

**DATE**

10/18/2021

**PATIENT**

Chloe Rice

**SPECIES**

Canine

**BREED**

Terrier Mixed breed

**SEX**

Female, intact

**AGE**

10/7/2010

**WEIGHT**

15.1 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Parkville AH

**REFERRING VET**

Dr. Morganthall

**INVOICE**

12374

**PRESENTING CLINICAL SIGNS**

History: On 9/18/21 (previous vet) decreased appetite, distended abdomen- tapped 500ml serosanguinous fluid. On 10/4/21 (PAH) follow up on ascites- tapped 750ml serosanguinous fluid, distended abdomen, possible abdominal mass.

Lab Results: On 9/18/21 (previous vet) cbc/chem ALT 131, NEU 12.76, RETIC 121.

Radiographs: Abdominal – ascites.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: declined

Stat Report: not requested

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

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. the region of the trigone is normal.

The left kidney is normal size (3.76 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.

The right kidney is normal size (4.13 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.32 cm at caudal pole) (1.39 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.

The right adrenal gland is upper limits of normal size (0.46 cm at cranial pole) (0.59 cm at caudal pole) (1.80 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.

**Spleen**

The spleen is normal in size (0.88 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.

**Liver**

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 not distended. 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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***

A large amount of echogenic free fluid is present. The mesentery in the cranial to mid abdomen is irregular bordering on nodular in appearance. The abdominal lymph nodes are normal/not visible.

### ***Other***

The left ovary is enlarged (3.94 x 3.05 cm) with a mass effect. The gland is irregular and slightly heterogeneous in appearance.

The right ovary is enlarged (4.94 x 4.52 cm) with a mass effect. The gland is irregular and slightly heterogeneous in appearance.

The uterine body is visible and is normal (0.80 cm in width).

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

Bilateral ovarian masses, larger on the right side. Neoplasia is considered likely. The diffuse ascites is likely secondary to the ovarian masses. The irregular mesentery may be reactive or may represent metastatic disease.

### **Secondary Findings:**

The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider an ovariectomy with submission of the ovaries and uterus for histopathology. If a more conservative approach is desired, consider submission of the abdominal fluid for fluid analysis and cytology. However, if results are inconclusive, an ovariectomy would still be recommended.





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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