

**DATE**

10/22/21

PRESENTING CLINICAL SIGNS

History: Urinary frequency with incontinence.
Current Medications: Duoxo shampoo.
Lab Results: elevated alk phos. Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

PATIENT

Abby Mitzel

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

6/24/07

WEIGHT

12.1 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Festival VC

REFERRING VET

Dr. Cianelli

INVOICE

92588

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 4.06 cm. The right kidney measured 4.13 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 1.93 x 0.6 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 1.84 x 0.75 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The **spleen** presented irregular contour with multi-focal hyperechoic nodular changes. This is consistent with consistent lipogranulomas as well as areas of mineralization or hemosiderin. Inspection of the spleen at the time of surgery +/- resection is indicated.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. Striating bile is present.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. A 2.27 x 1.66 cm mixed hypoechoic undifferentiated mass was noted in the caudal abdomen. The mass appeared to be deriving from the intestinal wall and possibly adhered to the serosa of the urinary bladder.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

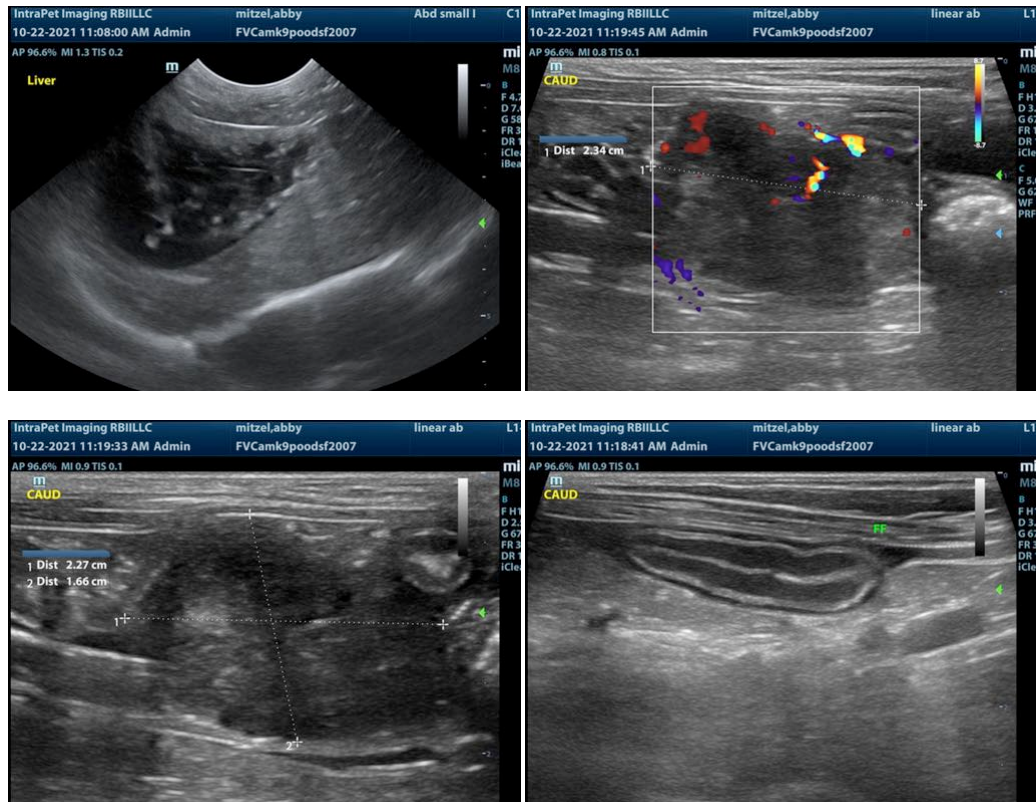
Caudal small intestinal mass with possible adherence to the bladder and extension into the omentum. This appears resectable

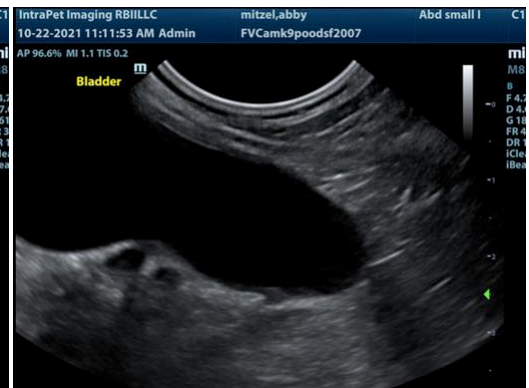
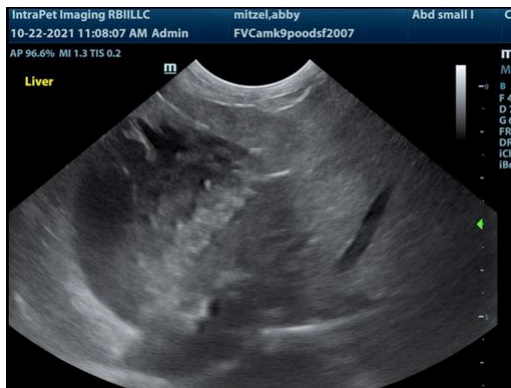
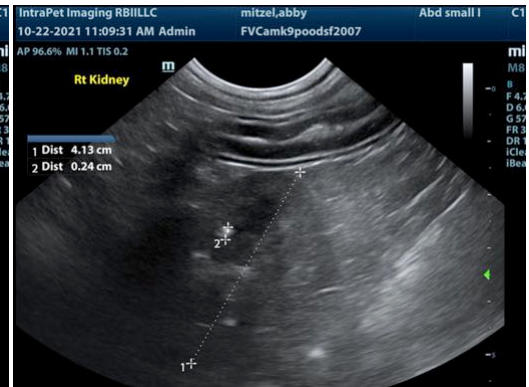
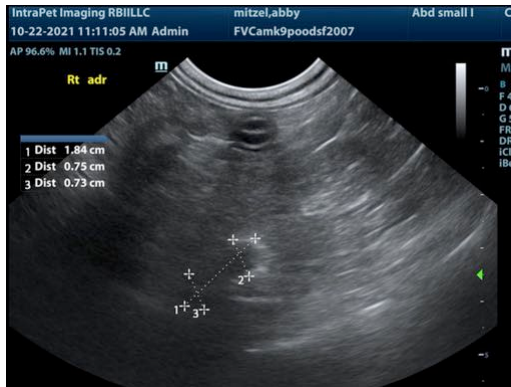
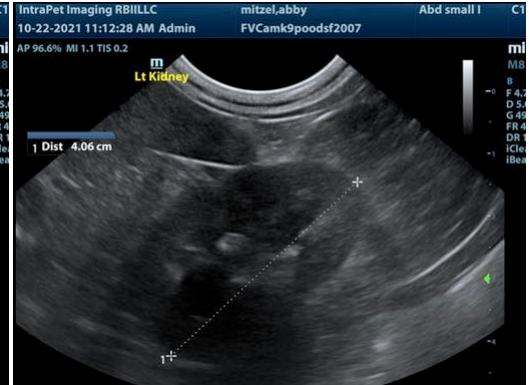
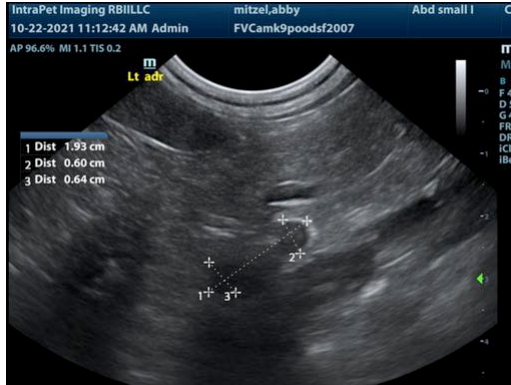
Irregular spleen with nodular changes. Likely benign, yet may necessitate removal as well.

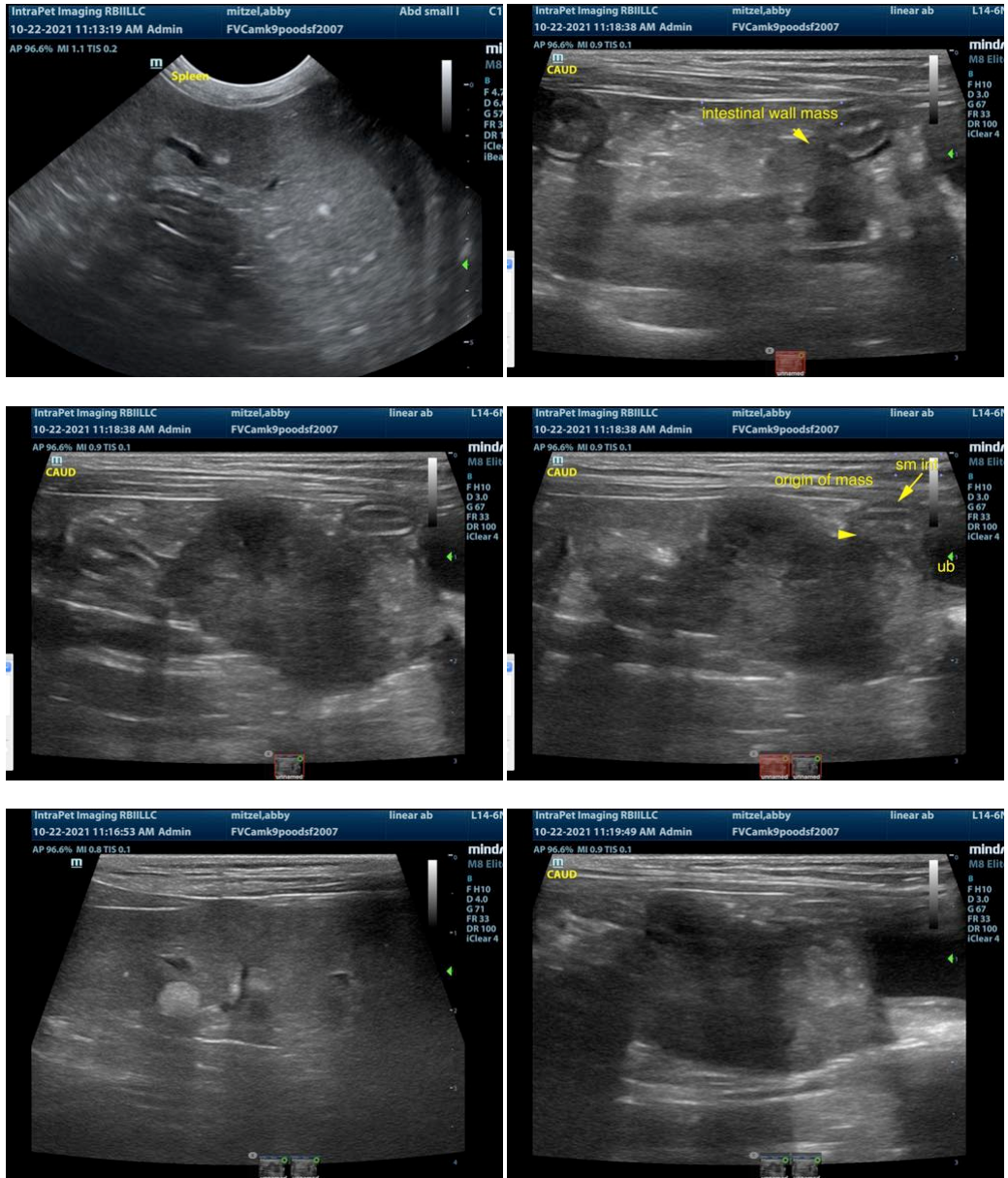
Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears potentially resectable. However, adherence to the apical serosa of the urinary bladder is possible. I recommend exploratory surgery or ultrasound-guided FNA of the mass. Leiomyosarcoma, carcinoma and lymphoma are all possible with a mild potential for non-neoplastic granulomatous change.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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