

**DATE PRESENTING CLINICAL SIGNS**

12.29.22 History of mitral valve disease - is being treated by CVCA.
 Came in for senior check-up. Palpable caudal abdominal mass noted (1st time) on physical exam. Also palpable on rectal exam. Pet's stools are smaller and straining evident. Also, urinary accidents recently.

PATIENT

Dale Antonis Current Medications: Pimobendan.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5/6/2007

WEIGHT

8 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. Bauer

INVOICE

11983

PRESENTING CLINICAL SIGNS

History of mitral valve disease - is being treated by CVCA.
 Came in for senior check-up. Palpable caudal abdominal mass noted (1st time) on physical exam. Also palpable on rectal exam. Pet's stools are smaller and straining evident. Also, urinary accidents recently.

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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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.87 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.30 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.54 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.41 cm at caudal pole) (1.49 cm in length) with a normal shape and 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 normal size (0.46 cm at cranial pole) (0.45 cm at caudal pole) (1.54 cm in length) with a normal shape and 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 subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). 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. There is no evidence of an obstructive pattern.

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 evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Lymph node

(See "Other" category).

Other

A 5.50-6.00 cm irregular, heterogenous, slightly cavitated mass is observed in the caudal abdomen, with possible extension into the pelvic canal.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

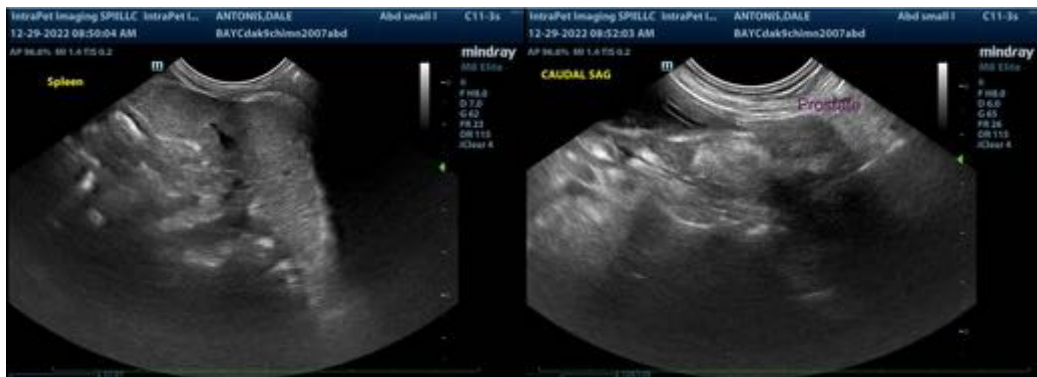
- Large caudal abdominal mass, the origin of which is unclear. It may be arising from lymph nodes, connective tissue, mesentery, colon, other. Neoplasia (i.e., sarcoma, round cell tumor, carcinoma) is suspected with a lower possibility of a severe inflammatory process.

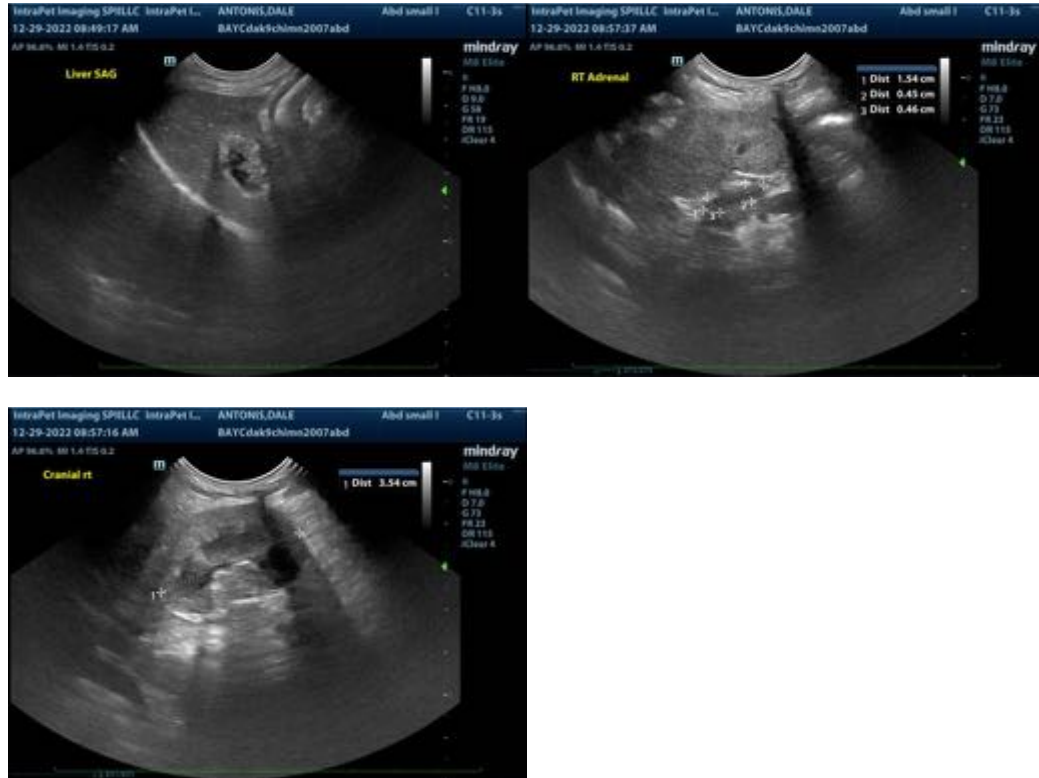
Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral chronic age-related renal changes. The bilateral pyelectasia may be secondary to age-related remodeling, pyelonephritis, distal ureteral obstruction (i.e., resulting from the caudal abdominal mass), or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the caudal abdominal mass is recommended (if clotting status is appropriate).
- Also consider an abdominal/pelvic CT scan to further characterize the lesion and to help determine surgical resectability.
- In the meantime, a stool softener and other supportive measures should be considered.





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)
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