

**DATE PRESENTING CLINICAL SIGNS**

4/25/23

History of chronic abdominal distension. Has gotten worse recently. P has been eating less and vomiting intermittently.

PATIENT

Rosie Mullinix

Current Medications: None listed.
 Radiographs: Large abdominal mass noted on FAST scan.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: STAT requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Boxer mix

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 is normal.

SEX

Female, spayed

The left kidney is normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

4/3/2012

The right kidney is normal size (6.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

52 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.78 cm at caudal pole) (2.29 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.65 cm at caudal pole) (3.53 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.

HOSPITAL NAME

Homeward Bound

Spleen

The spleen is normal in size (1.48 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.

REFERRING VET

Dr. Sorum

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No 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 scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

14838

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the large abdominal mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. A 1.86 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Other

A >18 cm irregular heterogeneous slightly cavitated mildly vascular mass is observed in the abdominal cavity extending from the cranial to caudal aspect. Surrounding mesentery is hyperechoic.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large abdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, pancreas, a stalk from the liver or spleen, other. Adjacent peritonitis is present.

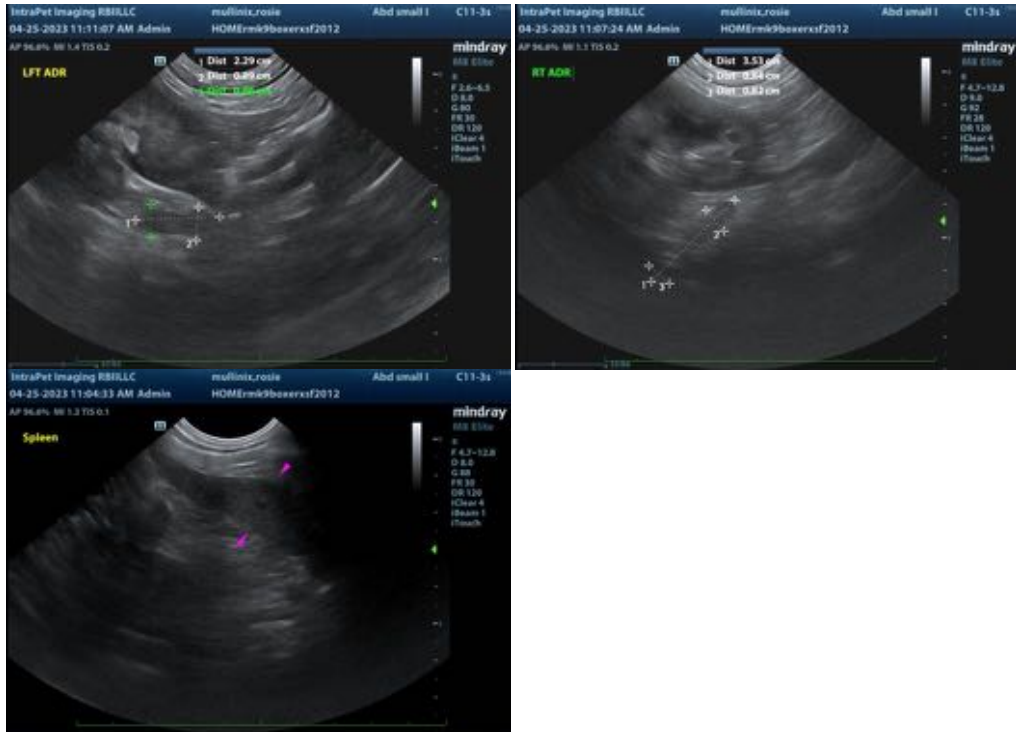
Secondary Findings:

- The hepatic parenchymal changes are most consistent with minor age-related remodeling with a lower possibility of a metastatic disease, inflammation or other hepatopathy.
- The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the abdominal mass, if clotting status is appropriate. A 25-gauge needle should be used. If mass removal or debulking is desired, consider referral to a board-certified surgeon. An abdominal CT scan may be useful in pre-surgical planning.





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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