SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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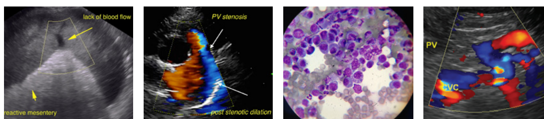


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Ruger Traxtle

SPECIES
Canine

BREED
German Shorthair Pointer

SEX
Spayed Female

AGE
9 Years

WEIGHT
68.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Pleasant Hill AH

REFERRING VET
Dr. Supan

INVOICE
35942

DATE
3/4/22

PRESENTING CLINICAL SIGNS

Ruger was evaluated two days ago for a firm 10 by 15 cm mass on the right ventrolateral abdomen. Mass is connected to underlying tissue. Concern for hernia or attached to internal abdominal mass. Today, mass started oozing serosanguinous fluid on the surface and has a 3 cm opening the medial edge. Opening does not penetrate into main portion of mass. Mass Was first noted in Nov 21. Pt had Cytology at that time- Results- Neutrophilic and macrophagic Inflammation with rare intracellular . Started Abx and O reported swelling went down and is now back

LIMITED ULTRASONOGRAPHIC EXAMINATION

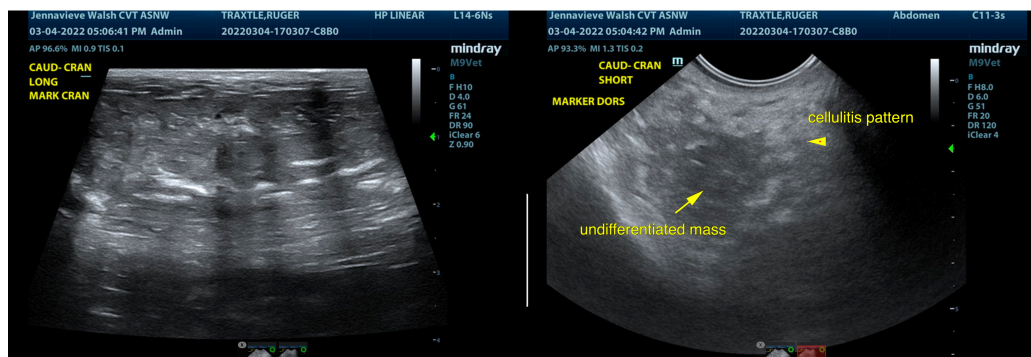
The raised mass in the region of the right mid mammary gland was imaged and appears encapsulated with heterogeneous striating cellulitis-type pattern. It appears to have a fairly well-defined wall and appears resectable. It impinges upon the peritoneal lining, yet it does not penetrate into the abdomen. The mass measures approximately 2.5 cm deep x 6.0 cm long. Undifferentiated areas of necrosis noted in the center of the mass, surrounded by a cellulitis pattern.

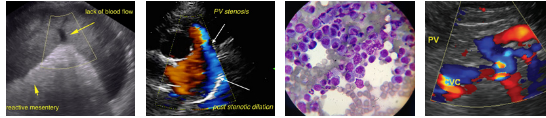
ULTRASONOGRAPHIC FINDINGS

- Necrotic undifferentiated mass with regional cellulitis and edema pattern – resectable to peritoneum, does not penetrate into the abdominal cavity. However, cranial and caudal margins were ill-defined.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This appears resectable. However, the surgeon must be prepared to resect to the level of the peritoneum. The cranial and caudal margins were fairly ill-defined. Therefore, I recommend resection of approximately 2-3 inches cranial to the visible and palpable confines of the mass. Full mastectomy may be the best option along the right side of the patient. No evidence of hernia. Full abdominal sonogram may be a solid option to ensure no concurrent related pathology is noted in the organ systems. The cytology will differ significantly based on where the aspirates are taken. Most accurate cytology would be within the hypoechoic undifferentiated area of the mass noted on the attached image. The cytology could be repeated, sampling the hypoechoic central area.





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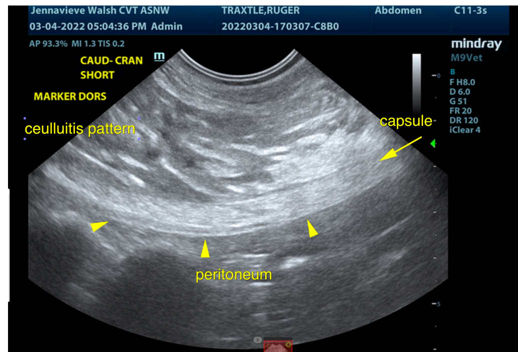

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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