

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

2/23/22- ATO: wasn't drinking as much last night as usual. Didn't want to get off sofa this morning. Hind limbs shaking when she went to defecate- takes Pred in the am in cheese, turned it down. Did not eat this am, did not want to move this morning. Has been on Pred (10mg) SID >10 years for known skin condition- unknown what it is. Last got the BW rechecked 1.5 weeks ago and all okay. Intact. O has had since she was born.

**PATIENT**

Snorkie Ash

Current Medications: Gabapentin, Amp/Sulb, Prednisone, buprenorphine Cerenia.

Lab Results: WBC 18.4, Neu 13.83, Mono 1.98, PLT 613, Glob 6.1, ALT 188, Tbili 1.0, PCV/TS 33/7.4.

**SPECIES**

Canine

Radiographs: Thorax- broncho-interstitial pattern. Abdomen- possible mass in abdomen, no obvious dilated uterus. Cervical region- large fat opacity mass like structure near larynx, pushing trachea.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Pitbull

Imaging Performed By: Rachel Brilhart, RDMS.

**SEX**

Intact Female

**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.

**AGE**

51.1 lbs

The uterus was thickened at 1.79 cm at the base/cervix. The right ovary was mildly heterogenous and rounded measuring 1.46 cm. The left ovary revealed a mixed, hypoechoic 7.3 x 4.6 cm mass. This is most consistent with ovarian carcinoma. FNA could be considered for further definition.

**WEIGHT**

6/3/10

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. The right kidney measured 5.8 cm. The left kidney measured 6.85 cm with pyelectasia that measured 0.3 cm. Slight pinpoint mineralization was noted in both kidneys.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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 right adrenal gland measured 2.82 x 0.69 cm at the caudal pole and 0.69 cm at the cranial pole. The left adrenal gland measured 2.55 x 0.65 cm at the caudal pole and 0.57 cm at the cranial pole.

**REFERRING VET**

Dr. Martinoli

**Spleen**

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 was noted.

**INVOICE**

96354

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional, hypoechoic nodular change was noted in the liver. This may be

related to a metastatic lesion versus nodular hyperplasia. 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

### ***Pancreas***

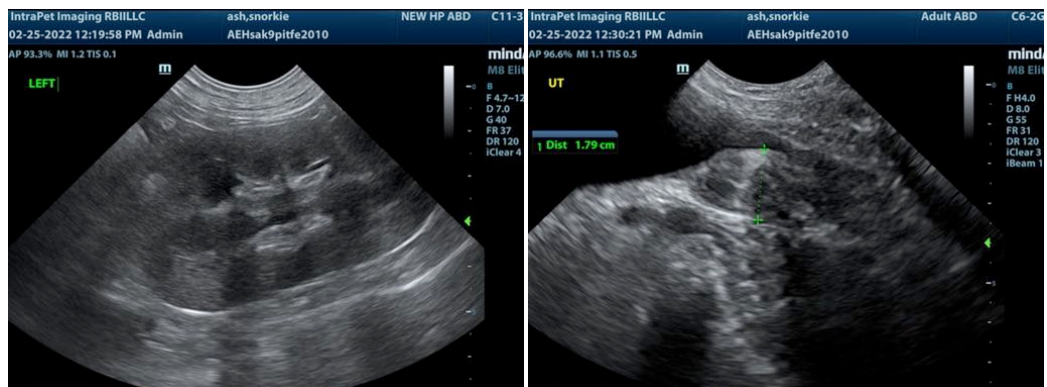
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

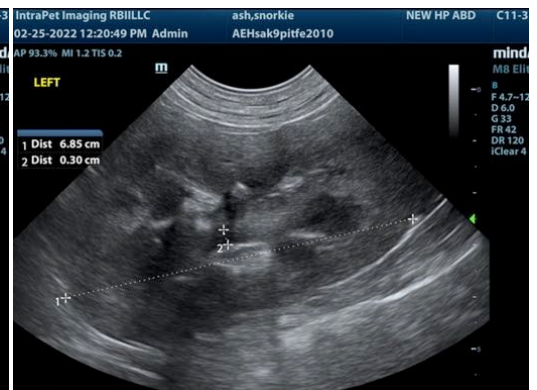
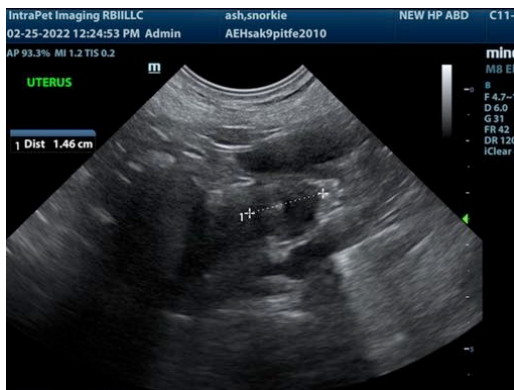
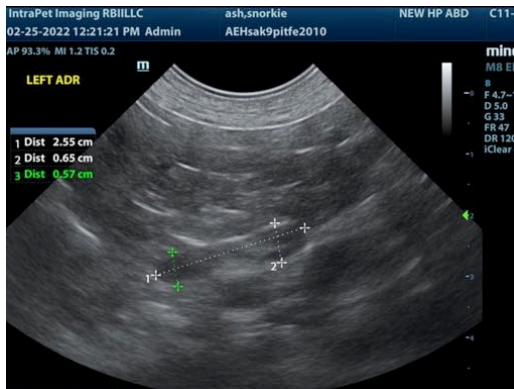
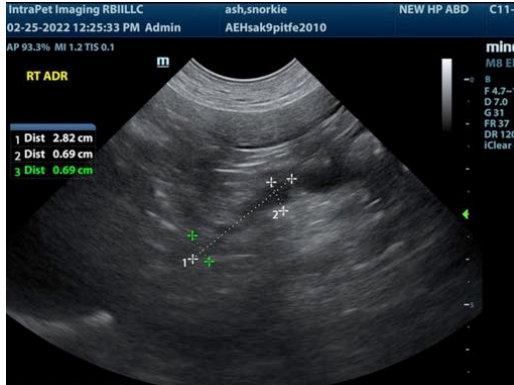
## **ULTRASONOGRAPHIC FINDINGS**

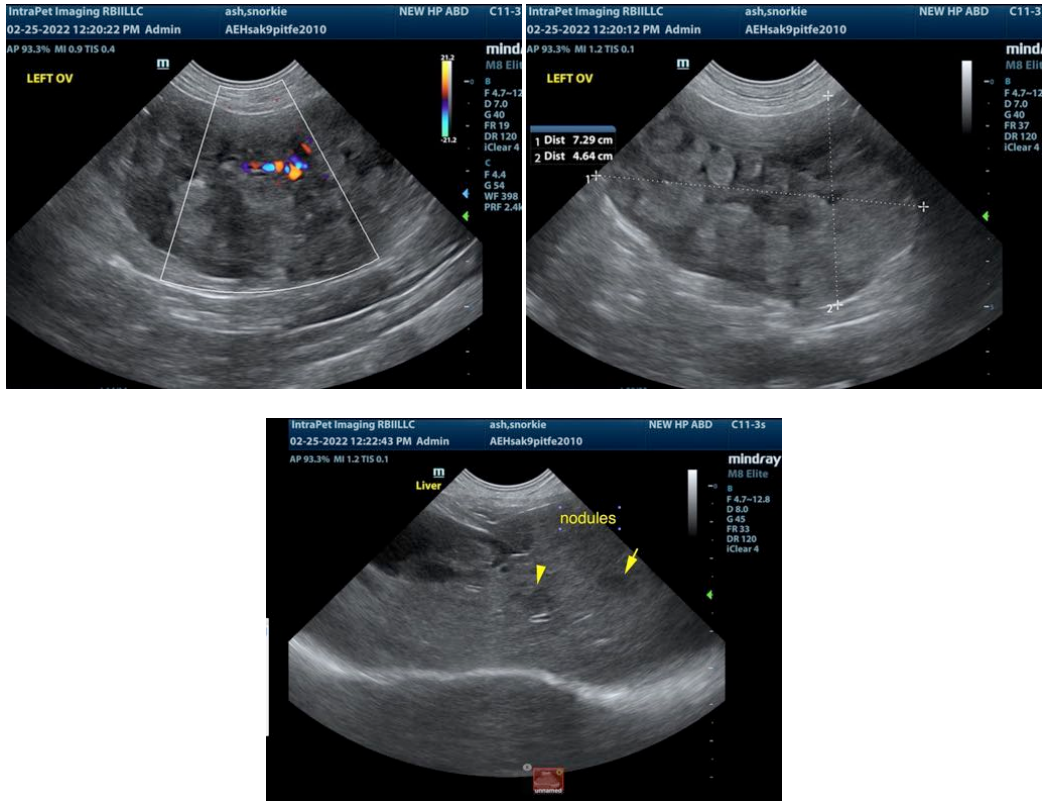
Left ovarian mass with thickened uterine base.  
Hypoechoic nodular change in the liver.  
Geriatric abdomen.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the history of the cervical mass FNA of the ovarian mass and cervical mass is warranted for staging purposes.







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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