

PATIENT PRESENTING CLINICAL SIGNS

Taz Lazzer
 History: Presented to MOVEH on Dec 4th for abdominal pain, diarrhea lasting for 2 days and abnormal respiration. QAR, pale pink MM, delayed CRT and neurological deficits. OD: Absent PLR and menace, PLR normal OS. Grade 4/6 heart murmur, POCUS revealed large volume of free fluid in the abdomen; abdominocentesis confirmed fluid was blood. Postural reflexes absent in right PL, present in the left PL, cutaneous trunci present. current meds: gabapentin, amiocaproic acid.

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.7 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Xavier

INVOICE

36789

DATE

12/8/25

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 was noted.

The prostate was not distinctly visualized.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present.

Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 5.11 cm in length. The left kidney measured 4.75 cm in length.

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 1.70 cm in length and 0.70 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 1.66 cm in length and 1.14 cm at the cranial pole and 0.66 cm at the caudal pole.

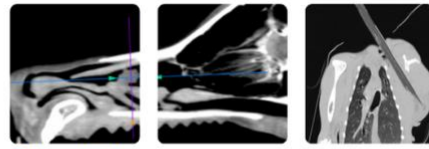
Spleen

The spleen was 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.

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 anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness 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.

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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.

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The ileocecal junction was not visualized. 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

There is a large complex ovoid to spherical mass in the caudal abdomen dorsal to the urinary bladder, measuring at least 8.0 cm x 5.0 cm, with a very scant volume of surrounding free fluid. It is not overtly attached to any specific organ.

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

ULTRASONOGRAPHIC FINDINGS

- Large caudal abdominal mass

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The organ of origin of the large caudal abdominal mass cannot be determined. It may be lymphoid, prostatic, intestinal in origin, or it may represent a free abdominal mass, omental or mesenteric mass. A splenic mass is considered less likely. The large masses originating from the tail of the spleen can also be visualized in this area and may be difficult to see direct attachments to the otherwise normal splenic tissue. FNA of the mass should be considered to further define. Abdominal exploratory surgery may be both curative and diagnostic. Given the reported concurrent neurologic signs, central nervous system metastasis is a concern.

REFERRING VET

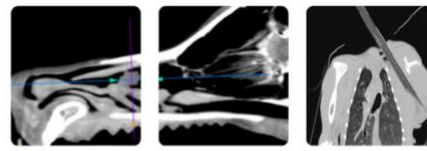
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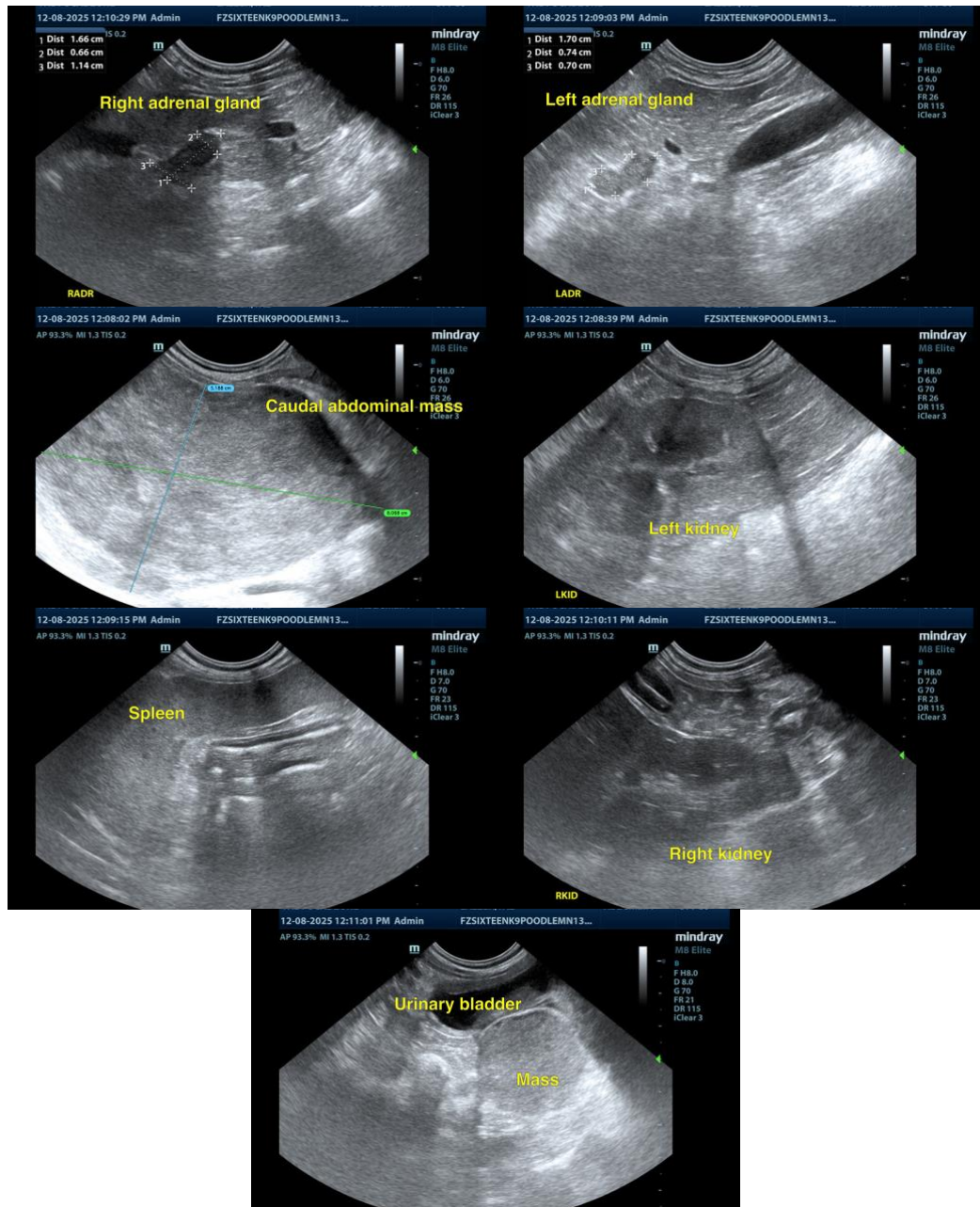
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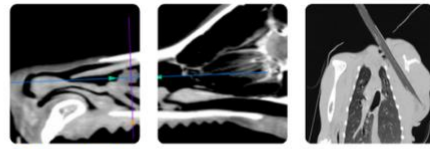
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC



PATIENT info@SonoPath.com

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