



**PATIENT**

Bella Waters

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

99 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Bennett

**INVOICE**

39960

**DATE**

10/6/22

**PRESENTING CLINICAL SIGNS**

**History:** History of IBD and atopy for several years. Only comfortable/not nauseated when on low dose prednisone (5 mg EOD). FNA done of SQ mass on L side.  
**Abnormal PE/Chem/CBC/UA Results:** PE: SQ firm, smooth mass on entire L side of abdomen. Extends from L elbow to mid abdomen, dorsal spine to past ventral midline. BW: ALP>2,000, Glob 2.2  
**Previous AUS (3/2022):** normal except myelolipomas in Spleen.

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.66 cm. The left kidney measured 7.3 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 0.5 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 1.36 cm at the cranial pole and 0.56 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** in this patient was swollen and irregular. The liver revealed coarse architecture with heterogenous, nodular changes that were non-disruptive. Slight irregular contour was noted. The hepatic presentation was most consistent with nodular hyperplasia and age related changes. The gallbladder and common bile duct were unremarkable.



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***Gastrointestinal***

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There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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***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.

**SEX**

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***Free Abdomen***

**AGE**

10 years

Iliac trifurcation was unremarkable. A large amount of abdominal fat was noted in this patient. The left abdominal wall revealed a cystic lesion that measured 6.0 cm with ill-defined margins. The cystic portion measured 5.0 cm. A body wall lesion with a 5.0 cm cystic component was noted with ill-defined, disorganized granulomatous type presentation with cellulitis pattern in the periphery. The entire lesion measured 10-15 cm. Clean resection may be difficult.

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Cystic, left, body wall lesion.

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Otherwise, unremarkable abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Ultrasound-guided FNA of the hypoechoic tissue portions of the body lesion along with ultrasound-guided drainage of the cystic portion with culture and cytology is indicated. I do not visualize a penetrating foreign body; however, this cannot be completely ruled out. Examination of the region for dermal penetration lesions are recommended. CT evaluation would be ideal to assess the body wall. There is a large amount of body wall fat noted in this patient's lipoma. This may be a simple infarct or necrotic lipoma. However, cytology may be highly variable depending upon the regions of the mass sample. I cannot rule out an underlying sarcomatous pathology. However, given the large amount of body wall fat and abdominal fat in this patient a necrotic lipoma is entirely possible. Attempt at resection can be considered; however, the surgeon should provide margins of at least 2-3 cm around the pathological tissue. The mass appears to occupy the body wall to the level of the peritoneum. However, the peritoneum does not appear compromised. CT is recommended for surgical planning.

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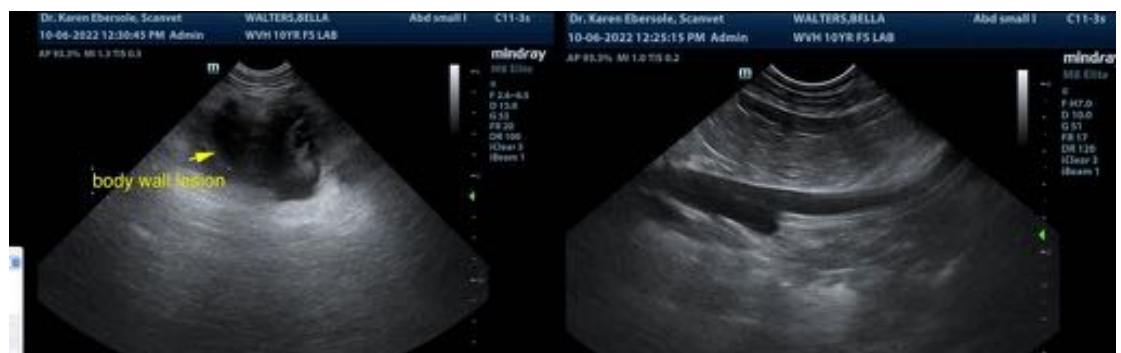
Dr. Bennett

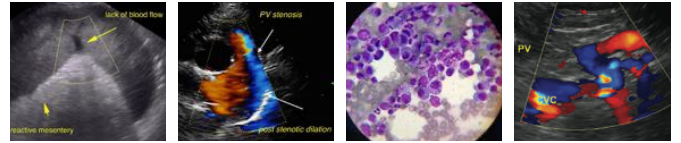
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com