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Clinical Sonography & Telecytology
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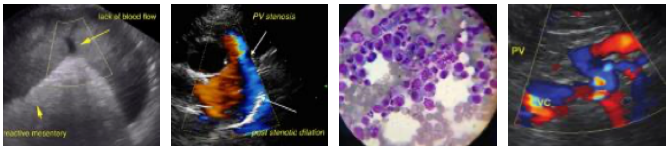

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rosie Osceola

SPECIES
Canine

BREED
Old English Bulldog

SEX
Female, intact

AGE
7 Months

WEIGHT
48.6 lbs.

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

IMAGING PERFORMED BY
Dr. Chrissy Krell

HOSPITAL NAME
Paws & Prairie Animal Clinic

REFERRING VET
Dr. Barb Lester

INVOICE
11881

DATE
8/16/21

PRESENTING CLINICAL SIGNS

History: Rosie presented for an abdominal ultrasound, she was treated for a cyst/infection after an injury during play with other puppies. Owner mentioned that she was on antibiotics, the site improved but then a few weeks later it resumed and seemed more reactive. Backroads Vet treated again with antibiotics and referred to Isaacson Vet for x-rays. Mass effect was found consistently, no improvement with new antibiotics. Recheck x-ray consult included. Patient is doing okay, eating, drinking - no vomiting/diarrhea.
Abnormal PE/Chem/CBC/UA Results: PE: Temp 103.1, Notable erythematous lesion on the umbilicus/stump. There is a firm mass just cranially. PE own. Conclusions: 1. Unremarkable thorax – There is no evidence of pulmonary metastatic disease. 2. Mid ventral abdominal mass – Differentials to consider include an abscess, splenic mass (hematoma, hemangiosarcoma, hemangioma) or enlarged jejunal lymph node (lymphosarcoma). 3. Peritoneal effusion – Differentials include peritonitis, hemorrhage and neoplastic effusion. Recommendations: An abdominal ultrasound would be recommended to further assess the tissue of origin for the mid ventral abdominal mass and to assist with tissue sampling.

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 moderately distended with anechoic urine. 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 is normal size (7.15 cm in length); normal shape and architecture with 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.

The right kidney is normal size (8.00 cm in length); normal shape and architecture with 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

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.52 cm at caudal pole) (2.02 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.

The right adrenal gland is normal size (0.32 cm at cranial pole) (0.61 cm at caudal pole) (2.10 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 (1.80 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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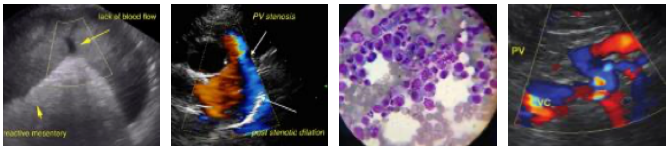

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Liver

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 gallbladder is of normal contours and contains some partially dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 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

Trace free fluid is observed. Several prominent to enlarged rounded hypoechoic to slightly heterogeneous lymph nodes are observed in the cranial to mid-abdomen, the largest measuring 2.91 cm in length.

Other

The uterine body is visible (0.62 cm in width). No obvious pathology is observed.

A >7.7 cm irregular, heterogeneous, vascular mass is observed in the mid-abdominal region. The lesion is adjacent to or arising from the ventral wall in the region of the umbilicus. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

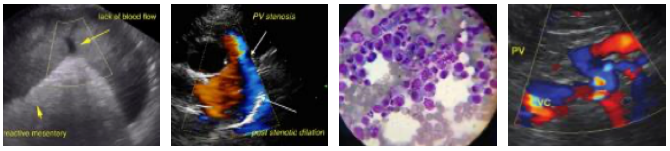
Primary Findings:

- The mass lesion in the mid-ventral abdomen could be consistent with an inflammatory tissue/abscess, tumor, granuloma, other. Regional peritonitis is present.
- The abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia, infiltrative neoplasia and/or immunologic immaturity.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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- A fine needle aspirate of the mass can be considered (if clotting status is appropriate). A 25-gauge needle should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, surgical removal of the mass with submission for histopathology along with abdominal lymph node biopsies can be considered. An ovariohysterectomy can be performed concurrently. If surgery is to be pursued, consider referral to a board-certified veterinary surgeon. An abdominal CT scan would be useful in pre-surgical planning.

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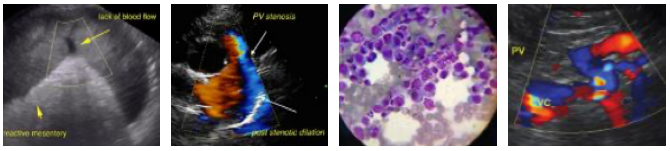

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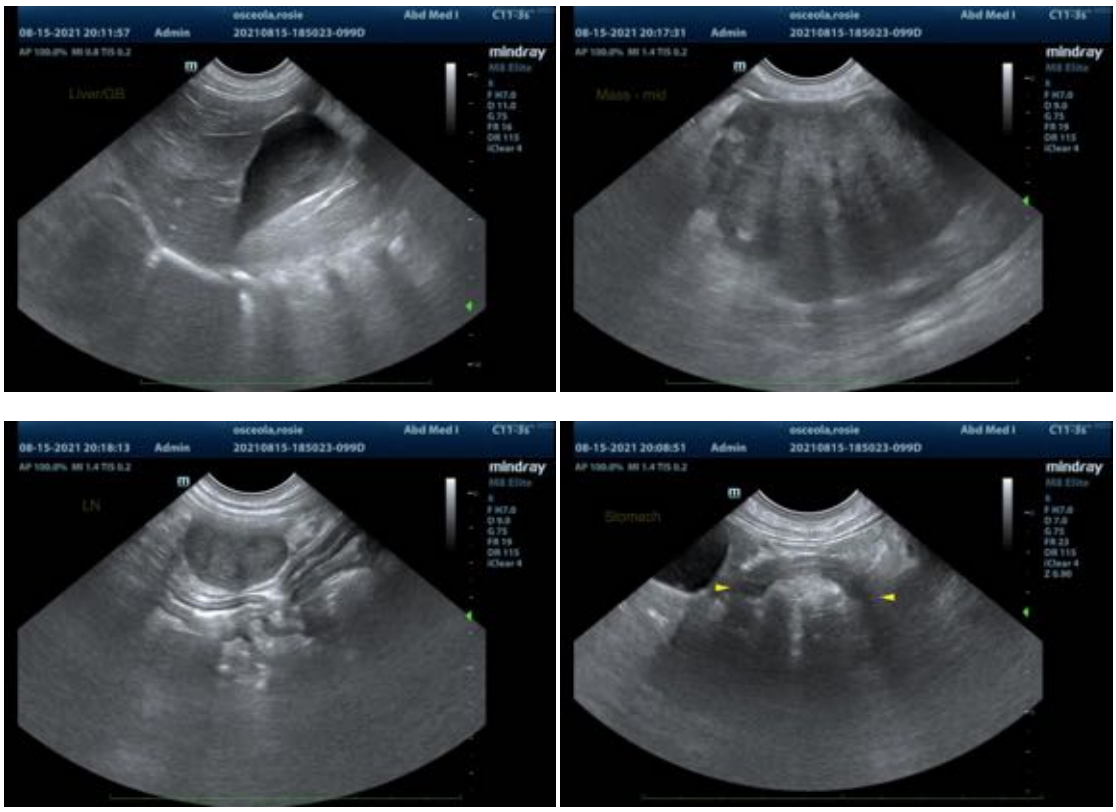

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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