

PATIENT

Hazel Gerding

SPECIES

Guinea Pig

BREED

Guinea Pig

SEX

Intact Female

AGE

3 Years

WEIGHT

807 g

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Vickstrom

INVOICE NUMBER

21828

DATE

4/3/23

PRESENTING CLINICAL SIGNS

Hazel demonstrated decreased appetite over the weekend, also diarrhea followed by small fecal pellets. On exam, Hazel is quiet and depressed, thin, dehydrated (7 - 8%), hypothermic (96.9 dg F). She has a mass palpable at mid-abdomen, extending distally to the pelvic inlet. This mass is irregular, approximately 4 cm L x 2 cm wide and painful upon manipulation and pressure. Stifle thickness R>L with increased weight bearing evidence on L plantar surface. Plan is for supportive care: thermal, fluid, pain management. jv/ Primary Question/Differential to Be Answered in This Exam Kidney function and if patient is stable enough for emergency surgery. Abnormal PE/Chem/CBC/UA Results: pending

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. A minor amount of debris and anechoic urine were present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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 left kidney measured 2.25 cm. The right kidney measured 2.34 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 1.65 cm x 0.91 cm.

Spleen

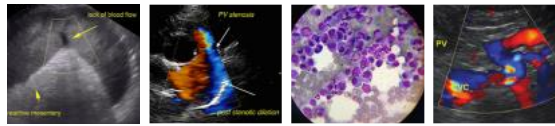
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper



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intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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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.

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Free Abdomen/Other
 A mixed hypoechoic caudal abdominal **mass** was noted in this patient, measuring approximately 4.0 cm x 5.0 cm. This is consistent with radiographic findings. Reactive mesentery was noted around the mass. The mass appears to be attached to the uterus, which the base of the uterus revealed luminal fluid. The left ovary was uniform, measuring 0.81 cm x 0.59 cm. Localized of coalesced free fluid was noted associated with the caudal abdominal mass.

AGE 3 Years

ULTRASONOGRAPHIC FINDINGS

- WEIGHT** 807 g
- Caudal abdominal mass with regional free fluid and reactive omentum- most consistent with uterine based tumor
 - Full stomach
 - Unremarkable abdominal organs otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery with ovariohysterectomy and abdominal lavage with inspection of the omentum. Uterine neoplasia is suspected.

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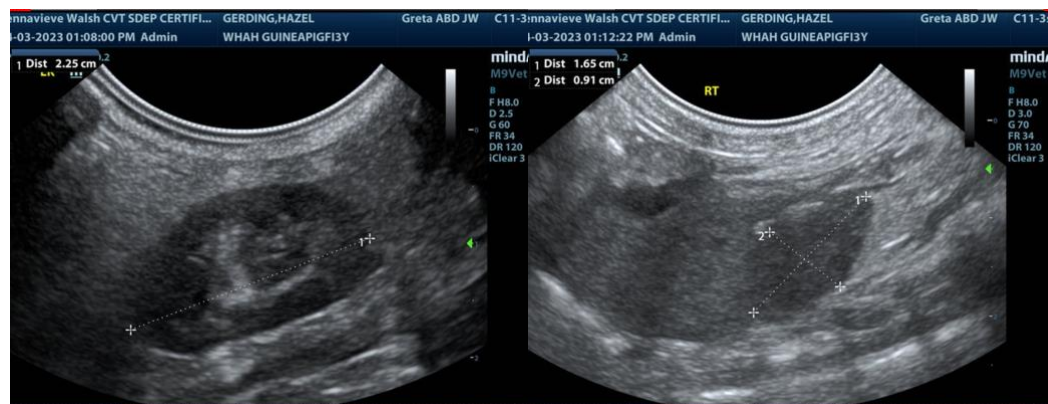
Dr. Vickstrom

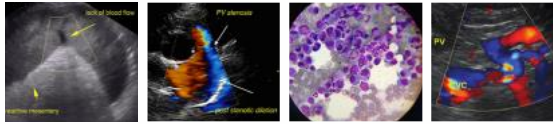
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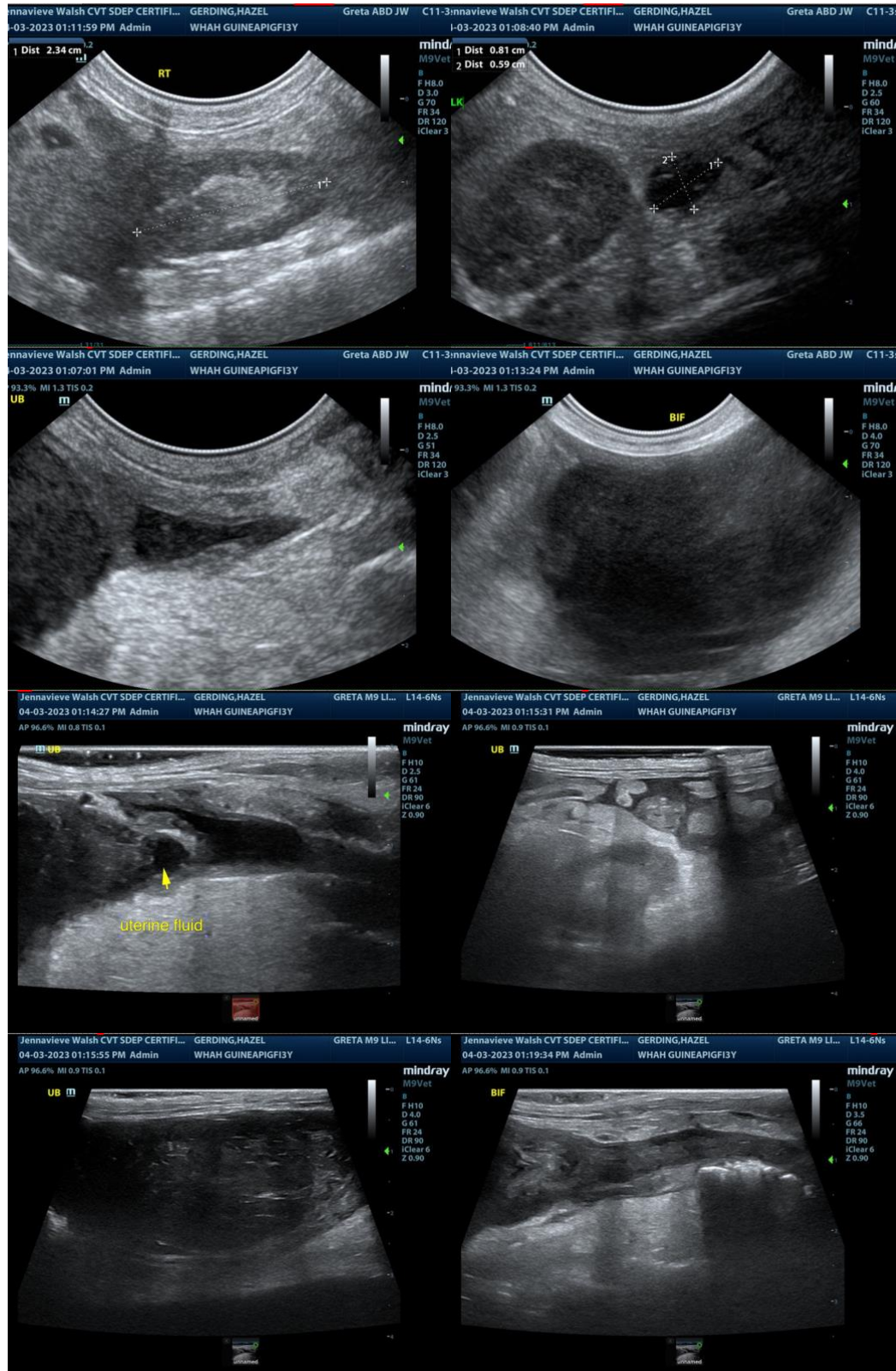
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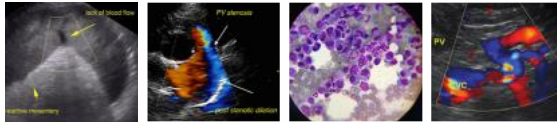
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric.Lindquist@SonoPath.com

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