

**DATE**

3/7/23

**PRESENTING CLINICAL SIGNS**

Rule out abdominal mass/cancer.

Current Medications: Cerenia 2mL SQ, Convenia 1.7mL SQ

Lab Results: WBC 42,000, decreased platelets.

Radiographs: Suspicious for abdominal mass.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed By: Rachel Brilhart, RDMS.

**PATIENT**

Penny Schrader

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****BREED**

Pug

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. The bladder revealed 4.0 cm of sand accumulation that entered into the cystourethral junction with an apical polyp that measured 0.4 x 0.2 cm. Other bladder polyps were noted.

**SEX**

Spayed female

The **kidneys** 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 measured 5.7 cm.

**AGE**

9/30/15

**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 left adrenal gland measured 2.1 x 0.69 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 1.86 x 1.55 cm at the caudal pole and 0.63 cm at the cranial pole.

**WEIGHT**

24.6 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**HOSPITAL NAME**

Honeygo AH

**Liver**

The **liver** revealed nodular changes with heterogenous parenchyma and increased portal markings. 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.

**REFERRING VET**

Dr. Wright

**INVOICE**

43122

**Gastrointestinal**

The **pylorus** was thickened and irregular with echogenic mucosal remodeling and microulcerative pattern. The upper duodenum was enveloped by the pancreatic pathology. Stasis was noted in the upper small intestine.

### **Pancreas**

The **pancreas** was enlarged, irregular and had a hypoechoic parenchyma with undulating contour. The right cranial abdomen in the region of the pancreas and undifferentiated hypoechoic region that measured 3.5 x 1.35 cm was noted. There are also areas of mineralization noted in the pancreas. There was fluid filled and necrotic area noted in the region of the pancreatic base.

### **Free Abdomen**

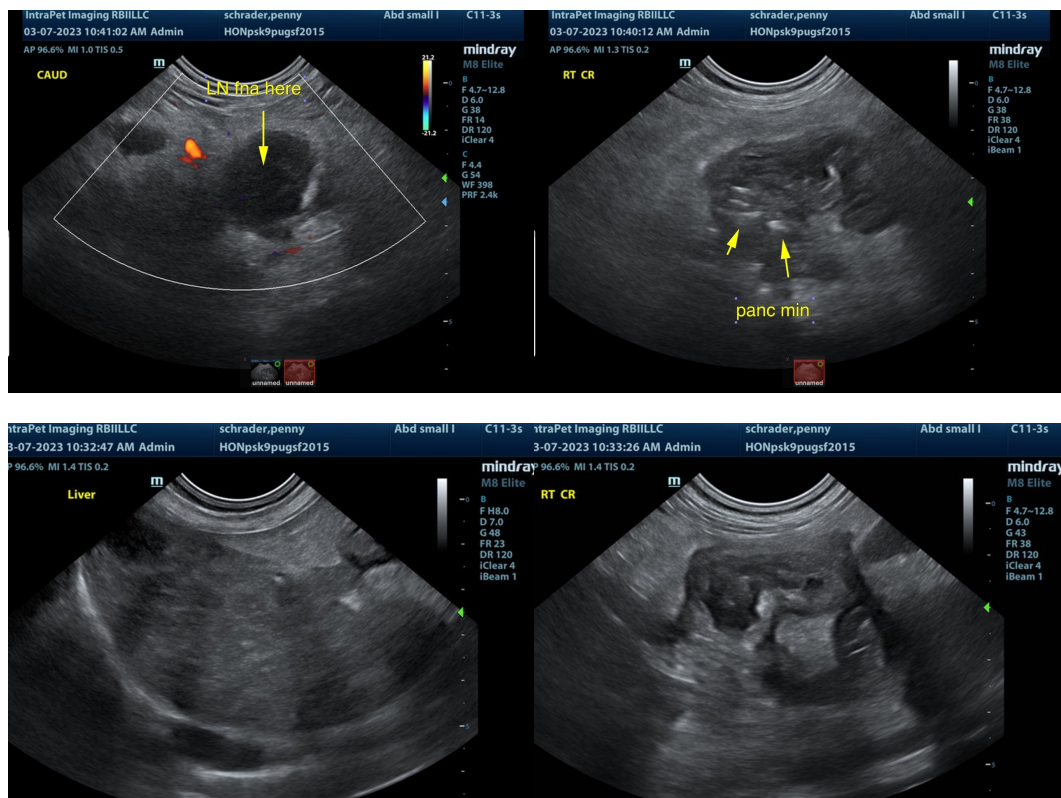
Free fluid was noted around the hepatic pathology. There are areas of lymphadenopathy.

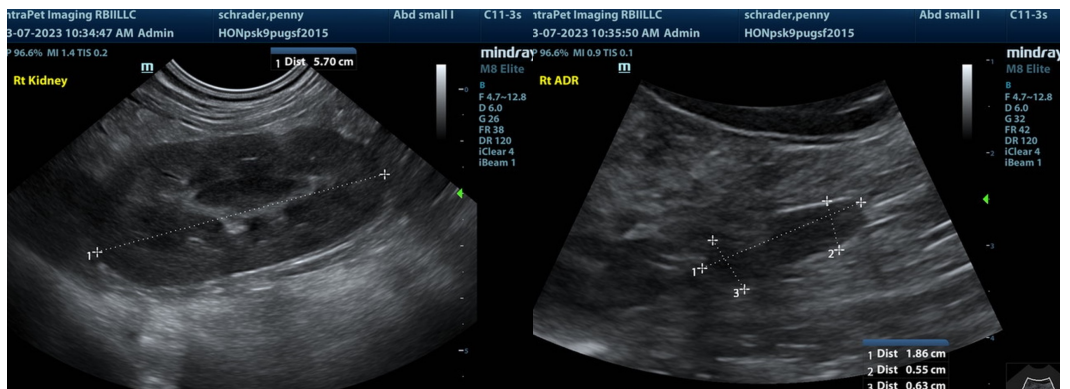
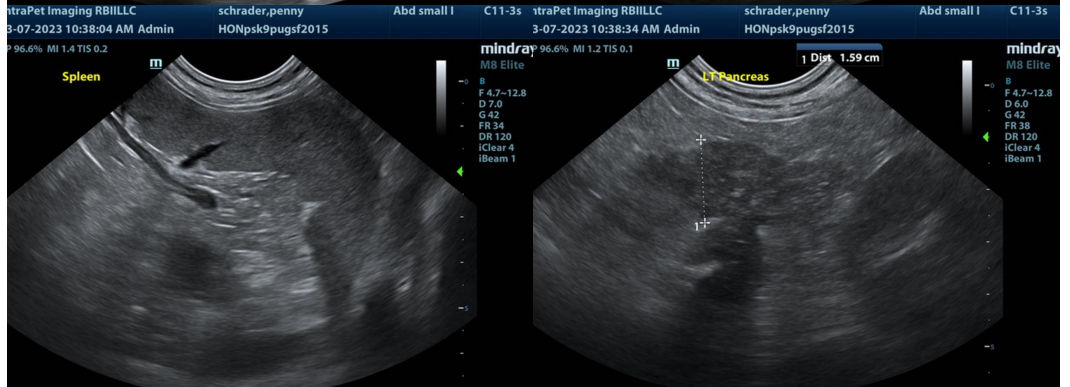
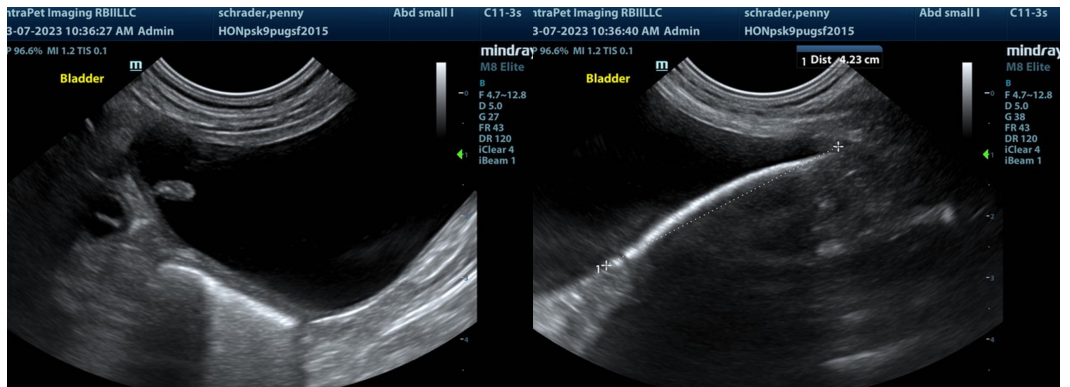
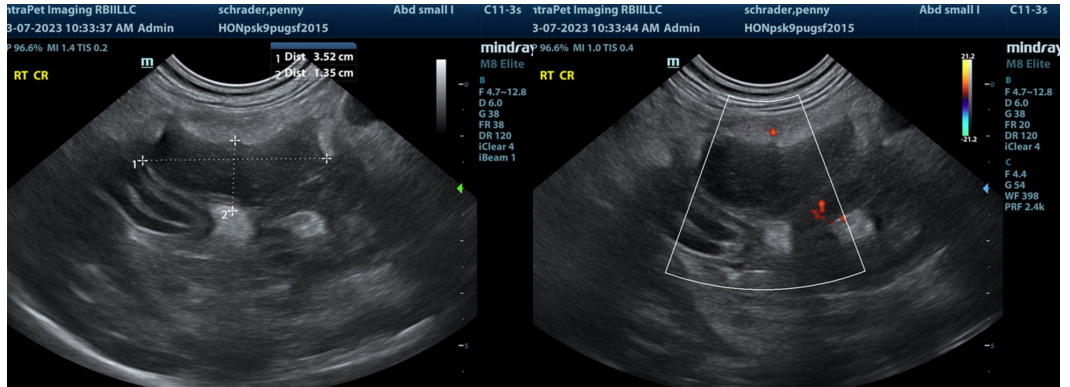
### **ULTRASONOGRAPHIC FINDINGS**

Pancreatic necrosis and abscess pattern with potential for carcinoma or other neoplasia. Nodular liver changes with hepatic remodeling and free fluid. Inflammatory hepatopathy. Gastroenteritis. Extensive peritonitis. Areas of lymphadenopathy.

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

Pancreatic necrosis, abscessation, nodular hyperplasia, inflammatory hepatopathy and gastroenteritis are all possible; however, given the lymphadenopathy underlying neoplasia is a strong potential. Ultrasound-guided FNA of the lymph nodes, pancreas and liver are all indicated. The prognosis is extremely guarded. Drainage of the fluid filled abscessation is also indicated.







**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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