



PATIENT PRESENTING CLINICAL SIGNS

Rugbee Chen

History: recheck on previous diagnosis-large cranial to mid abdominal mass noted on US done May 21(report attached). Was surgically removed by MOVEH in July 21, MOVEH rec recheck to monitor.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chihuahua

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Spayed Female

The left kidney is normal in size (4.29 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one, small cortical cyst is visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11 years

The right kidney is normal in size (4.71 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

9.6 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is enlarged (1.80 cm at cranial pole) (0.83 cm at caudal pole) (2.51 cm in length); with a slightly irregular shape. A 0.31 x 0.27 cm hyperechoic nodule is observed at the cranial pole. In addition, a 0.26 x 1.18 cm hyperechoic nodule is observed at the caudal pole. The remaining parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is enlarged (1.64 cm at cranial pole) (0.81 cm at caudal pole) (2.37 cm in length); with a slightly irregular shape. The parenchyma is mildly heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME

Beamsville AH

Spleen

The spleen is not definitively visualized in the available images.

REFERRING VET

Dr. Wilson

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is of appropriate echogenicity and is mottled in appearance. A 3.15 x 2.23 cm irregular, hyperechoic to slightly heterogenous mass is observed deep on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A few polypoid-like lesions are arising from the luminal surface. A small amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

6/8/22



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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

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 no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A >9.0 cm irregular, heterogenous, cavitated mass is extending from the mid- to the caudal abdominal cavity, causing compression of the cranial aspect of the bladder.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large mid- to caudal abdominal mass, the origin of which is unclear. It may be arising from mesentery, liver, pancreas, other. Recurrence of the previously diagnosed neoplasia is suspected.
- Liver mass. This lesion is concerning for a metastatic lesion. However, a primary hepatic tumor, inflammatory focus or granuloma cannot be excluded.

Secondary Findings

- Bilateral, chronic, renal changes
- Bilateral adrenomegaly with left nodules. These nodules trends toward the benign (i.e., nodular hyperplasia with a lower possibility of emerging neoplasia).
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Given the recurrence of the mass, palliative/symptomatic care is recommended.



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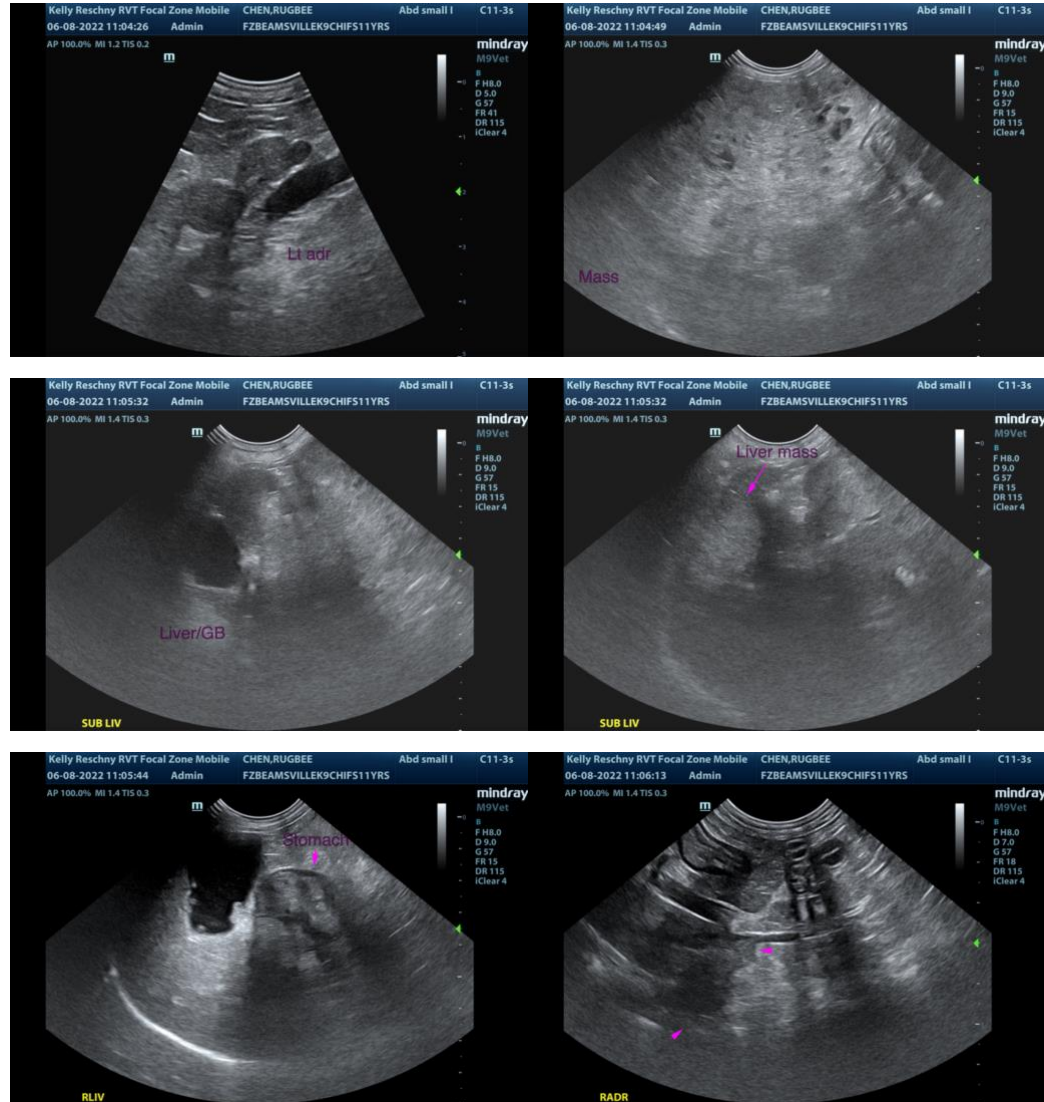
Dr. Wilson

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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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