



PATIENT PRESENTING CLINICAL SIGNS

PENELope Lovos Pagan History: During U/S guided cysto by DVM, he observed a fluid filled lesion in the caudal abdomen. Patient is intact female but has not had a heat cycle in years.

SPECIES Abnormal PE/Chem/CBC/UA Results: Normal chemistry.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

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

SEX The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

AGE The right kidney is normal in size (4.17 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

WEIGHT The left adrenal gland is normal in size (0.41 cm at cranial pole) (0.52 cm at caudal pole) (1.27 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 appear normal.

The right adrenal gland is in normal size (0.60 cm at cranial pole) (0.49 cm at caudal pole) (1.04 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 appear normal.

Spleen

The spleen is normal in size (0.91 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 appears 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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 is normal in

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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 right 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

There is questionable free fluid. A 0.50 cm lymph node is observed in the right cranial quadrant.

Other

One still image of the left ovary, and one still image of the right ovary are provided. In these images, the ovaries are unremarkable (left: 1.16 x 0.63 cm) (right: 1.00 x 0.45 cm).

An elongated, thin-walled, fluid-filled structure is observed in the left mid- to caudal abdomen. The uterine body appears normal (0.56 cm in width).

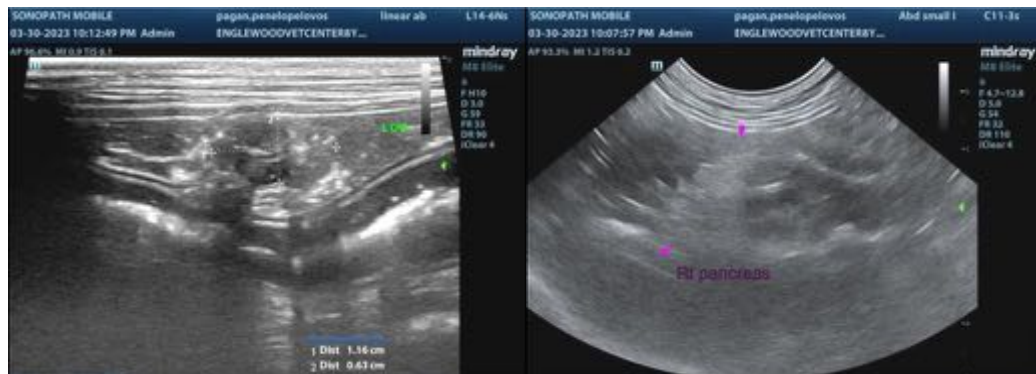
ULTRASONOGRAPHIC FINDINGS

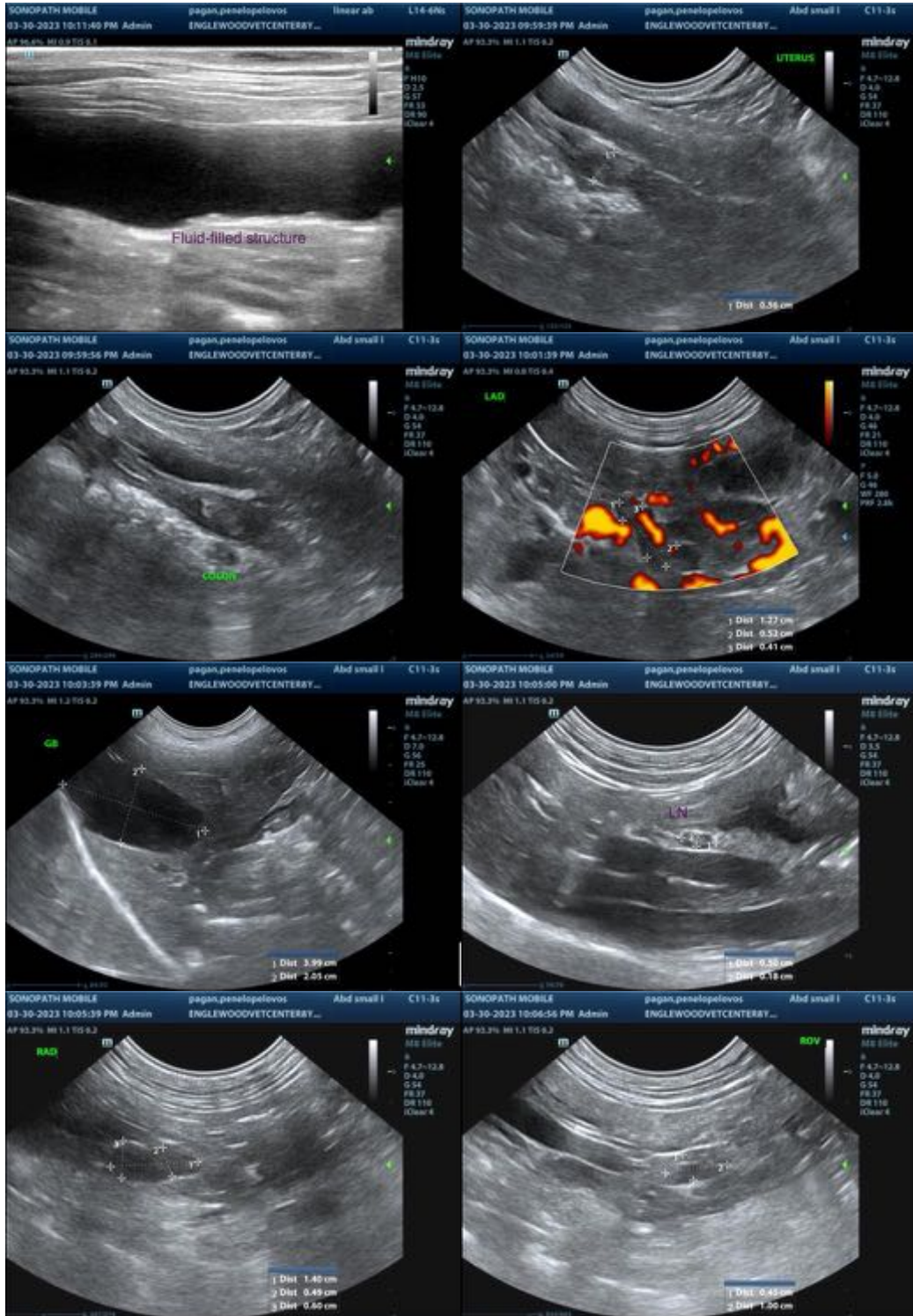
Findings

- The origin of the fluid-filled structure is unclear but may represent a fluid-dilated uterine horn. If this is the structure of origin, differentials could include mucometra, hydrometra or pyometra.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent lymph nodes in the right cranial quadrant is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A vaginal cytology may help to determine if pyometra is present.
- Consider an abdominal exploratory with ovariahysterectomy. If pursued, the uterus should be submitted for histopathology, +/- aerobic and anaerobic bile cultures.





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.

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