

**PATIENT PRESENTING CLINICAL SIGNS**

**Tonka Hull** History: Came in for pre-dental bloodwork and had a mild regenerative anemia. Hematocrit 32 %. Otherwise, asymptomatic. Recheck bloodwork was the same. Globulin 4.7.

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Intact Female

**AGE**

9 years

**WEIGHT**

NP

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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Diplomate ACVIM (*Small Animal Internal Medicine*)

**HOSPITAL NAME**

Southside AH

**REFERRING VET**

Dr Carroll

**INVOICE**

14137

**DATE**

8.17.23

**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. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

The left kidney is normal in size (2.95 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

The right kidney is normal in size (3.11 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.32 cm at cranial pole) (0.27 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 appear normal.

The right adrenal gland is in normal size (0.38 cm at cranial pole) (0.42 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 appear normal.

**Spleen**

The spleen is normal in size (0.69 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 appears normal.

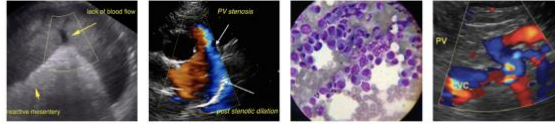
**Liver**

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 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in



**PATIENT** thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Tonka Hull

**SPECIES** *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.

Canine

**BREED** *Free Abdomen*

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

Chihuahua

**SEX** *Other*

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

Intact Female

A 3.29 x 2.35 cm irregular, hypoechoic to slightly-heterogenous mass is observed in the caudal abdominal, caudal to the urinary bladder near the pelvic inlet.

**AGE**

9 years

The left ovary is subjectively normal in size (0.71 x 0.37 cm). No obvious pathology is observed.

The right ovary is normal to slightly prominent in size (1.12 x 0.57 cm). A 0.56 x 0.48 cm anechoic cyst is observed within the parenchyma. The remaining parenchyma is homogenous. The uterus is diffusely visible and is normal in size (up to 0.56 cm in diameter). No obvious pathology is observed.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

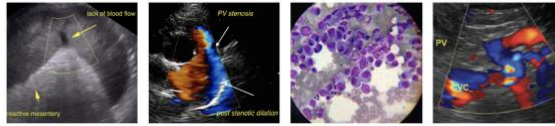
- Caudal abdominal mass at the level of the pelvic inlet, the origin of which is unclear. It may be arising from the uterine body, the serosal surface of the colon, connective tissues, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a focal inflammatory process.

**Secondary Findings**

- Minor bilateral chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal with submission for histopathology. An abdominal/pelvic CT scan would be useful in presurgical planning.



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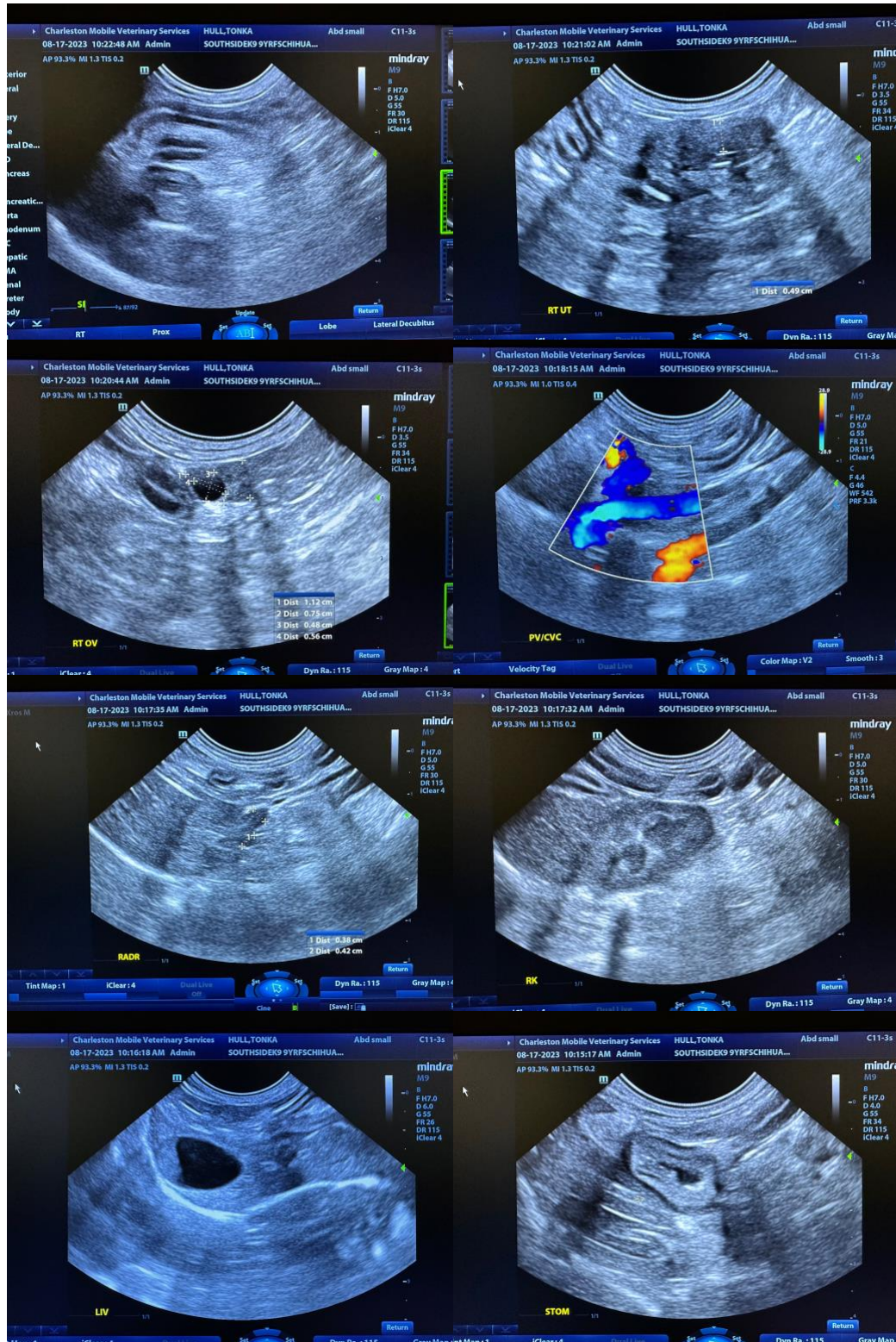
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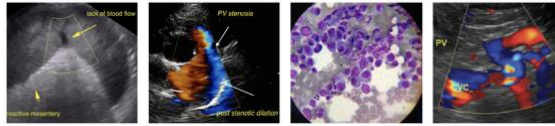
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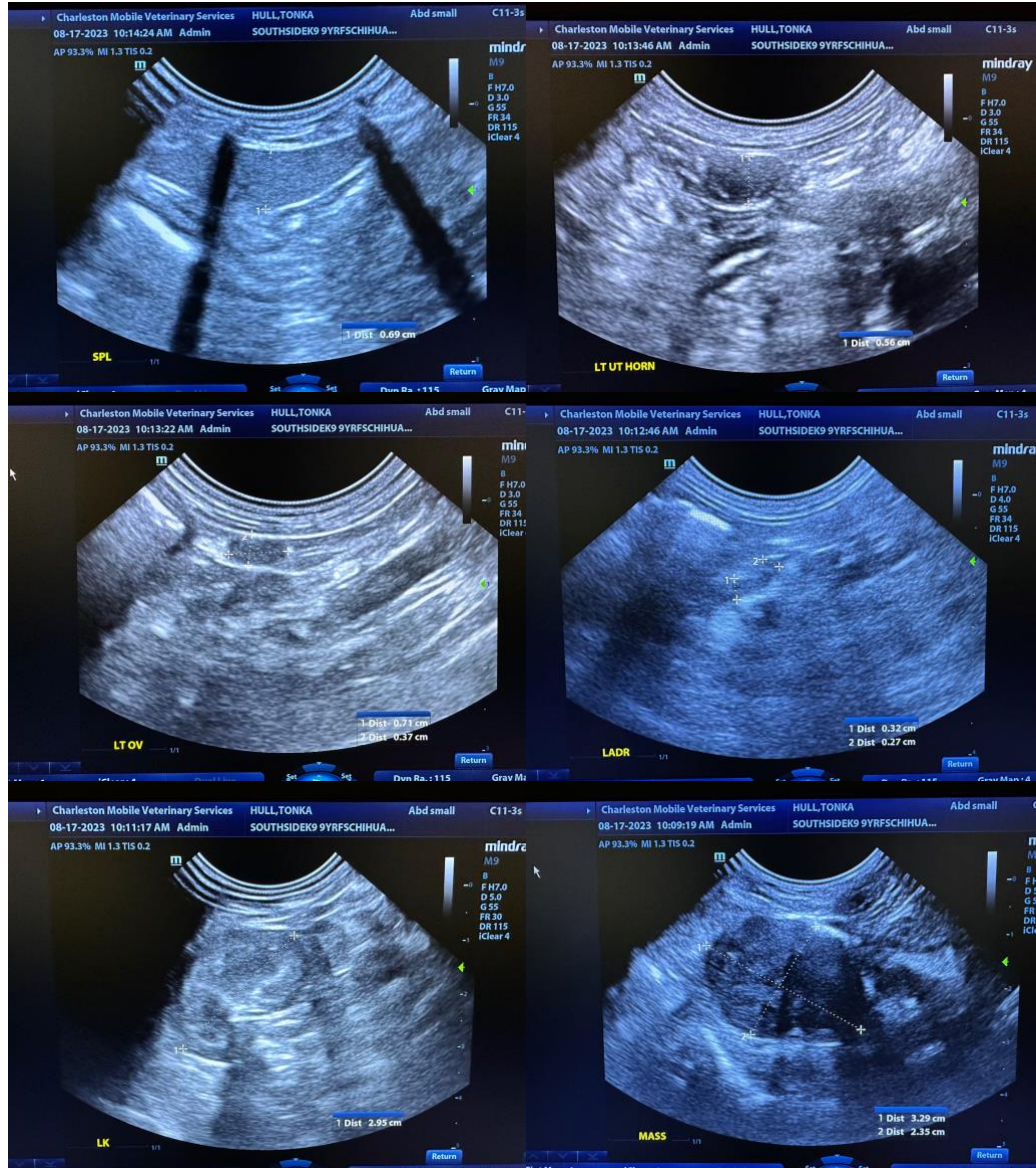
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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