



PATIENT

Grace Cady

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

13 Years

WEIGHT

65 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

A. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

A. Waffle

INVOICE

14484

DATE

3/31/22

PRESENTING CLINICAL SIGNS

History: Hx of 4 days duration of inappetence and severe polydipsia

Abnormal PE/Chem/CBC/UA Results: Tender on abdominal palpation. HR 130 - no murmur; Tacky MM; Purulent vulvar discharge with mixed bacterial population and neutrophils Large mid abdominal mass on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness. The mucosal surface is slightly irregular. The bladder lumen is moderately distended with mostly 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 left kidney is subjectively normal in size with a 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.72 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. The glands are difficult to definitively identify due to the large mid abdominal mass.

Spleen

The spleen is normal in size (1.88 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 6.0 cm slightly heterogenous area is observed in the region of the right medial lobe. The remaining parenchyma is homogeneous. Hepatic vasculature and intrahepatic 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal segments are displaced due to the large mid abdominal mass. In the visualized bowel loops, the lumen is not dilated, and the walls appear normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas



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The region of the pancreas is partially obscured by the large mid abdominal mass in the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

A > 12 cm, irregular, multiseptated, cavitated lesion/mass is observed in the cranial to mid abdomen. It appears to be left lateralized. The mass contains an approximately 9.0 cm fluid pocket with a large amount of echogenic material, as well as smaller fluid pockets, some of which contain echogenic debris and some of which appear anechoic in nature. The mesentery effacing the serosal surface of the lesion is mildly hyperechoic. Trace free fluid is observed.

BREED

Mix

Lymph Nodes

There is no obvious evidence of lymphadenopathy.

SEX

Female

Other

The uterine body is difficult to definitively identify.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

- The origin of the large multiseptated lesion/mass is unclear. It may be arising from uterus, ovary, mesentery, spleen, pancreas, other. Differentials include multiloculated abscess (i.e., pyometra), necrotic tumor, other.
- The heterogeneous hepatic lesion may represent an area of regenerative nodular hyperplasia, emerging tumor, granuloma, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Internal Medicine)

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, an abdominal exploratory with mass removal or debulking is recommended. Aerobic and anaerobic cultures of the lesion should also be considered. A liver biopsy, with particular attention to the heterogeneous area, is also recommended. If surgery is pursued, referral to a board-certified surgeon is recommended. An abdominal CT scan would be useful in presurgical planning, particularly in helping to identify the origin of the cystic lesion. Given the purulent vaginal discharge, broad spectrum antibiotics should be initiated as well.

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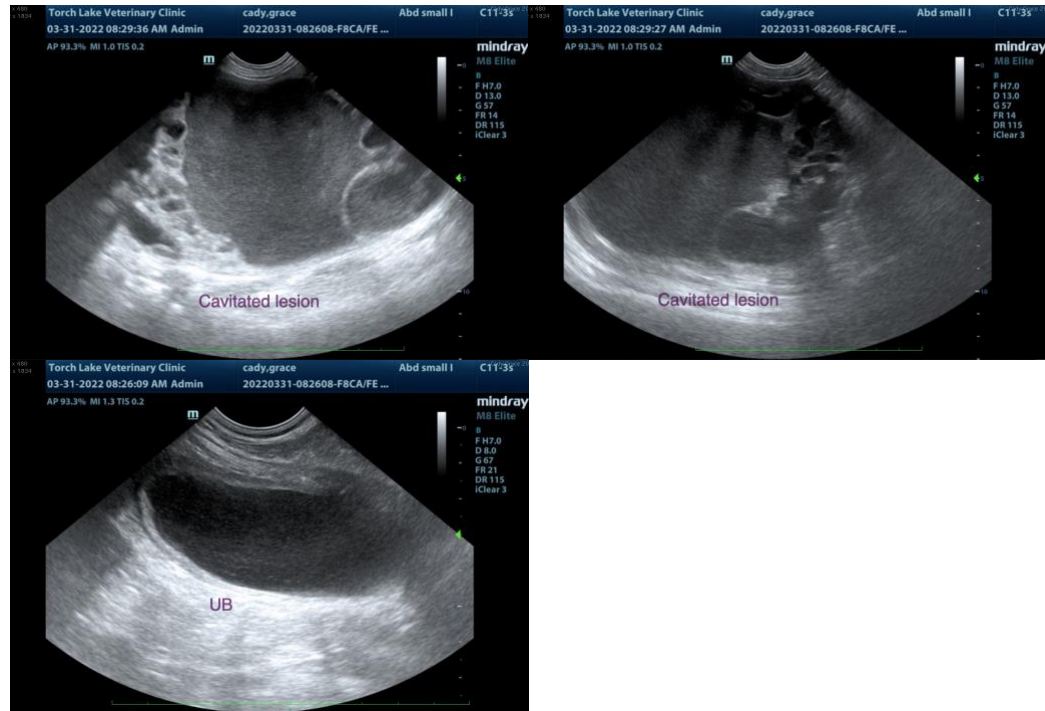
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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