

**DATE PRESENTING CLINICAL SIGNS**

2/1/22

History: O has noticed right lateral cranial abdominal swelling after she eats. Observed on physical exam as well. No pain on palpation.

PATIENT

Damour Quickley

Current Medications: Apoquel long term 5.4 mg 1 PO BID.

Lab Results: History of crystals in urine, Blood work wnl.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

French Bulldog

Urinary System**SEX**

Spayed Female

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 were noted. Ureteral papillae were normal.

AGE

12/14/10

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.85 cm. The left kidney measured 5.71 cm.

WEIGHT

36.6 Pounds

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 2.7 cm x 0.72 cm at the caudal pole and 0.94 cm at the cranial pole. The left adrenal gland measured 2.96 cm x 0.64 cm at the caudal pole and 0.69 cm at the cranial pole.

IMAGING PERFORMED BYStephanie Pearce
RDMS, RVT**Spleen****HOSPITAL NAME**

Aberdeen Vet Clinic

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Fritz

Liver

The **liver** was uniformly enlarged with minor coarse architecture. The gallbladder was unremarkable.

INVOICE

35363

Gastrointestinal

The **stomach** itself was unremarkable. An excessive amount of upper GI gas was noted. The mid abdomen revealed an undifferentiated, hypoechoic 10.5 cm x 7.5 cm mass with enhanced mesentery and peripheral inflammation. The mass appears to be deriving from wall of small intestine, suggestive for leiomyosarcoma or similar neoplasia. However, FNA indicated. The mass expands in a cauliflower-type appearance into the regional omentum. Clean resection would likely be difficult. Ultrasound guided FNA of the mass recommended, or direct exploratory surgery. No obstructive pattern noted.

Pancreas

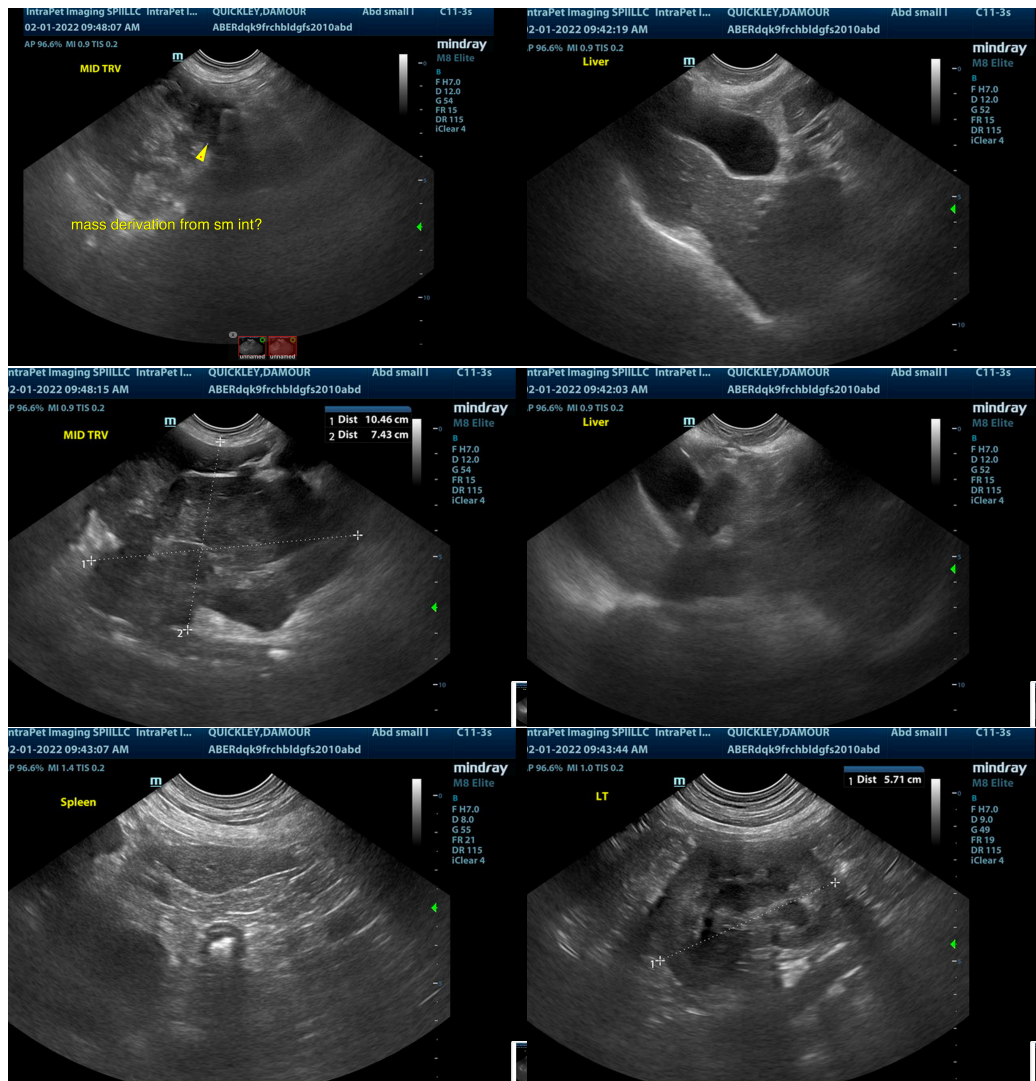
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

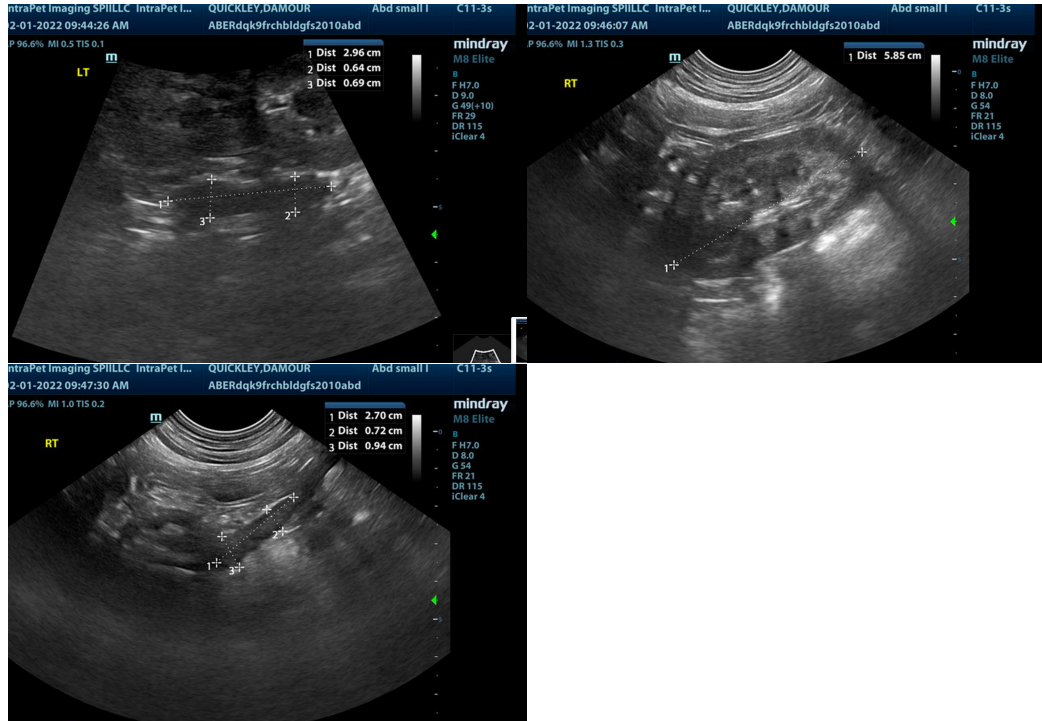
ULTRASONOGRAPHIC FINDINGS

- Undefined, hypoechoic mid abdominal mass, possibly deriving from small intestinal wall – non-obstructive, yet space occupying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection of the abdominal mas may be difficult. FNA and chest radiographs recommended. Sarcoma such as leiomyosarcoma suspected.





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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