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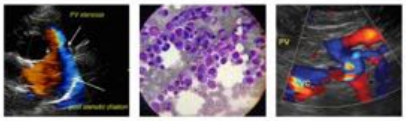
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Maisie Volsch
53678A

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

43 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet Spec
Dr. Patton

**INVOICE**

11726

**DATE**

9.28.22

## PRESENTING CLINICAL SIGNS

History: Maisie presented to MVS for an evaluation of hematochezia and hematemesis. Maisie's symptoms first presented on Thursday: she had extreme hematochezia and became inappetant. Owner took her to pcDVM, who referred to VCA Broadway. At VCA, no new diagnostics were performed. ER DVMs reviewed her bloodwork and urinalysis from the morning and believed Maisie had a bleeding stomach ulcer. She was sent home with Omeprazole and Sucralfate, which has not helped. Since Thursday, Maisie's inappetence has exacerbated and her hematochezia became less frequent. Yesterday, Maisie began exhibiting hematemesis and vomited once; today she has vomited a total of 4 times. All emesis production and bowel movements are dark red to brown. Starting today, Maisie became completely in appetent. Throughout this time her water consumption and UOP are significantly increased, though there is no blood in the urine. Maisie has a prior hx of ingesting foreign bodies. She has no known allergies to food or medication.

Abnormal PE/Chem/CBC/UA Results: RBC - 3.13 (5.65-8.87) HCT - 18.7 (37.3-61.7) Last week HCT was 27% HGB - 6.2 (13.1-20.5) MCV - 59.7 (61.6-73.5) MCH - 19.8 (21.2-25.9) Retic- 170 (10.0-110.0) NEU- 12.59 (2.95-11.64) PLT - 138 (148-484) MPV - 20.4 (8.7-13.2) SDMA- 18 (0-14) USG - 1.012 Suspected diffuse pulmonary nodules on thoracic radiographs.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** 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 masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (7.36 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 (7.85 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 in length (0.48 cm at cranial pole) (0.39 cm at caudal pole) (3.64 cm in length); with a flattened contour; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

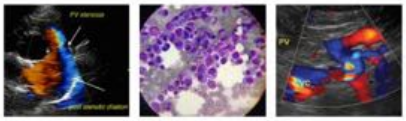
The **right adrenal gland** is normal in length (0.42 cm at cranial pole) (0.50 cm at caudal pole) (3.33 cm in length); with a flattened contour; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The **spleen** is subjectively normal in size (2.31 cm in width at the level of the hilus) with normal curvilinear peripheral contours. At the cranial aspect, a 7.91 x 3.23 cm well-demarcated hypoechoic, avascular area is observed. The remaining parenchyma is of normal echogenicity and echotexture and is homogenous. Splenic vasculature at the hilus appears normal, without evidence of thrombosis

### *Liver*

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic and homogenous, with an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.





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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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern. (See also "Other" category).

***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. A 3.88 cm mesenteric **lymph node** is visualized. (See also "Other" category).

***Other***

An approximately 7.00 cm irregular, heterogenous, vascular mass is observed in the right caudal abdomen. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The origin of the mass in the right caudal abdomen is unclear. It may be arising from bowel, lymph node, other. Neoplasia (i.e., sarcoma, round cell tumor, carcinoma) is considered likely, with a low possibility of a benign process. Adjacent peritonitis is present.
- The prominent mesenteric lymph node may represent reactive lymphadenitis, lymphoid hyperplasia or metastatic disease.
- Suspected splenic infarction at the cranial pole.

### Secondary Findings

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)
- The hepatic changes could be consistent with an inflammatory process, infiltrative neoplasia, normal variation, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine-needle aspirate of the caudal abdominal mass can be considered if clotting status is appropriate. However, given the presence of pulmonary nodules, metastatic disease is of major concern and palliative care should be considered.

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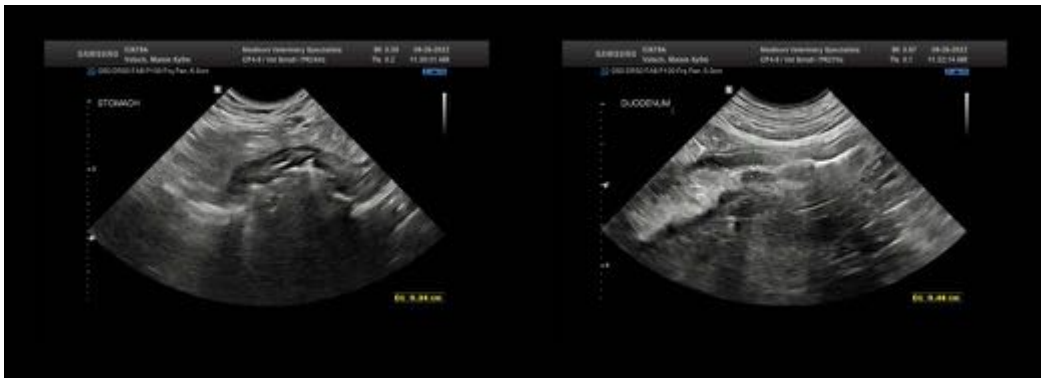


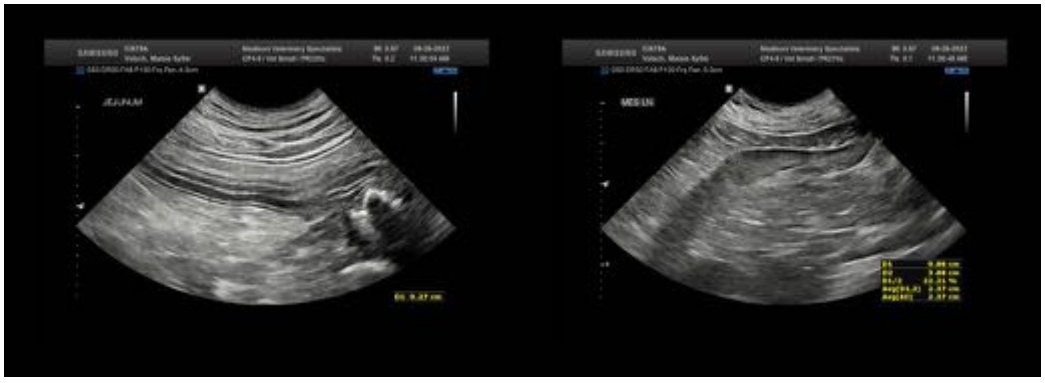

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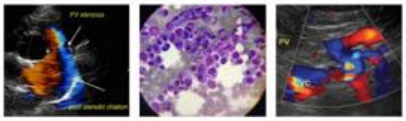

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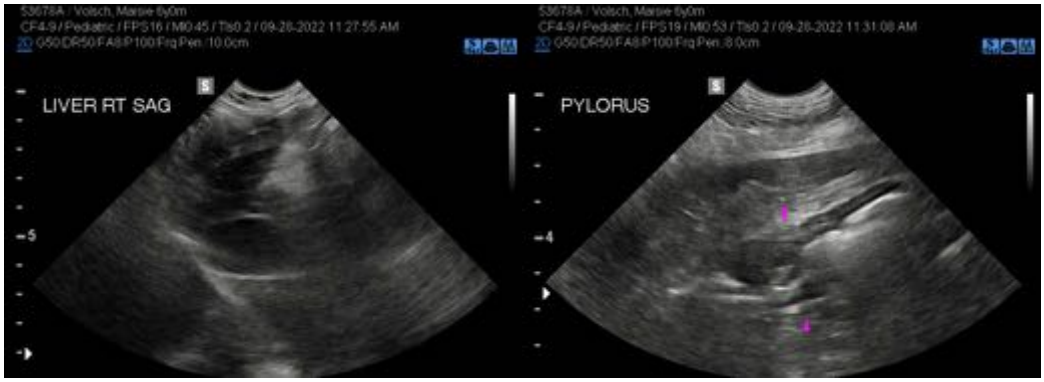


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com