 cm at caudal pole) (2.33 cm in length) with a slightly irregular shape. A 0.69 x 0.60 cm hyperechoic nodule is observed at the cranial pole. The lesion causes slight capsular expansion. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

All Creatures VS

The right adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.60 cm at caudal pole) (1.98 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Meadows

Spleen

The spleen is normal in size (1.37 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

12781

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with fluid and chyme. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

The ovaries are subjectively normal in size (left ovary 0.93 x 0.52 cm; right ovary 1.81 x 0.66 cm) with a normal shape and parenchyma. No obvious pathology is observed.

The left and right uterine horns are moderately fluid distended (left horn 1.22 cm in diameter; right horn 0.80 cm in diameter). The uterine body is not overtly dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The uterine horn changes could be consistent with pyometra, hydrometra or mucometra.

Secondary Findings:

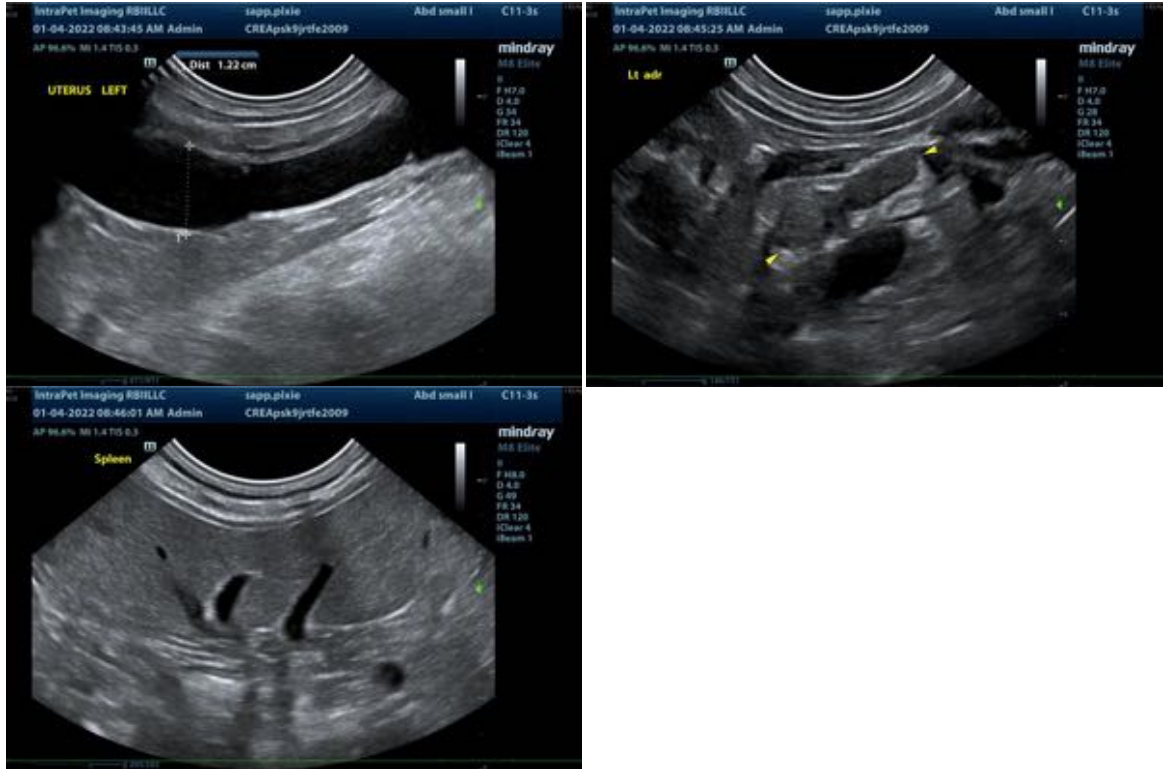
- The pancreatic changes are most consistent with age-related remodeling/fibrosis. Concurrent low-grade inflammation may be present, particularly if the patient exhibits discomfort on cranial abdominal palpation.
- Mild bilateral adrenomegaly. The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia).

*An obvious cause for the patient's ongoing milk production is not identified in this study. Considerations include exogenous hormone sources, hypothyroidism, occult hepatopathy, hormone-secreting tumor, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the uterine changes, an ovariohysterectomy is recommended. Mammary mass removal should be considered at the time of surgery. A vaginal cytology would be useful in further evaluating for pyometra.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Three-view thoracic radiographs are recommended prior to anesthesia to assess for pulmonary metastatic disease.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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