

**DATE**

8/31/2021

**PATIENT**

Lady Dadamo

**SPECIES**

Canine

**BREED**

Female, intact

**SEX**

Female, intact

**AGE**

7/19/2013

**WEIGHT**

66.8 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

All Creatures AH

**REFERRING VET**

Dr. Meadows

**INVOICE**

11985

**PRESENTING CLINICAL SIGNS**

History: Seen at VSCD 6/16/21 for lethargy and vulva discharge. x-rays taken revealed round opacity cranial to the bladder. A fast scan done showed large, dilated round fluid filled structure cranial to urinary bladder. Full abdominal U/S recommended, but unable due to scheduling. Placed on Clavamox. Was seen on 8/25/21 for clear discharge from vulva. Not drinking as much. Started vomiting daily for about 1 week. Decreased appetite. Has heart murmur. Repeated rads and lab work placed back on Clavamox.

Current Medications: Clavamox 375mg: 1.5tabs BID- started 8/26/21

Cerenia 60mg: 1tab SID- Started 8/26/21.

Lab Results: CBC, Chem, U/A, urine culture done. Chem showed BUN 32. CBC normal. UA 75-100WBC/hpf. USG 1.041, 1+ proteinuria with pyuria on a free catch sample. Normal T4. 4DX negative.

Radiographs: 8/25/21- Chest NSF. No apparent cause for the heart murmur. Abdomen caudoventral abdominal mass ill-defined round soft tissue opacity approx. 4.5cm cranioventral to the apex of urinary bladder wall.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**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 (6.21 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.

The right kidney is normal size (7.02 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.67 cm at caudal pole) (2.32 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 (0.67 cm at cranial pole) (0.52 cm at caudal pole) (2.05 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 (1.37 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 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***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

### ***Other***

The uterine body measures 0.86 cm in width. No pathology is seen.

The left ovary is normal in size (0.91 cm in diameter) with a normal shape and echogenicity. No focal lesions are seen.

The right ovary is normal in size (1.71 cm in diameter) with a normal shape. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No focal lesions are observed.

A 3.27 x 2.87 cm anechoic, walled cystic structure is observed cranial to the bladder just to the left of midline.

## **ULTRASONOGRAPHIC FINDINGS**

- Caudal abdominal cystic structure, the origin of which cannot be discerned. The lesion may be a cyst within the mesentery, a urinary bladder diverticulum, focal swelling of the uterus, other.
- The right ovarian parenchymal changes could be consistent with fibrosis/remodeling, inflammation, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider an abdominal exploratory with ovariohysterectomy and removal of the cystic structure with submission for histopathology. Given the recent GI signs, gastrointestinal biopsies can also be obtained at the time of surgery. If surgery is pursued, referral to a board-certified veterinary surgeon is recommended given the uncertain origin of the cystic structure. Three-view thoracic radiographs, an echocardiogram, blood pressure and ECG are recommended prior to anesthesia.





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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