

**DATE**

4/15/22

PRESENTING CLINICAL SIGNS

History: Evaluate for bladder mass.

PATIENT

Bugs Parslow

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Shar Pei

SEX

Spayed Female

AGE

10/11/13

WEIGHT

44.9 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

14758

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. The right kidney measured 4.28 cm. The left kidney measured 5.04 cm.

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 right adrenal gland measured 2.13 cm x 0.67 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 2.09 cm x 0.6 cm at the caudal pole and 0.61 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 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 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.

Gastrointestinal

Minor excessive **GI** gas was present.

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.

Free Abdomen

The mesenteric **lymph nodes** (an example measured 3.6 cm x 0.6 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

A trace amount of **free fluid** was noted dorsal to the urinary bladder.

Other

The **uterine stump** was mildly thickened, measuring 1.5 cm x 4.7 cm, entering into the pelvic inlet. The tissue appeared uniform yet hypertrophied for spayed status.

ULTRASONOGRAPHIC FINDINGS

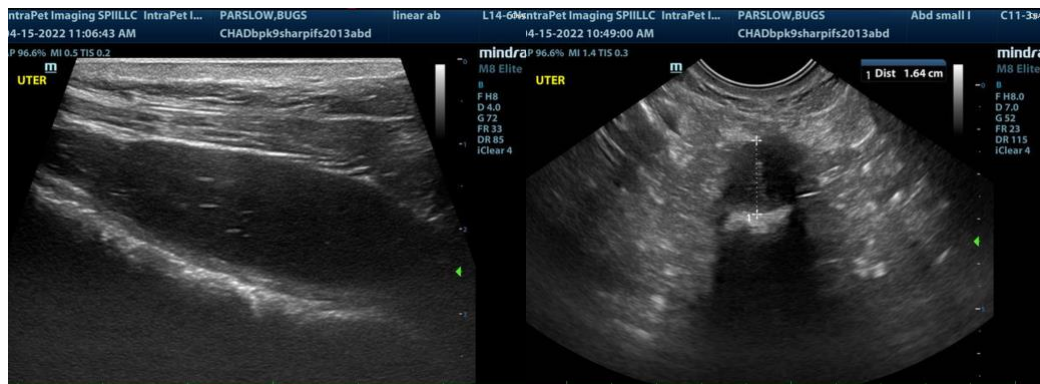
- Prominent uterine stump
- Trace fluid adjacent to the urinary bladder and uterine stump
- Reactive mesenteric lymph nodes
- Minor excessive GI gas
- Otherwise, unremarkable abdomen

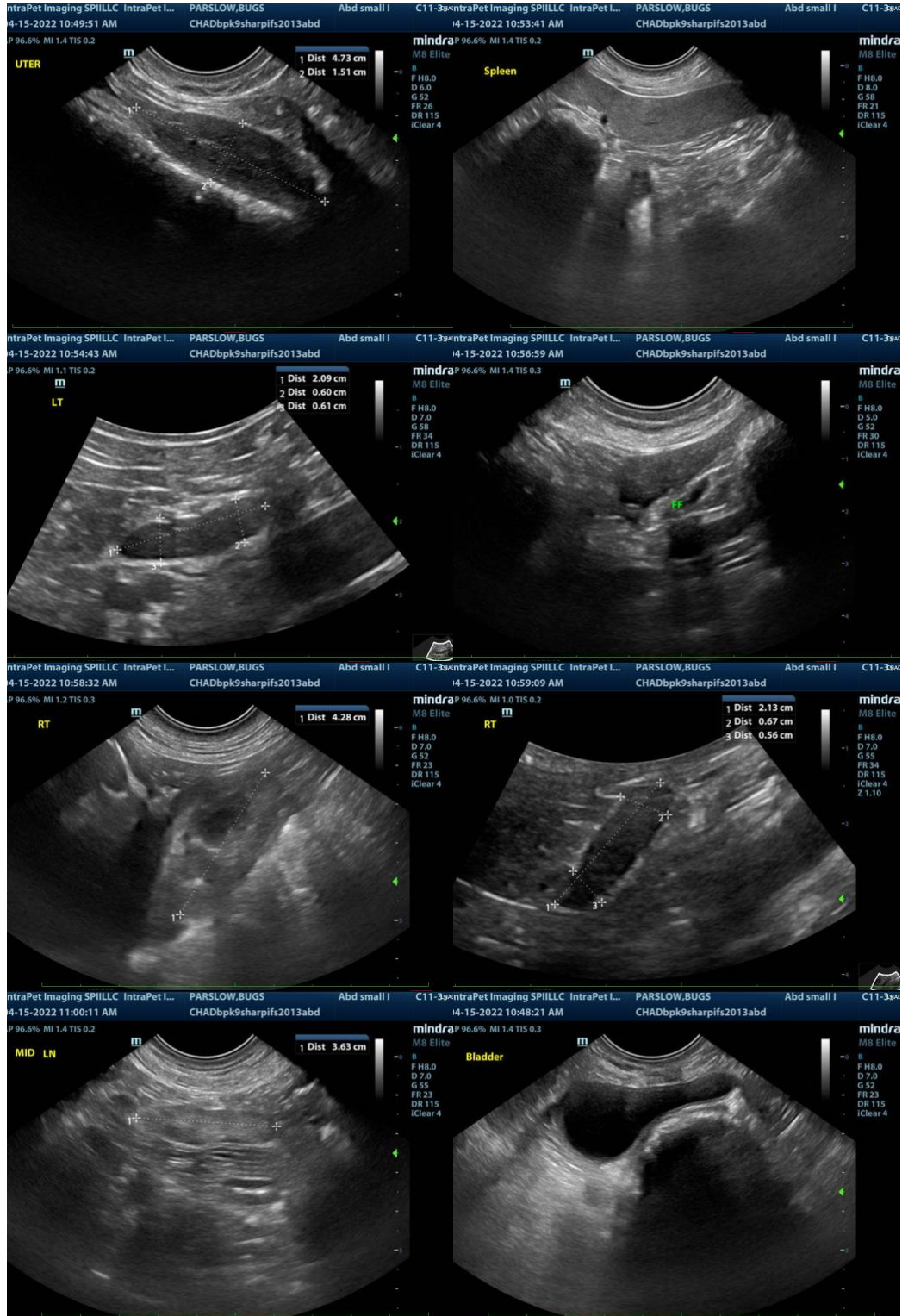
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inspection of the vaginal vestibule warranted in this patient, and/or further surgical resection of the uterine stump could be considered, however, it is perplexing on why the uterine stump is this thickened.

Ultrasound guided FNA of the uterine stump could be considered as well. From a cursory evaluation, no escape in the regional tissues noted, however, the free fluid is concerning. No evidence of residual ovarian tissue noted in the ovarian fossa.

A broad-spectrum antibiotic trial could be considered. Recheck sonogram in 7-10 days.





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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