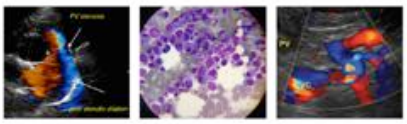


PATIENT

Rondo Pankey

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered male

AGE

9 years

WEIGHT

100 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

96056

DATE

2/15/22

PRESENTING CLINICAL SIGNS

2/13/22 owner caught him chew up and swallow something hard plastic. 2/14/22 presented to ER for lethargic, not E/D, painful in abdomen. Hx of chewing up and eating things he shouldn't. Was given SQ Fluids, buprenorphine, and Cerenia went home. Today presented to RDVM worse today. Very lethargic, not eating. CBC/Chem unremarkable. Rads: limited abdominal detail, ingest in stomach, radiopaque material on colon, no obstructive pattern evident.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate is normal for a neutered dog.

Left kidney is normal in size (6.28 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.84 cm at cranial pole and 0.75 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.67 cm at cranial pole and 0.61 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

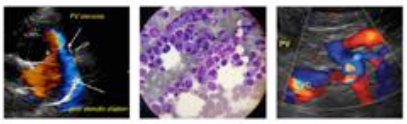
Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement. See other.

Other

There is a inhomogenous mixed, hypoechoic, partially cavitated mass caudal to the left kidney that measures 4.0 x 5.0 cm. The mass is surrounded by anechoic free fluid, clumped, hyperechoic mesentery and appears to be within the left peritoneal space. However, the location and tissue origin cannot be definitively determined.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated, mixed, hypoechoic, partially cavitated mass that appears to be in the left peritoneal area surrounded by free fluid and hyperreactive, clumped mesentery. Top differentials for which include hemangiosarcoma or other undifferentiated soft tissue sarcoma. Benign inflammatory reaction to something like an infectious disease or even a migrating foreign body cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include FNA of the mass if the patient's coagulation status is appropriate. Samples should be submitted for cytology and culture. Three view thoracic radiographs are also recommended for further assessment of possible metastatic disease if not recently evaluated. An abdominal CT scan can also be considered for more definitive differentiation of possible tissue origin and definitive location to the suspected retroperitoneal area versus other.

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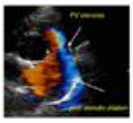
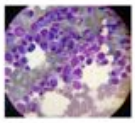
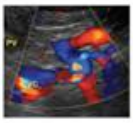

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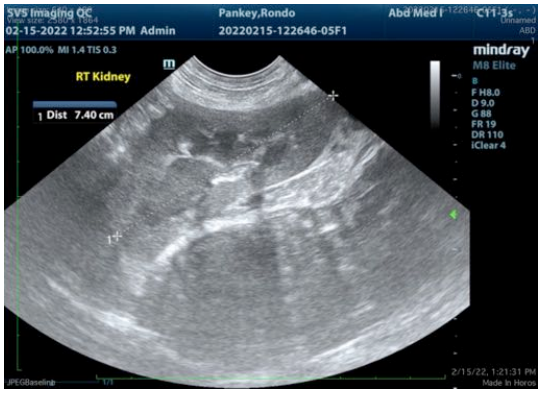

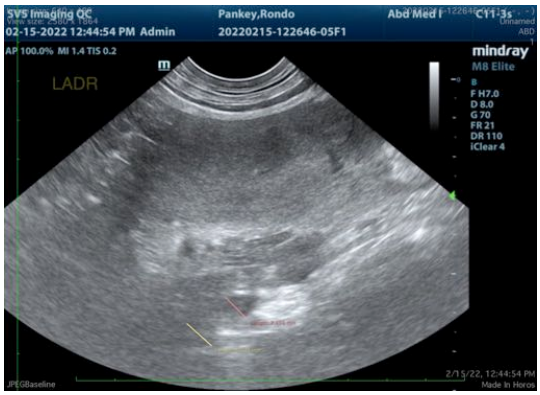

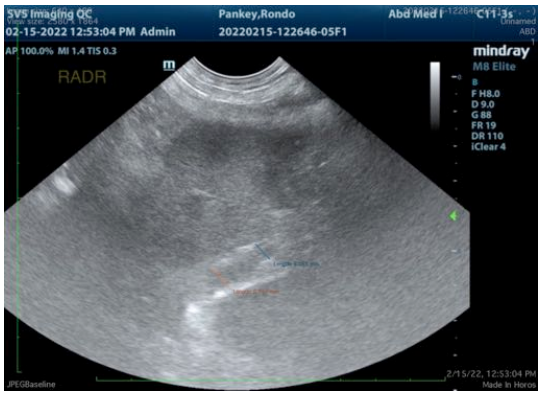

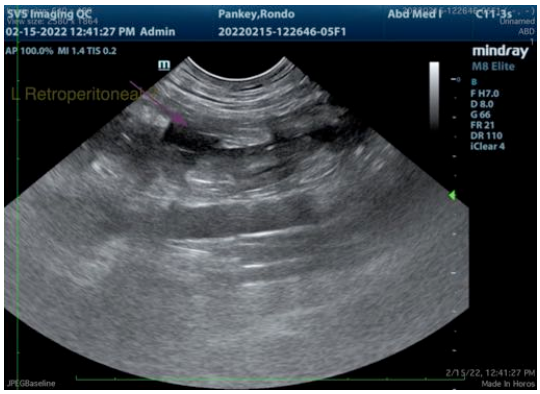

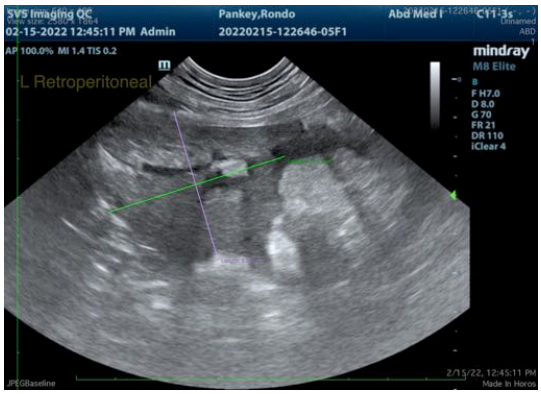

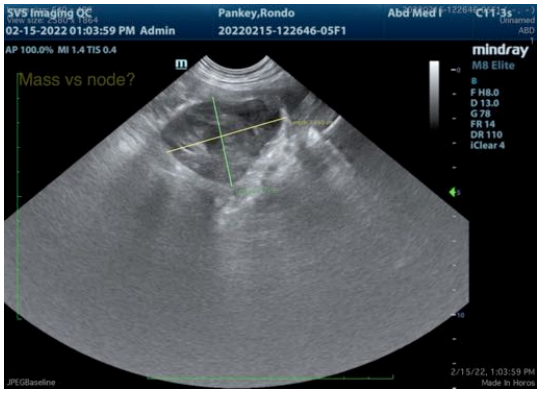

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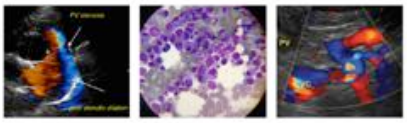

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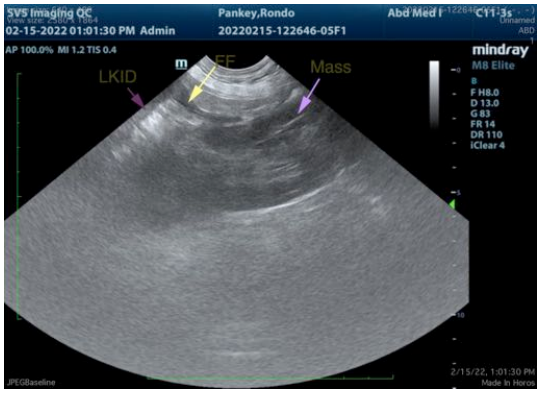

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com