

**DATE PRESENTING CLINICAL SIGNS**

7/11/23 Severe abdominal distention.

**PATIENT** Current Medications: Lasix 20mg ½ BID, Vetprofen 75mg ½ BID.

Lab Results: See attached.

Charlie Porter Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES** Imaging Performed By: Stephanie Warga RDCS, RVT.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED** *Urinary System*

Cocker X

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.

**SEX**

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

**AGE**

6/19/11

The right kidney is normal in size (6.51 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.

**WEIGHT**

56.2 Pounds

The left kidney is normal in size (5.98 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.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM*Adrenal Glands*

The right adrenal gland is normal in size (0.68 cm at the cranial pole and 0.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Chadwell AH

The left adrenal gland is normal in size (0.48 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

*Spleen***REFERRING VET**

Dr. Gold

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***INVOICE**

43899

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines 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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

There is a huge, approximately 18 cm x 13+ cm, mostly homogeneous, isoechoic abdominal mass pushing most organs cranially. Within the center of the mass there is a 3.0 cm x 5.6 cm, thickly walled off, hypo- to anechoic, what appears to be possibly fluid filled structure.

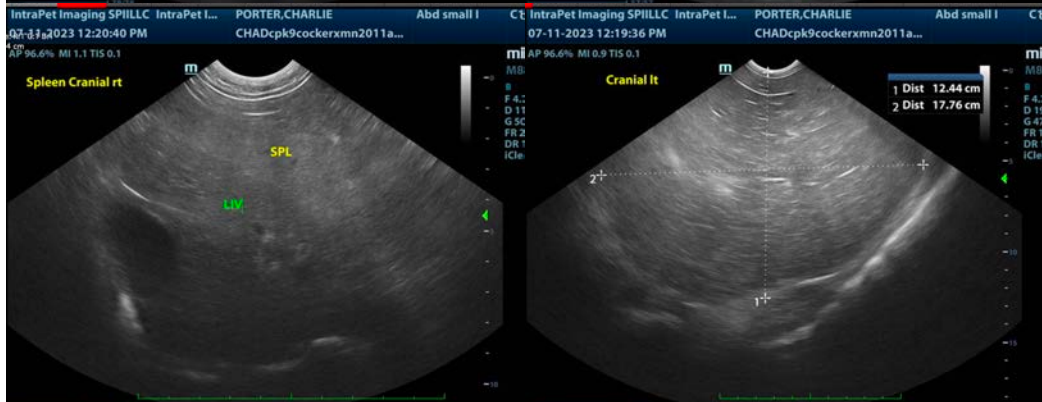
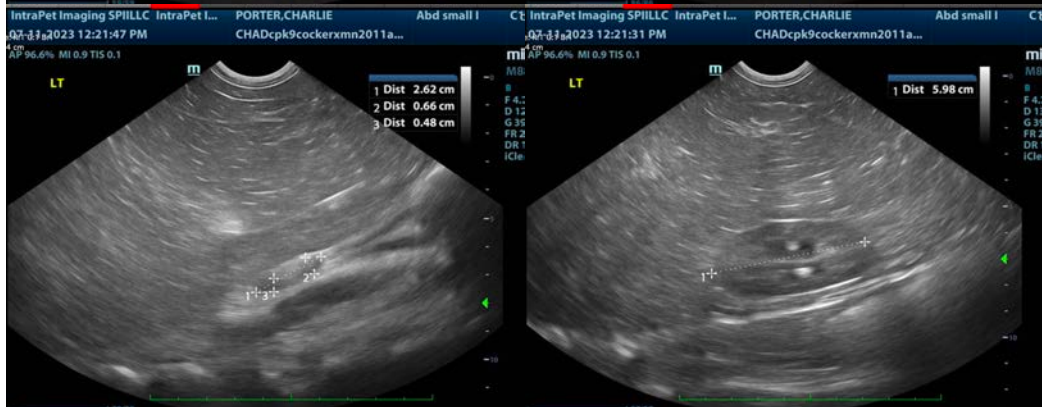
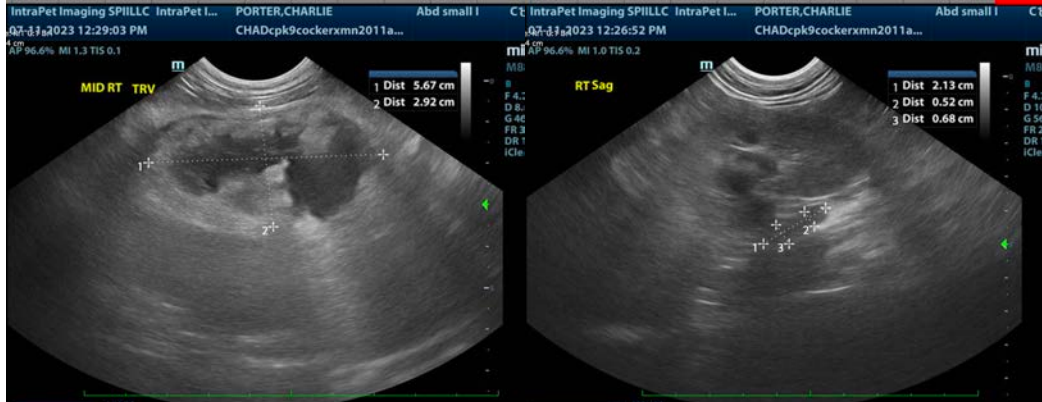
## **ULTRASONOGRAPHIC FINDINGS**

- Large mid abdominal mass with a hypo- to anechoic center – This has the visible consistency of possible fat (i.e., lipoma). However, liposarcoma can't be differentiated ultrasonographically. There is concern for a necrotic or potentially abscessed center, or potentially a hematoma within the center of the mass.

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

Fine needle aspirates of the mass including the solid tissue as well as the center could be considered for confirmation cytology as well as culture and sensitivity, etc., or alternatively, given the concern for a necrotic or abscessed center as well as the size of the mass, an exploratory laparotomy for planned mass removal could be considered.

Additionally, if not recently evaluated, 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.



**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**  
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