



## PATIENT PRESENTING CLINICAL SIGNS

**Chee Zula**  
**SPECIES** History: Presented at our hospital 9/22/22 for vomiting, lethargic, not eating. O reports that pet has been vomiting on and off for a couple of weeks. Vomiting got worse on Monday, that is when pet became lethargic and stopped eating. Has had a decreased appetite for several days. O also reports soft stool. O is here today because daughter came home and found pet shaking and panting and did not want to get off the couch. After outpatient here doing much better, not vomiting and is eating well. Rec AUS due to mass on rads. Previous Health Concerns: None Current Medications: Enroflox  
**Canine**

**BREED** Abnormal PE/Chem/CBC/UA Results: Rads: mass effect caudal abdomen CBC: wbc 38.62 neu 31.86 mono 1.98 chem: bun 7.4 ip 6.7 glu 139 chol 334 alp 519 amy 1784 epoc: ph 7.350 glu 130

**Lab X**  
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

### SEX *Urinary System*

**Spayed Female**  
The **urinary bladder** wall is 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 1-2 cm, are normal.

### AGE

**5 years**  
The **left kidney** is normal size (7.47 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 hydronephrosis. Renal vasculature is normal.

### WEIGHT

**33.2 lbs**

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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### INTERPRETED BY

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

### *Adrenal Glands*

The **left adrenal gland** is normal size (0.38 cm at cranial pole) (0.39 cm at caudal pole) (2.36 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 region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

### IMAGING PERFORMED BY

Erin Wicks

### *Spleen*

The **spleen** is normal in size (1.45 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.

### HOSPITAL NAME

Shores Vet Emerg  
Ctr

### *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.

### REFERRING VET

Dr Moser

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.

### INVOICE

11759

### *Gastrointestinal*

The **gastric lumen** is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal

### DATE

9.30.22

wall thickness is normal 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.

### **Pancreas**

The right limb is enlarged with rounded peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

### **Free Abdomen**

There is no obvious evidence of free fluid.

### **Lymph nodes**

(See "Other" category)

### **Other**

An approximately 5.50 cm round, cavitated mass effect is observed in the mid- to caudal abdomen. The lesion is encapsulated by an irregular (up to 0.77 cm) echogenic tissue rim. The fluid within the structure contains aggregated echogenic debris. Surrounding mesentery is hyperechoic.

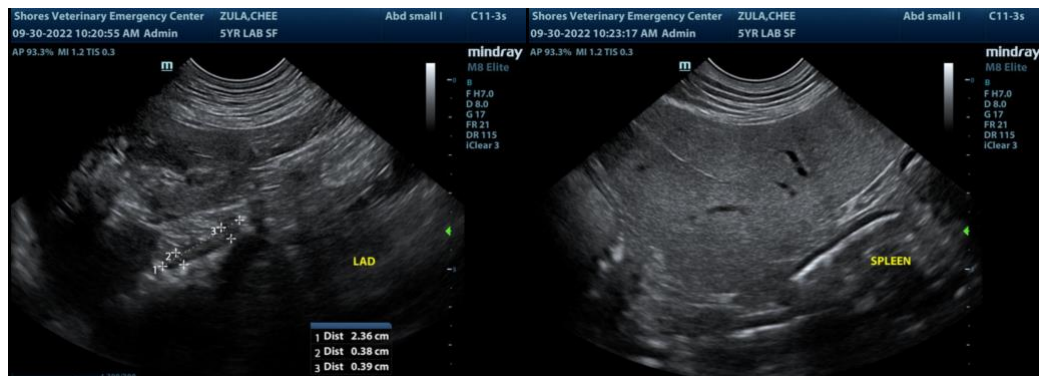
## **ULTRASONOGRAPHIC FINDINGS**

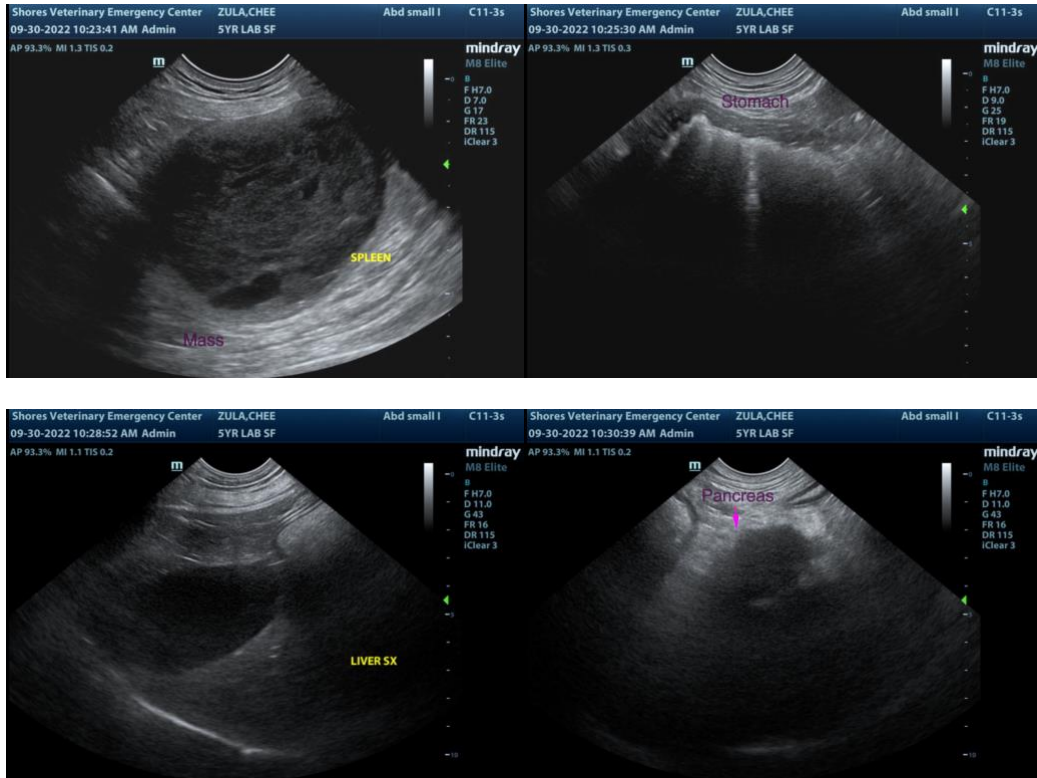
### **Primary Findings**

- Mid- to caudal abdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, spleen (from a stalk), other. Differentials include hematoma, abscess, neoplasia, other. Adjacent peritonitis is present.
- The pancreatic changes could be consistent with moderate to severe pancreatitis +/- concurrent infiltrative neoplasia.

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

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of metastatic disease, consider an abdominal exploratory with mass removal and submission for histopathology +/- cultures. The pancreas should also be biopsied at the time of surgery. Cytologic evaluation of the pancreas can also be considered prior to surgery, to assess for neoplasia.





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](mailto:info@SonoPath.com)