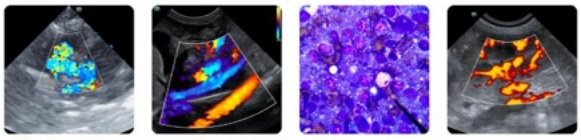


DATE

11/25/25

PATIENT

Emmie Crawmer

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

3/31/2016

WEIGHT

39 kg.

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

INVOICE

13375

PRESENTING CLINICAL SIGNS

Patient History: Started urinating more often 2 days ago, tonight woke up crying, downward dog position, uncomfortable in abdomen. Painful, Diarrhea, Cushing's - currently being treated, Allergies, Severe pancreatitis

Current Medications: None listed.
Labwork Results: Diagnostics not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Propofol IV.
Stat Report: Approved.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.92 cm at cranial pole) (0.77 cm at caudal pole) with a relatively normal shape. A 0.95 x 0.54 cm ill-defined hyperechoic nodule/area is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.56 cm at cranial pole) (0.89 cm at caudal pole) slightly swollen peripheral contours. At the cranial pole, a 1.68 x 1.30 cm ill-defined hyperechoic nodule/area is visualized. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (2.23 cm in width at the level of the hilus) with scalloping of the peripheral margins. The parenchyma is subtly mottled in appearance. Several small ill-defined myelolipomas are observed in the region of the hilus. A 0.89 x 0.67 cm ill-defined hyperechoic nodule is observed approximately mid-body. Splenic vasculature is normal with no evidence of thrombosis. Surrounding mesentery is mildly hyperechoic.

Liver

The liver is subjectively normal in size with relatively smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen, diffusely mottled and heterogeneous in appearance with numerous varying

sized hypoechoic nodules throughout the organ, one of the nodules measuring 2.8 cm in its longest dimension. 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. A small to moderate amount of aggregated, echogenic to mineralized, partially dependent to suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the pancreas is mildly hyperechoic.

Lymph nodes

1-2 prominent cystic periportal lymph nodes are visualized, one of the nodes measuring 1.59 x 0.92 cm. A small medial iliac lymph node is visible but not overtly enlarged.

Free Abdomen

Trace free fluid is observed.

Other

In the mid to caudal abdomen, an 11.1 x 6.0 cm irregular mass effect is visualized. The cranial portion of the mass is heterogeneous and vascular with cavitated areas. At the caudal aspect of the mass, an 8.8 x 6.0 cm fluid pocket with suspended echogenic debris is observed. The mesentery surrounding the mass is hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cavitated mid to caudal abdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, other. Neoplasia (i.e., hemangiosarcoma or other sarcoma, carcinoma, round cell tumor) is suspected with lower possibility of an inflammatory process with cavitated areas. Adjacent peritonitis is present.
- The hepatic nodules are concerning for infiltrative neoplasia/metastatic disease. However, other hepatopathies (i.e., regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper) and/or other hepatopathy) cannot be excluded.
- The diffuse splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor) or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other). The hyperechoic splenic nodule trends toward the benign (i.e., meylolipoma) with a lower possibility of more insidious splenic pathology.
- The gallbladder changes are consistent with a developing mucocele.

- The pancreatic changes are suggestive of mild pancreatitis.

Secondary Findings:

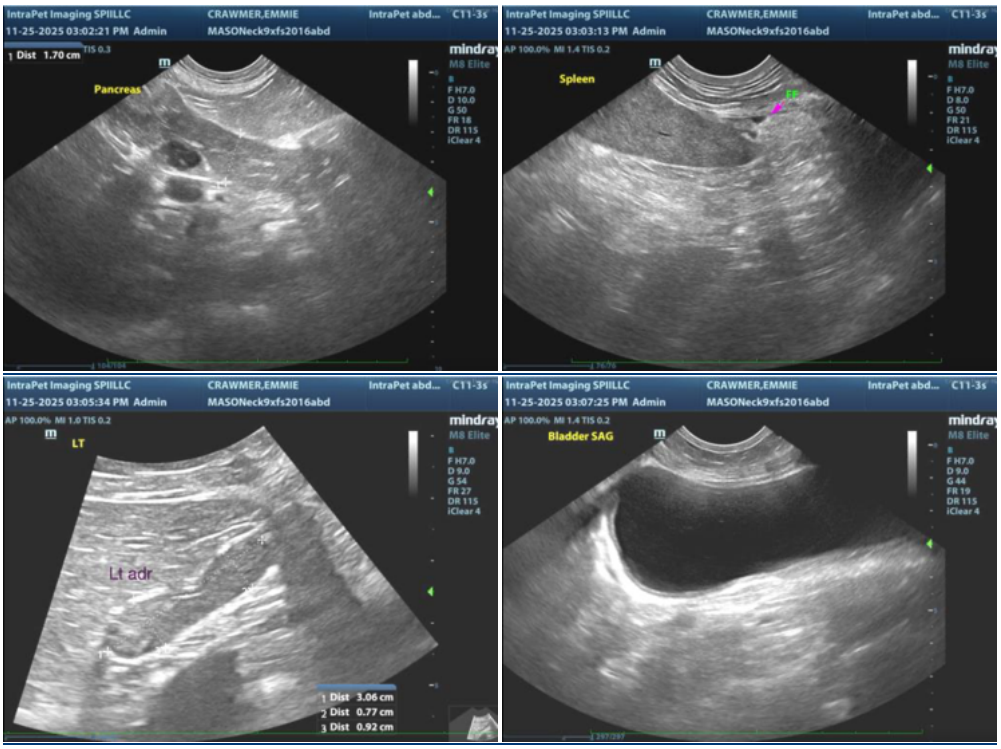
- Bilateral nonspecific age-related renal changes
- Bilateral adrenomegaly. The bilateral adrenal nodules could be consistent with focal nodular hyperplasia, adenomas or less likely emerging adenocarcinomas, pheochromocytomas, other.
- The prominent periportal lymph node could be consistent with reactive change or metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

2. To further evaluate the abdominal mass, consider an abdominal CT scan and/or exploratory surgery. If surgery is pursued, consider referral to a board-certified surgeon. If surgery is pursued, biopsies of the liver and periportal lymph node(s) should be obtained at the time of surgery.

3. Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.

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RT
Rt adr
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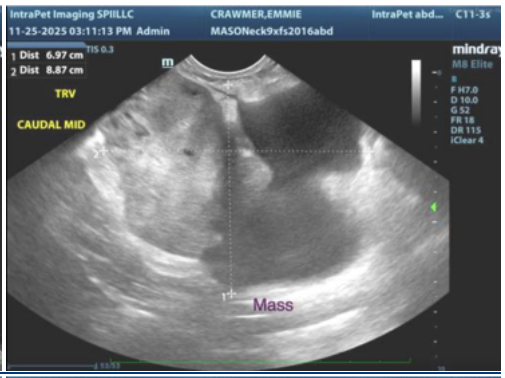
2 Dist 0.89 cm
3 Dist 1.56 cm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2 Dist 8.87 cm
TRV
CAUDAL MID
Mass


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SAG
CAUDAL MID
Mass


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Liver RT


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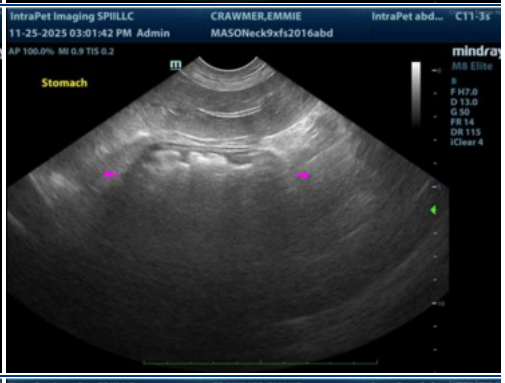
Liver RT
GB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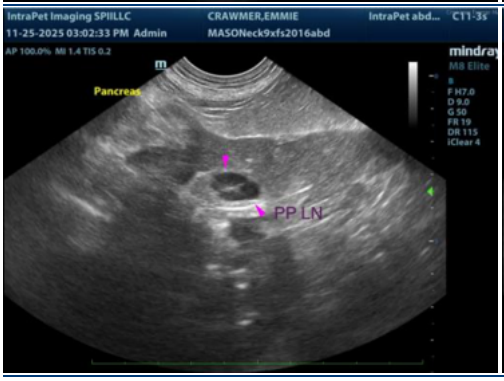
Stomach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Pancreas
PP LN


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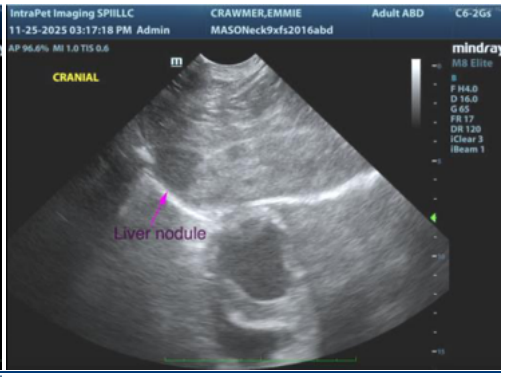
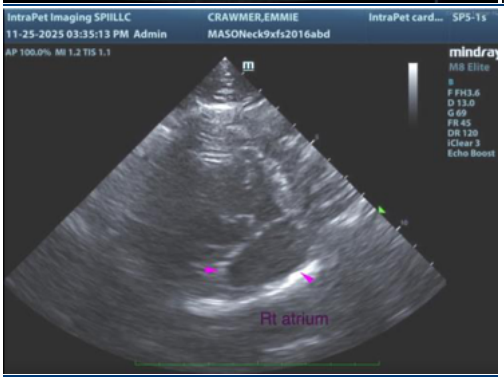
Spleen





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com