



PATIENT

Emma Winkler

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

10 Years

WEIGHT

71 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Heather Brenner

INVOICE

36357

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Presented 3/14/22 Not eating for 4 days. Bloodwork and urinalysis, stated on Rimadyl, Clavamox. Did better initially. 3/21/22 Better appetite, but both legs swollen now.
Abnormal PE/Chem/CBC/UA Results: 3/14/22 Febrile 104.5, pitting edema mld Left rear leg. ALKP elevated 1583 (23-212), elevated Globulin 4.9 (2.5-4.5), Neutrophilia 21.93 (2.95-1.64), Monocytosis 4.37 (0.16, 1.12), urine 1.032, RBC 1-5/hpf, rare WBC/hpf, some squamous and transitional cells.
3/22/22 normal temperature 101.9, pitting edema both rear legs, enlarged inguinal LN bilateral. Neutrophils and monocytes normal, globulin normal. ALKP improved now 466. Radiographs large soft tissue density mass Left caudal abdomen pushing colon to the right and pressing at pelvic inlet. Chest xrays mild-moderate interstitial lung pattern.

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 were noted. Ureteral papillae were normal.

The **left kidney** 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** was not visualized.

Adrenal Glands

The **left adrenal gland** was 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** was not visualized.

Spleen

The visible **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially and caudally. 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 visible **liver** 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 gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the visible **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 visible portions 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.

Free Abdomen

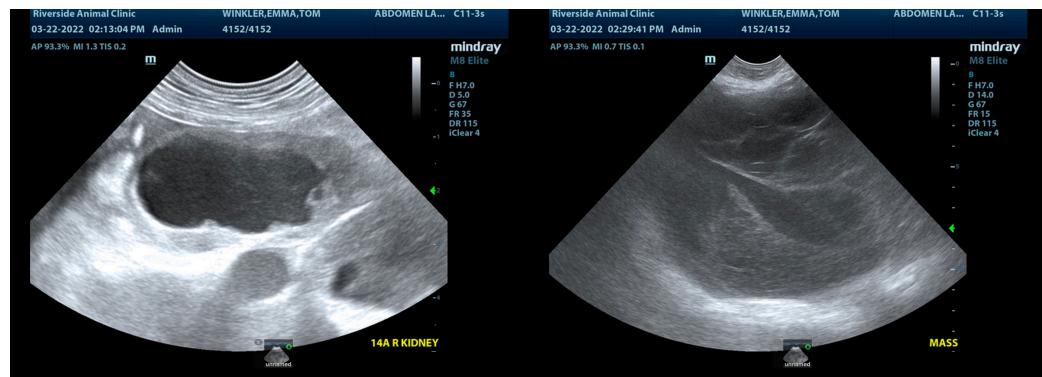
The caudal abdomen revealed an undifferentiated cystic mass that appeared to have regional lymph node involvement. The mass measured approximately 15+ cm and appeared fairly encapsulated. However, regional free fluid was present. The right kidney could be the origin of the mass, however this could not be ascertained.

ULTRASONOGRAPHIC FINDINGS

- Large caudal abdominal mass, origin unclear
- Right kidney and right adrenal not visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The visible spleen, GI tract, pancreas and liver were unremarkable. Either CT evaluation for potential surgical planning or FNA and drainage of the cystic portion of the mass with cytospin could be considered to arrive at a definitive diagnosis. However, portions of the mass appeared to envelop the aorta. This may be adrenal in origin.





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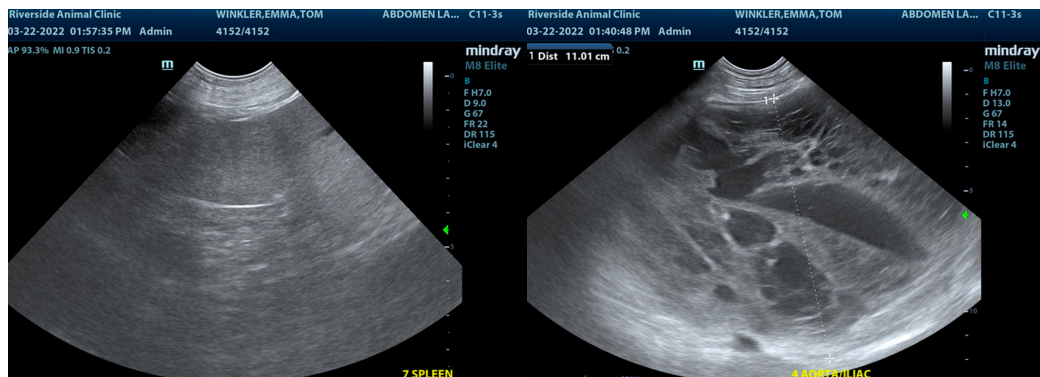
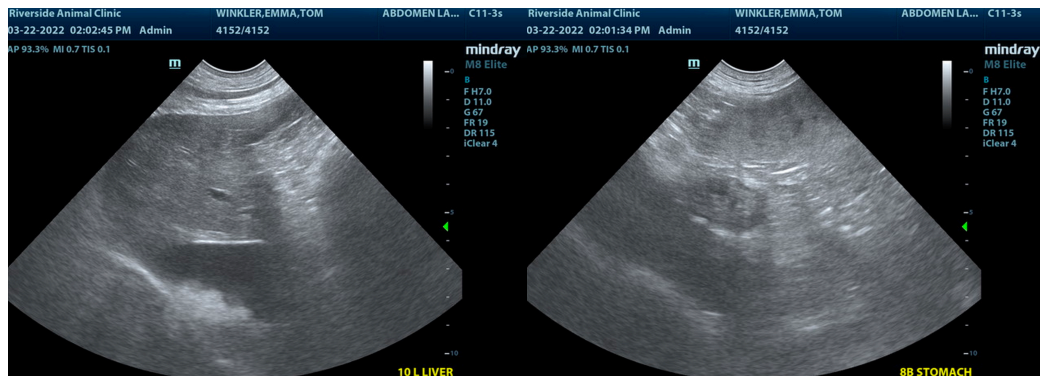
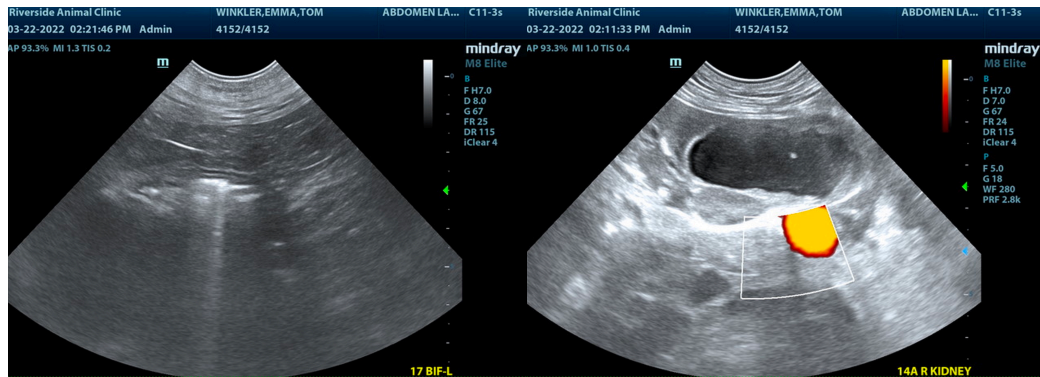
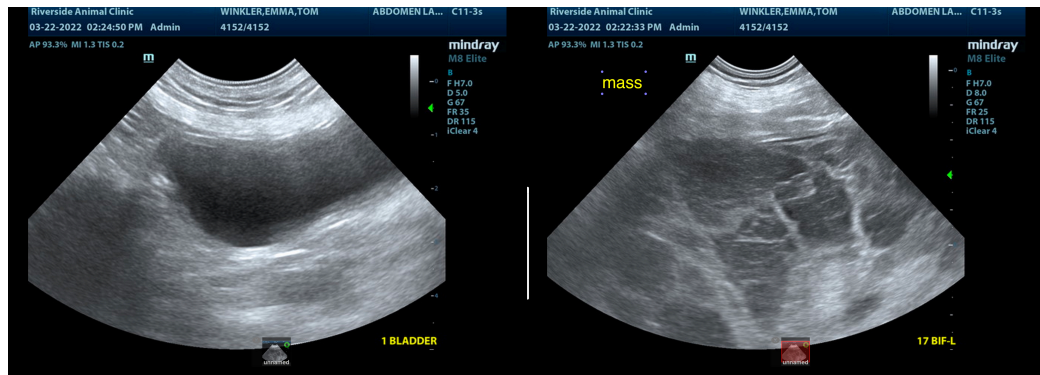
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

info@SonoPath.com

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