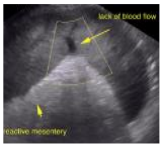
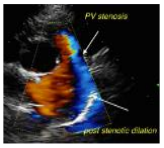
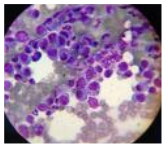
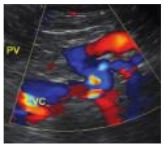
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lady Hunt

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

8 years

WEIGHT

30.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

10755

DATE

4/17/22

PRESENTING CLINICAL SIGNS

History: Presented this morning for cluster seizures. No previous history of seizures. Health in general. At presentation, hypoglycemic

Abnormal PE/Chem/CBC/UA Results: Bloodwork BG: 50 Chem: BG 74 Lytes: K 3.1 CBC: WNL 4Dx: Negative T4: 1.8 WNL (1.2-4.3) PCV 46% Radiographs: Right lat thorax: Unremarkable Right lat abd: Possible mass mid ventral abdomen. Appears at tail of spleen - r/o folded vs mass. Possible smaller mass with decreased detail ventral cranial abdomen. Stomach displaced dorsally. Urinalysis Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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 presented normal size (6.87 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. Renal vasculature is normal.

The right kidney presented normal size (7.75 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. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.74 in width), with a normal shape. glandular echogenicity and detail. Surrounding vasculature is normal.

The right adrenal gland is normal size (1.12 cm at cranial pole) (0.66 cm at caudal pole) (2.81 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.

Spleen

The spleen is normal in size (2.50 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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 or overt infiltrative 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" category.

Other
An 8.80 cm slightly irregular mass, which is hypoechoic relative to surrounding omental fat and heterogenous in appearance, with hyperechoic foci, is observed in the right mid- to caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the right mid- to caudal abdominal mass is unclear. It may be arising from mesentery, lymph node, other. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, a benign process, (i.e., granuloma) cannot be completely excluded.

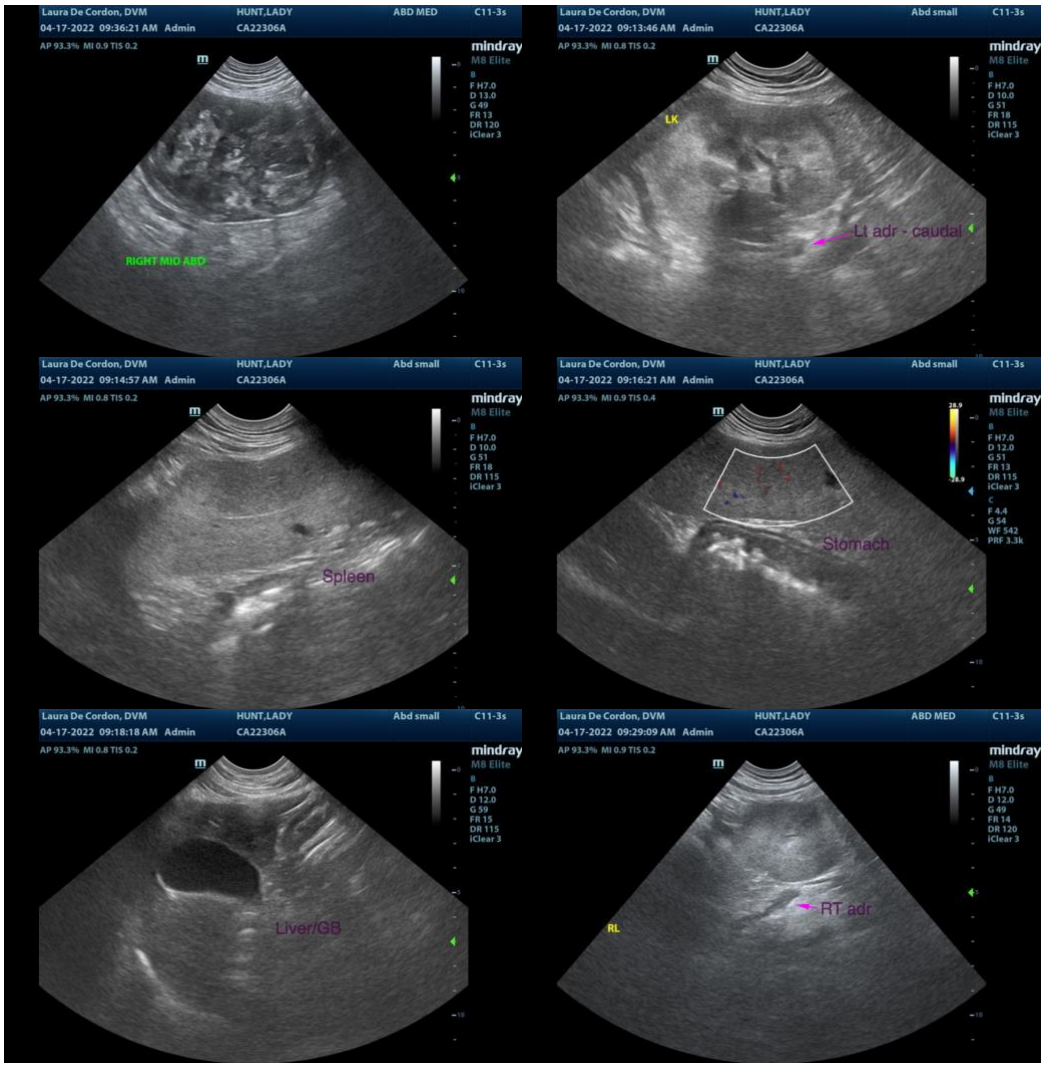
Secondary Findings

- Urinary bladder debris.
- Minor nonspecific chronic age-related renal changes

**It's unclear if the patient's seizures are secondary to hypoglycemia, metastatic disease, or other under neurologic issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two additional thoracic radiographs (left lateral, VD) are recommended to complete the metastatic check.
If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with mass removal and submission for histopathology. A fine-needle aspirate of the mass can be considered prior to surgery to get a better idea of the lesion type (if clotting status is appropriate). Further work-up for the seizures/hypoglycemia (i.e., brain MRI, insulin:glucose ratio, pre-and post-prandial serum bile acids) should be considered prior to mass removal.



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