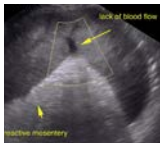
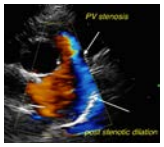
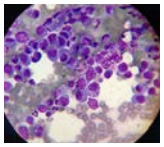
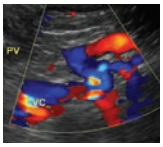
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT
Shady Chambers

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
5 Years

WEIGHT
24.9 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Dundas AH

REFERRING VET
Dr. Middleton

INVOICE
45719

DATE
3/7/23

PRESENTING CLINICAL SIGNS

Decreased appetite, concern for possible abd mass
Abnormal PE/Chem/CBC/UA Results: BW-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

The right kidney is normal in size (7.18 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.68 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.14 cm long x 1.46 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. The cranial pole is not well visualized in these images. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

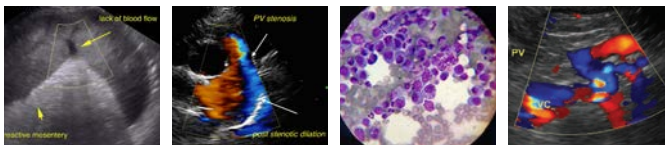
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The part of the stomach that can be observed is normal. The stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. However, the pyloric outflow tract is difficult to fully visualize, as is the far wall of the stomach due to displacement of organs by the large mid abdominal mass.



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The small intestines that can be visualized are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is unable to be well visualized in these images due to the large mid abdominal mass.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

In the mid abdomen extending from the liver to the urinary bladder medial to the spleen, there is a 17 cm x 12 cm mass characterized by an irregular, heterogeneous, hyperechoic wall and a fluid filled center. The origin of the mass cannot be determined in these images.

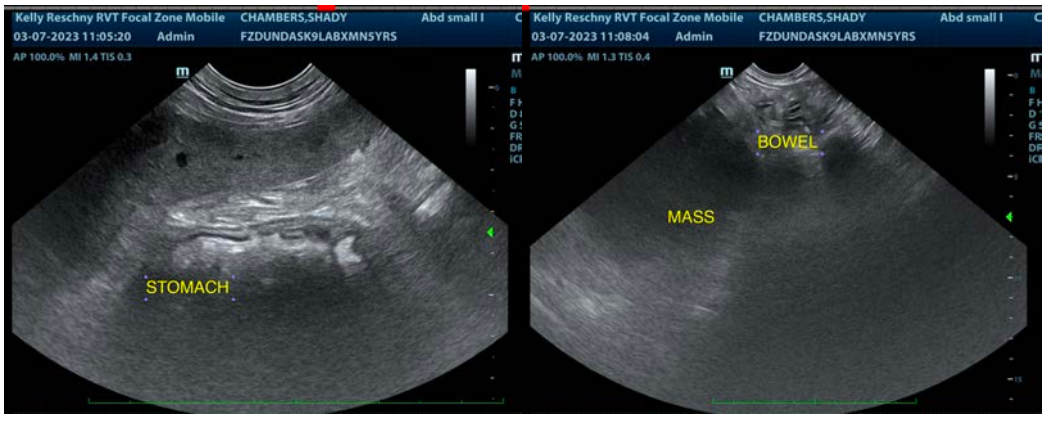
ULTRASONOGRAPHIC FINDINGS

- Large, apparently fluid-filled mid abdominal mass – Differentials include an abscess, hematoma, infiltrative neoplasia, with a potentially necrotic or abscessed center, and could be associated with an organ/GI tract/lymph node that just cannot be determined in these images based on the size and displacement of normal anatomy, or could be an unattached omental lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Options for how to proceed with the mass are dependent on the level of conservativeness versus aggressiveness elected by the client and attending clinician. Sampling of the mass via a fine needle aspirate for both cytology as well as culture and sensitivity could be considered if patient's coagulation status is appropriate. However, regardless of diagnosis, this mass is likely contributing to the patient's clinical signs, and ultimately needs to be removed, so alternatively (versus a fine needle aspirate), an exploratory laparotomy could be considered for planned excisional biopsy/mass removal. If surgery is elected, a pre-surgical planning abdominal CT scan may be helpful.



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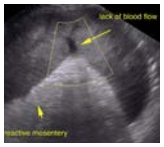
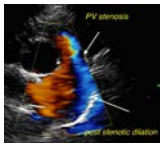
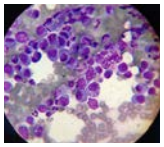
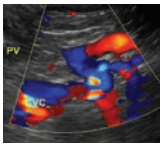

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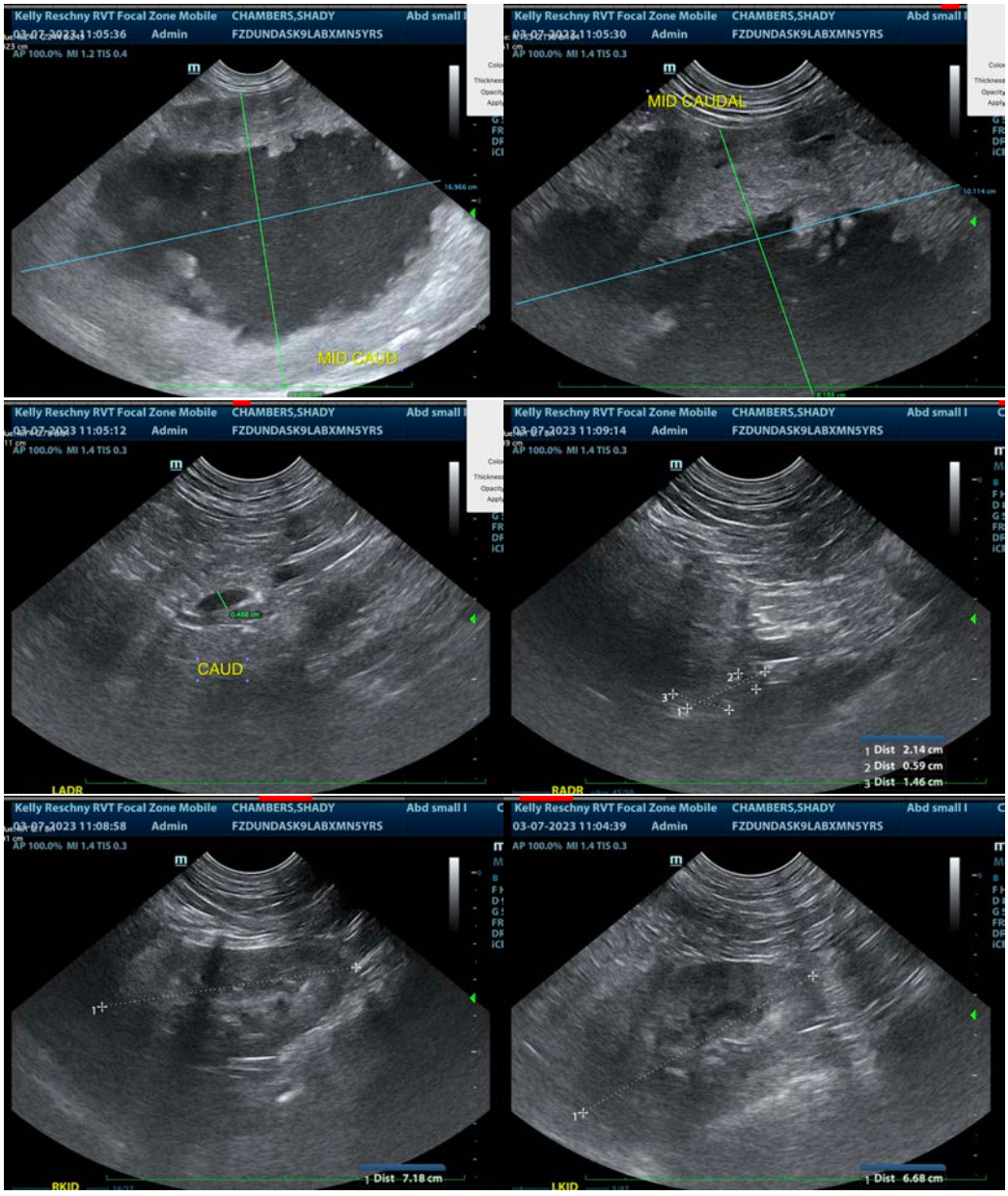

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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