



PATIENT

Daisy Watts

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

5 years

WEIGHT

62.8 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

42535

DATE

11/15/22

PRESENTING CLINICAL SIGNS

History: History of cutaneous hemangiosarcoma diagnosed via excisional biopsy in Oct. No new mass growth since then and mass was narrowly excised.
Exam is WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.02 cm. The left kidney measured 6.95 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.7 cm in length and 0.4 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 1.4 cm in length and 0.55 cm at the caudal pole.

Spleen

The spleen was well visualized and appeared normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted. Mild lymphadenopathy was noted in the lymph nodes caudal to the spleen. One lymph node measures 1.3 x 0.68 cm, another lymph node measures 2.2 x 0.75cm. These lymph nodes appear normal to slightly hypoechoic.

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. Gallbladder is moderately distended with normal wall thickness and hyperechoic, gravity dependent, non-obstructive debris. Common bile duct is non-distended and tapers normally.



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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is slightly hypoechoic to the surrounding tissue, but is otherwise, normal in structure, shape and size.

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Lymph Nodes

Mild mesenteric lymphadenopathy was noted with one slightly, irregular mesenteric lymph node measuring 2.0 x 1.3 cm with slightly hypoechoic parenchyma.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild abdominal lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph node appears to be within the node and submission of that sample for cytology is recommended for further analysis. There were no overt signs of cutaneous hemangiosarcoma in the abdomen, but I strongly recommend submission of that lymph node aspirate for cytology for further evaluation of the mild mesenteric lymphadenopathy. This may be a benign inflammatory change, reactive nodes or a variation of normal. If the lymph node comes back benign consider serial ultrasound evaluation. In 3-6 months to reevaluate the lymph node size.

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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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