



PATIENT

Sassy Luton

SPECIES

Canine

BREED

Shelti x

SEX

Spayed Female

AGE

12 Years

WEIGHT

25 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sam Doverspike

HOSPITAL NAME

Franklin Animal Clinic

REFERRING VET

Dr. Sam Doverspike

INVOICE

44777

DATE

2/3/23

PRESENTING CLINICAL SIGNS

Presents with a large mass evident on left side cranial/dorsal aspect of abdomen. Palpates as a firm SQ or Abd. Wall Mass.

Abnormal PE/Chem/CBC/UA Results: Has mild neutrophilia and UTI on labs. FNA looks neoplastic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a slight polyp measuring 0.47 cm. Anechoic urine otherwise. The polyp appears to be apical and resectable.

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. The left kidney measured 4.56 cm. The right kidney measured 5.1 cm with slight pyelectasia noted.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland was mildly enlarged, measuring 0.90 cm at the caudal pole and 0.91 cm at the cranial pole. The right adrenal gland was mildly enlarged, measuring 0.90 cm at the caudal pole and 0.78 cm at the cranial pole.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour, and structure. Generalized hepatomegaly was present. 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.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

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The body wall revealed an extensive mixed hypoechoic sarcomatous type mass measuring 6.54 cm. It appears to be outside of the peritoneal cavity. Pericapsular inflammatory pattern noted around the mass.

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A large amount of abdominal fat noted.

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ULTRASONOGRAPHIC FINDINGS

- Large body wall mass – suspect sarcoma.
- Minor heterogeneous hepatic changes – potentially related to the body wall mass.
- Bladder polyp, likely benign
- Age related renal changes
- Age related adrenal changes
- Age related pancreatic changes

WEIGHT

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INTERPRETED BY

Eric Lindquist, DMV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass impinges upon the peritoneal cavity, however, appears to be separate from it. CT evaluation for surgical planning warranted. Chest radiographs warranted to assess for metastatic disease. FNA of the mass and screening FNA of the liver indicated to assess for any related cytology. Potentially resectable. However, significant body wall reconstruction would be necessary. FNA of the liver performed without complications.

DABVP, Cert. IVUSS

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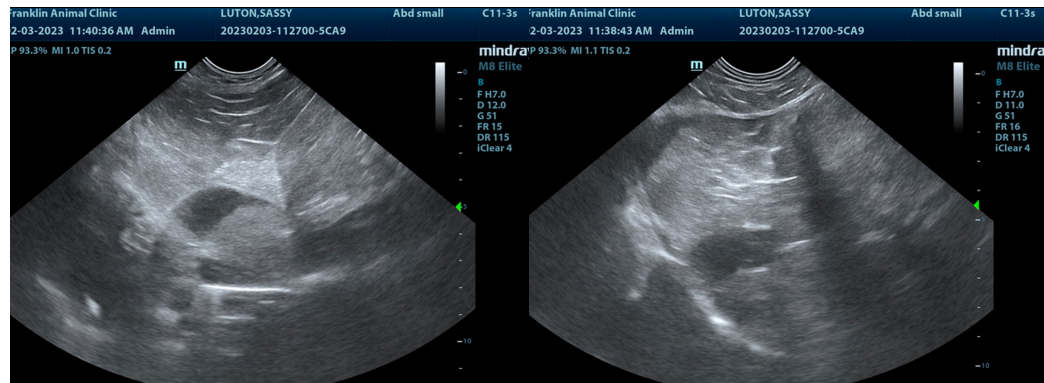
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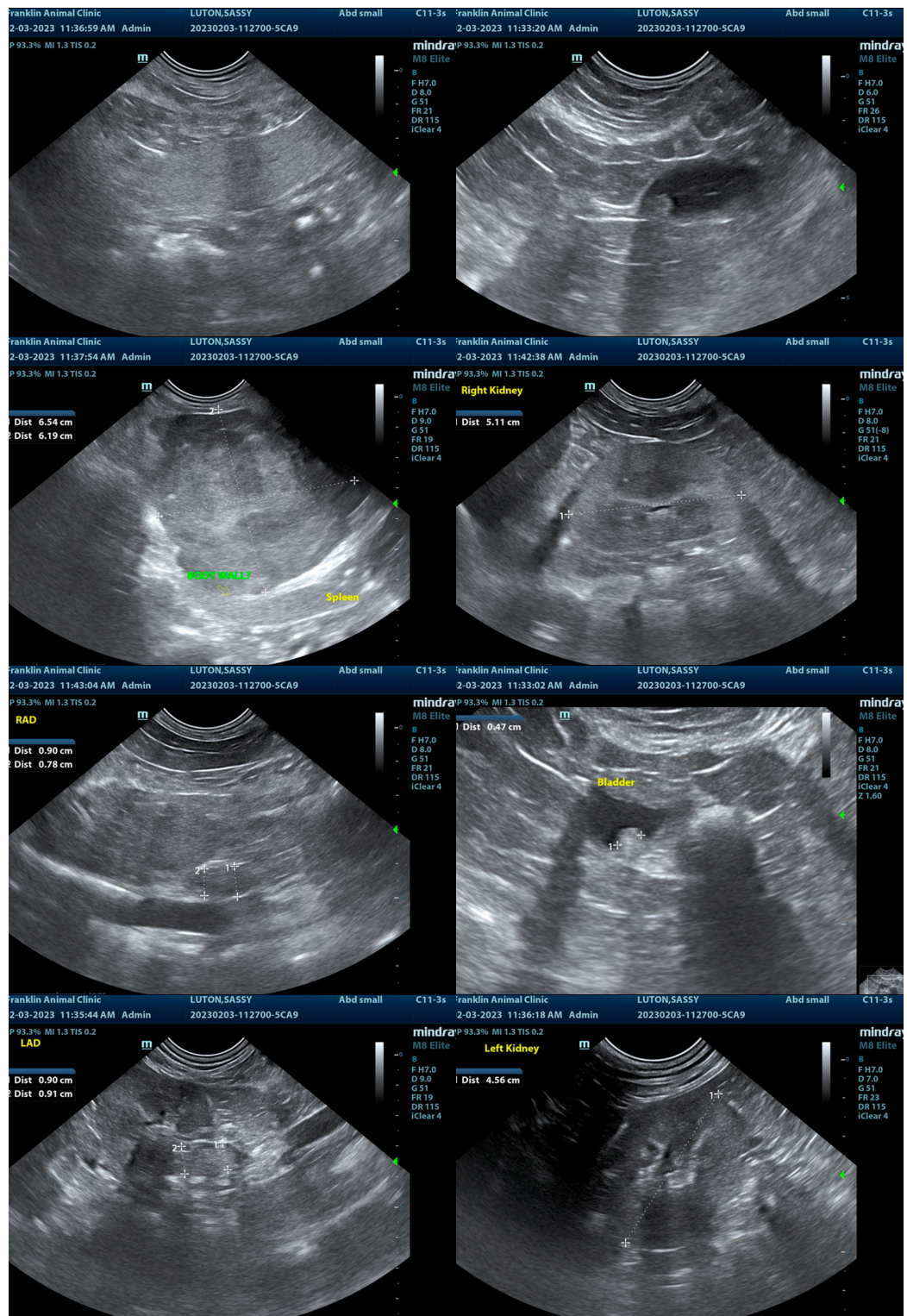
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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