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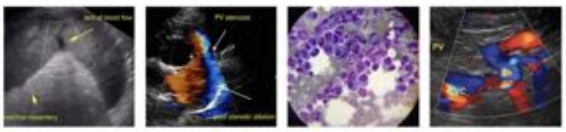


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Sophie Fortenberry

SPECIES

Canine

BREED

Mini Dachshund

SEX

Spayed Female

AGE

13 years, 11 mos

WEIGHT

4.27.23

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Guffey

INVOICE

12868

DATE

4.27.23

PRESENTING CLINICAL SIGNS

Had episode of bloody diarrhea and vomiting in January. The vomiting improved, but has had intermittent bloody diarrhea since then, and recently vomiting has resumed. Is on Proin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. An approximately 1.00 cm irregular nodule/mass is observed in the region of the trigone. The remaining urinary bladder wall is normal in thickness, with a relatively smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

The left kidney is normal size (4.06 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.42 cm at cranial pole) (0.57 cm at caudal pole) 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 mildly enlarged (0.78 cm at cranial pole) (0.58 cm at caudal pole) with a slightly irregular shape. 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 (1.13 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mineralized sand +/- small calculi are observed within the lumen. 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in

thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious 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.

Lymph nodes
(See "Other" category)

Free Abdomen
There is no obvious evidence of free fluid.

Other
An approximately 4.80 cm irregular, hypoechoic-to-heterogenous cavitated mass is observed in the midabdominal region. Surrounding mesentery is mildly hyperechoic.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid-abdominal mass, the origin of which is unclear. It may represent an enlarged lymph node, or may be arising from mesentery, the serosal surface of the bowel, other. Neoplasia (i.e., lymphoma, adenocarcinoma, sarcoma) is suspected with a lower possibility of a focal inflammatory process or granuloma. Adjacent peritonitis is present.

- The mass at the urinary bladder trigone may represent neoplasia (i.e., transitional cell carcinoma) or a polypoid-like lesion.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Bilateral chronic age-related renal changes with subtle dystrophic mineralization

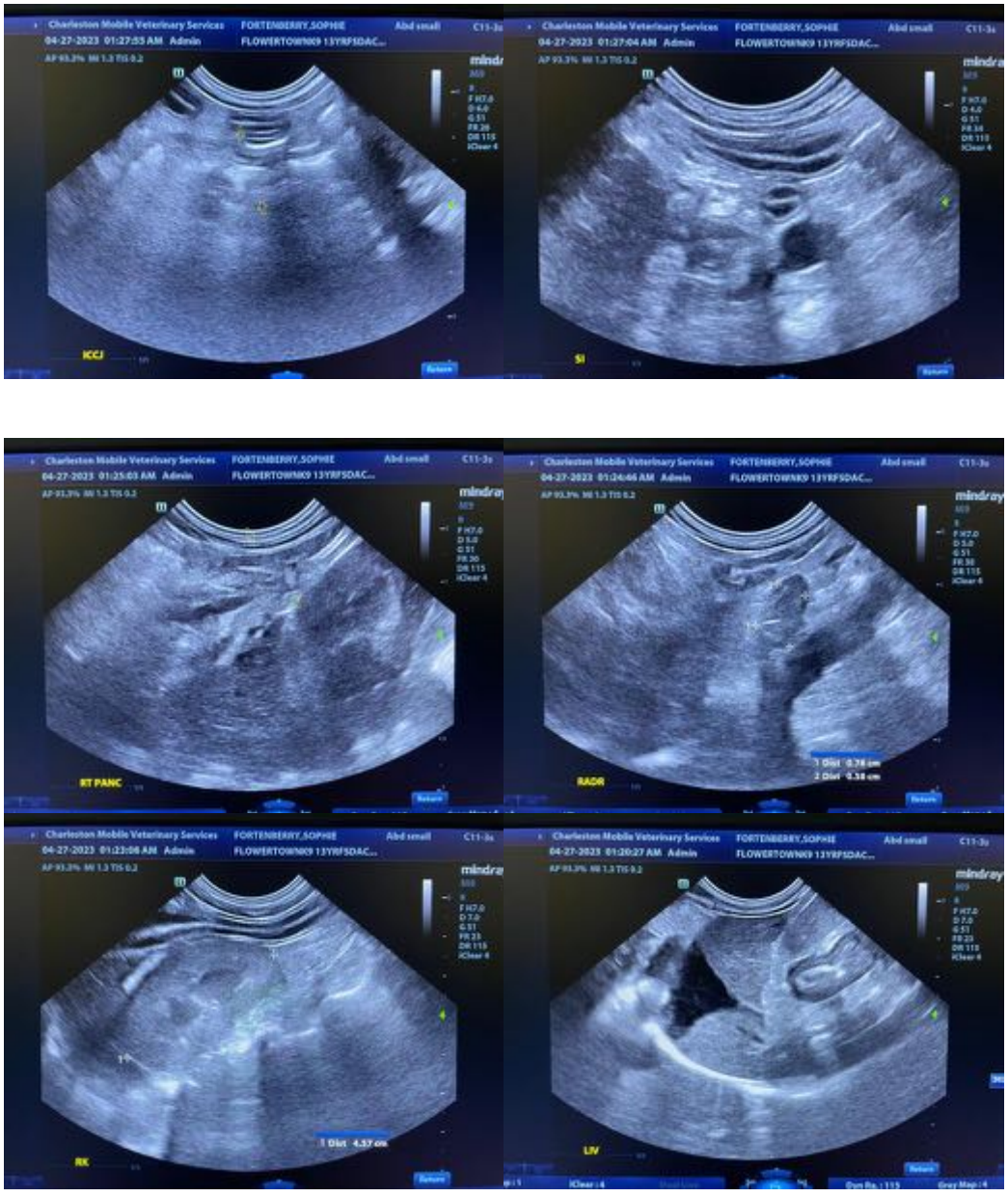
- Mild bilateral adrenomegaly

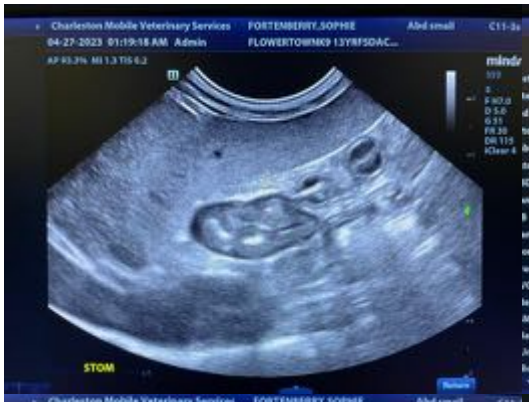
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- Regarding the midabdominal mass, consider a fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, excisional biopsy with submission of the mass for histopathology can be considered.

- Regarding the urinary bladder lesion, consider a urine BRAF test. A positive test confirms cancer. However, a negative result does not rule out the possibility of neoplasia, and further diagnostics (i.e., biopsy) may be necessary to get a definitive diagnosis.

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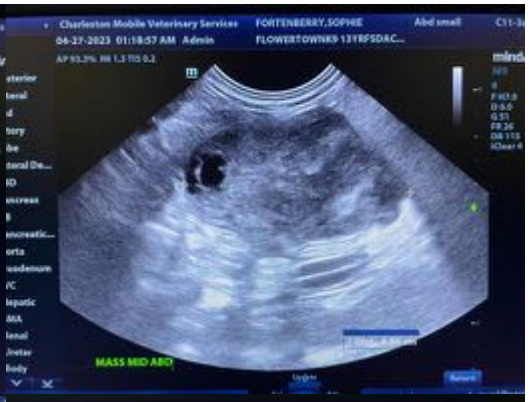
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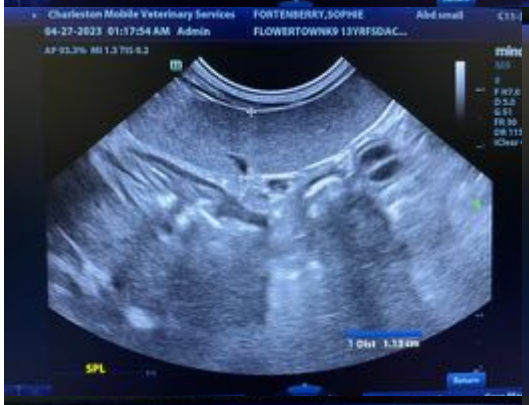
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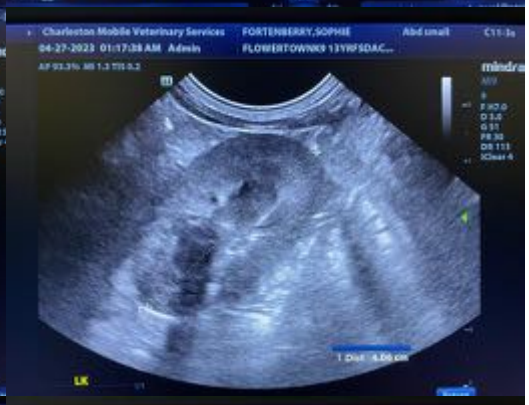
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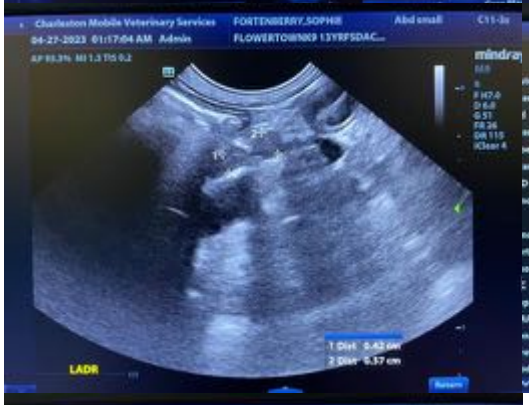
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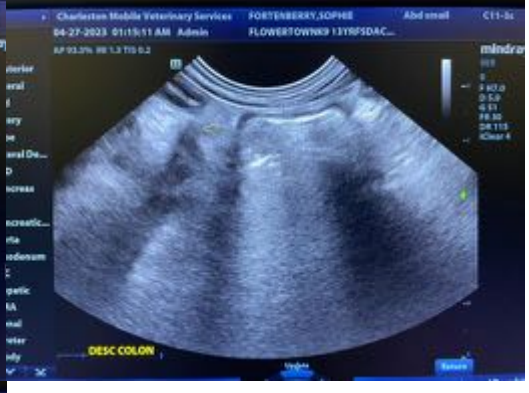
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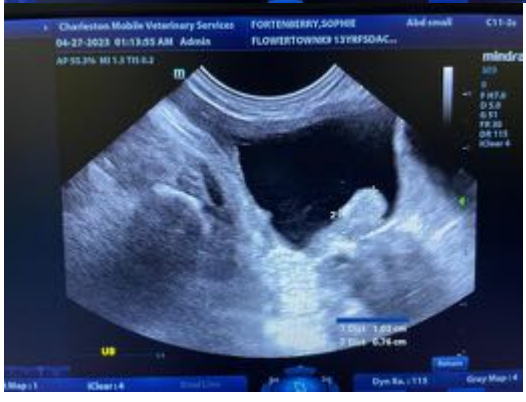
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Abd small
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UB

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)
info@SonoPath.com