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Clinical Sonography & Telecytology
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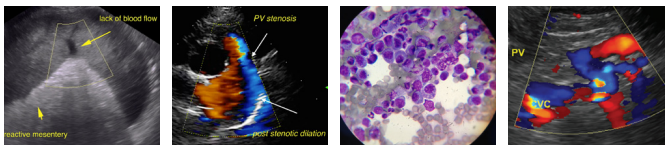

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1-800-838-4268 info@sonopath.com

PATIENT
Josie McLean

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
13 Years

WEIGHT
64 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Brian Klug

HOSPITAL NAME
Sondel Family VC

REFERRING VET
Dr. Hannah Mortensen

INVOICE
36103

DATE
3/10/22

PRESENTING CLINICAL SIGNS

2 week history of mammary mass on left side 2nd to last nipple. Has had other masses in the past but this is the first time the owners noticed one here and it had an open and draining wound on presentation 3 days after owners found it. Concerned about mammary carcinoma but due to age wanted to stage before proceeding with surgery. Chest rads came back clear. Started on abx and NSAIDs to help with likely infection. In for abdominal ultrasound today and mass has improved. Still 2x3 cm thickened around base of 2nd to last nipple on the left side.
Abnormal PE/Chem/CBC/UA Results: Multiple SQ/dermal masses, arthritic, anxious dog. Most notable mass is described above.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.37 cm. Trace pyelectasia noted in the left kidney. The right kidney measured 6.34 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having largely normal shape, size, 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 right adrenal gland measured 1.0 cm at the caudal pole and 1.0 cm at the cranial pole.

The **left adrenal gland** was heterogeneous and mildly irregular, measuring 0.86 cm at the caudal pole and 0.46 cm at the cranial pole.

Spleen

The **spleen** presented a focal 2.0 cm nodule, mildly hypoechoic to surrounding parenchyma. The remainder of the spleen was unremarkable.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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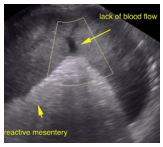

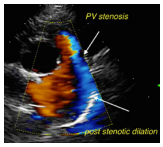

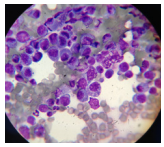
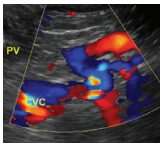

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Gastrointestinal

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

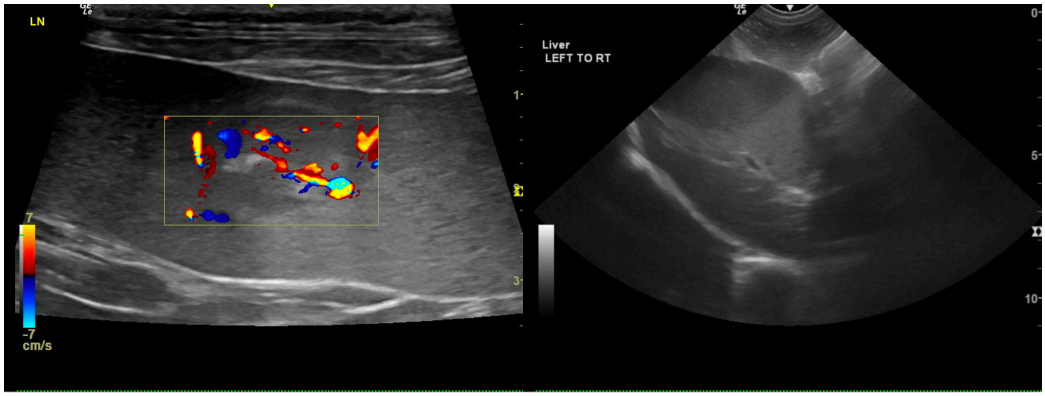
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

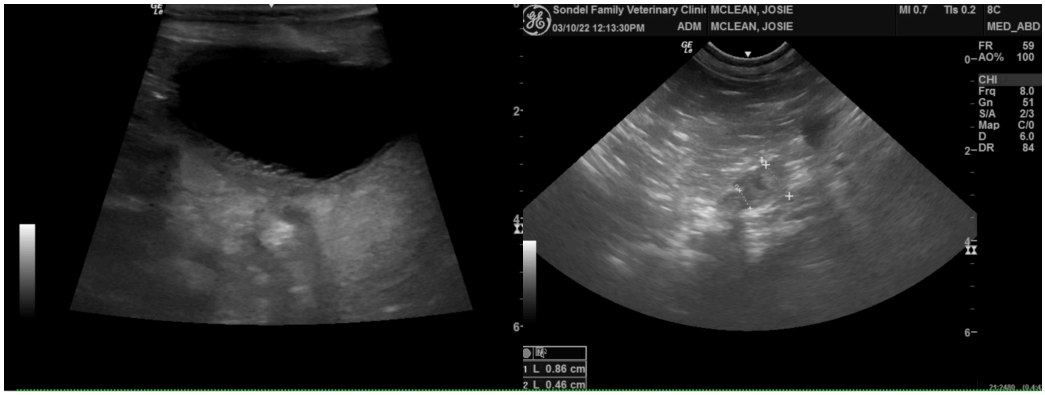
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal enlargement with nodular changes – possible PDH.
- Age related renal changes
- Splenic nodule – likely hyperplastic, mild potential for emerging round cell neoplasia, fibrosarcoma or hemangiosarcoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If USG is <1.020 and urine cortisol/creatinine ratio is elevated, then workup for Cushing's indicated. No evidence of neoplasia. FNA of the splenic nodule indicated. Direct splenectomy could also be considered, yet the lesion appears to be subjectively low grade.





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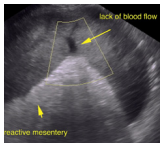

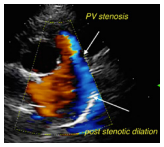

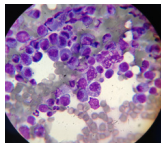
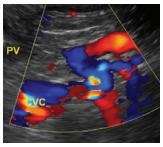

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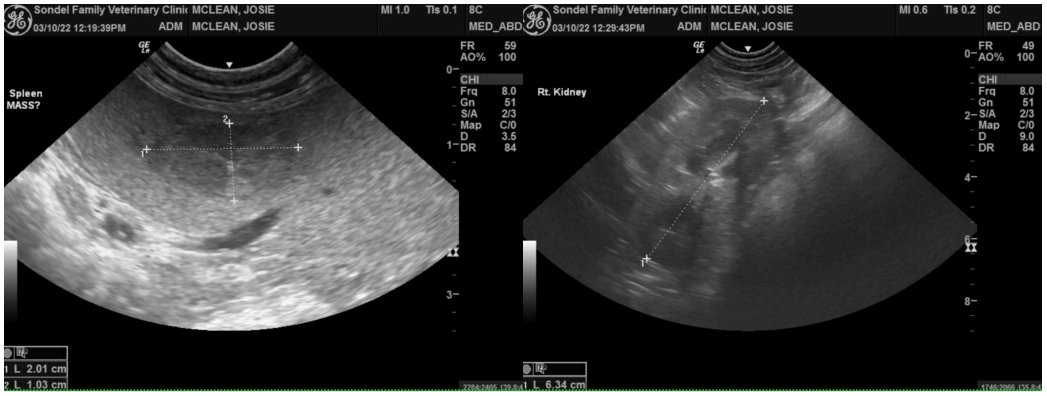

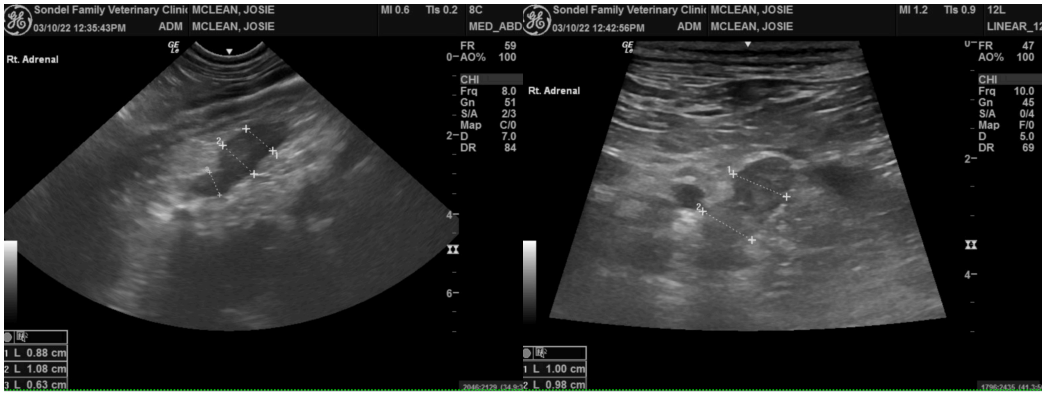

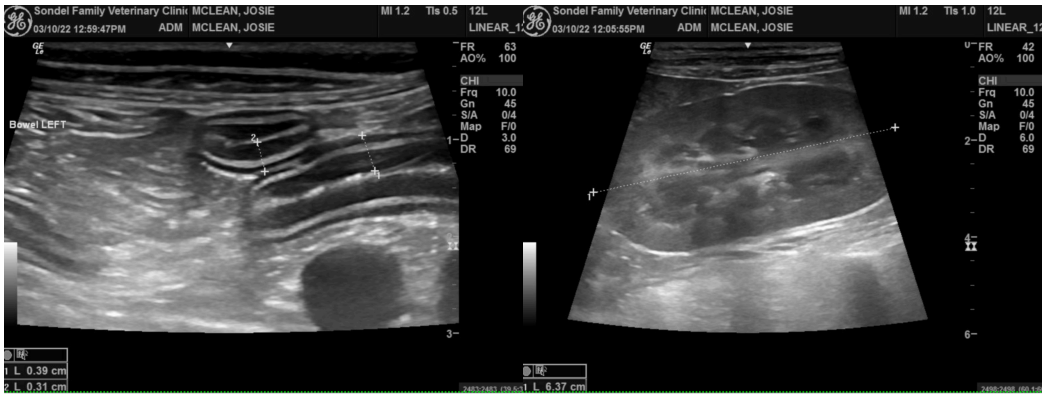

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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