

**DATE PRESENTING CLINICAL SIGNS**

11/15/22

Mass in pelvic canal. Seen 10/21 at rDVM for reduced appetite, RH lameness. Sedated and diagnosed with partial CCL rupture RHL. Between 10/21 and 11/5 no improvement to appetite. 11/5 diagnosed with abdominal mass. Reduced appetite, weight loss, difficulty defecating. Exam today--large mass palpable in caudal abdomen and transrectally, suspect mass primarily arising in pelvic canal vs less likely markedly enlarged sublumbar LN (possible it is both).

PATIENT

Zola Beagle

SPECIES

Canine

BREED

Mixed breed

Current Medications: Lactulose 8mL BID, Meloxicam 54# dog dose once daily, Welactin, Dasuquin, Entyce 4mL once daily, Adding miralax 2tsp BID today

Lab Results: CBC chem 10/21 unremarkable, updated labs including PT/PTT pending

Radiographs: TXR 10/21 unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

AGE

11/7/2015

The left kidney is normal size (6.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

22 kg.

The right kidney is normal size (7.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.71 cm at caudal pole) (2.26 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.

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.60 cm at caudal pole) (2.57 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.

INVOICE

14230

Spleen

The spleen is normal in size (1.30 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 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. 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid.

Lymph Nodes

See *Other*.

Other

A >9 cm irregular, heterogeneous, cavitated mass is observed in the caudal abdomen/pelvic region. The cavitations contain echogenic debris. The mesentery surrounding the mass is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Caudal abdominal/pelvic mass. Neoplasia (i.e., sarcoma, other) is considered likely with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.

Secondary Findings:

- Minor, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.



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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