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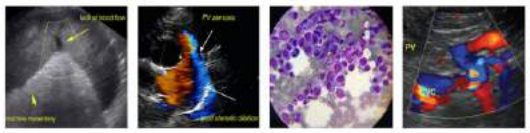

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Maggie Bechtel

SPECIES

Canine

BREED

Sheltie

SEX

FS

AGE

15 years

WEIGHT

25.5#

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Annville Cleona VA

REFERRING VET

Dr. Spingler

INVOICE

11721kk

DATE

8.27.2021

PRESENTING CLINICAL SIGNS

History: Chronic, intermittent vomiting with more frequent vomiting starting in June. Intermittent regurgitation was also noted and became more frequent in May. Appetite is so-so. 4# weight loss in 2 years. The patient was doing better in July but in August is not doing well. Appetite is decreased and is vomiting still. CBC is normal. Chemistry is normal except for an ALP that is 180. Precision PSL is elevated at 191. No radiographs. Patient eats Royal Canin HP.

Medication: RC LP, Prednisone at 5 mg/day (started on June 23, 2021)

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 (3.76 cm in length) with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. One to two small cortical cysts are visualized. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. One to two small cortical cysts are visualized. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

On still image is available for interpretation. The left adrenal gland is enlarged (1.43 cm at cranial pole) (0.81 cm at caudal pole) (2.69 cm in length) with an irregular shape and a prominent caudal pole. The parenchyma appears slightly heterogeneous. Surrounding vasculature appears normal.

The right adrenal gland is not definitely visualized.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, ill-defined, myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The portion of the liver that is definitively identified is normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. See also "Other" below. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is adherent. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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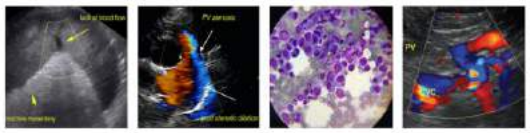

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The 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

See "Other" category.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid.

Lymph Nodes

See "Other" category.

Other

A > 10 cm irregular, heterogeneous, cavitated, vascular mass is observed in the cranial abdomen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial abdominal mass, the origin of which is unclear, may be arising from pancreas, liver, lymph node, mesentery, right adrenal gland, and other. Neoplasia (i.e., carcinoma, hemangiosarcoma) is considered likely with a low possibility of benign pathology. Regional peritonitis is present.

Secondary Findings:

- Left adrenomegaly.
- Bilateral, age-related renal pathology with trace pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss mass removal or de-bulking. An abdominal CT scan would be useful in pre-surgical planning. Otherwise, palliative care is recommended.

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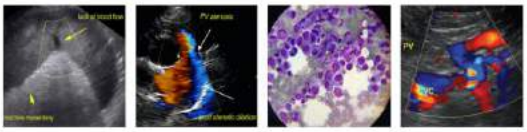

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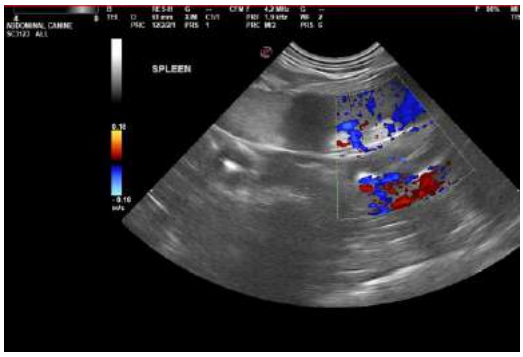

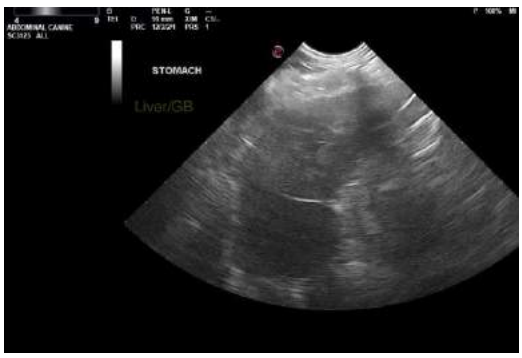

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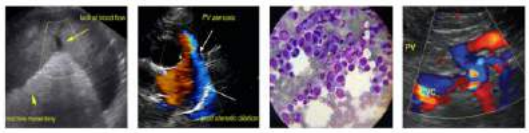

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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