



PATIENT

Misty Vail

SPECIES

Canine

BREED

Husky Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

30899

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Tense abdomen, acting uncomfortable, possible mid-abdominal mass on radiographs. Sedated with Butorphanol IV. Did eat this morning.

Abnormal PE/Chem/CBC/UA Results: RADS (attached): possible dorsal, mid-abdominal mass. BW (3/4/22): ALP 926 (increased from 324 in 7/2021). Rest WNL. HW4Dx: all NEG Fecal Antigen: all NEG

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 was 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 7.42 cm. The right kidney measured 7.25 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 left adrenal gland measured 0.7 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 0.49 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Pancreas

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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

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Dorsal to the right kidney along the vertebra a hypoechoic, oblong structure was noted. The structure measured 3.16 cm. This is slightly hypoechoic to the surrounding fat. This appears to be too dorsal to be the right adrenal gland and appears to be attached to the vertebra. Deep paralumbar palpation is recommended to assess for any discomfort in this patient.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

Undefined structure adjacent to L2. This may be a lipoma. However, if any discomfort is noted in this region then CT evaluation is recommended.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

When viewing the radiographs the rounded structure just caudal to the last rib on lateral radiograph may represent the same structure sonographically. CT evaluation is recommended.

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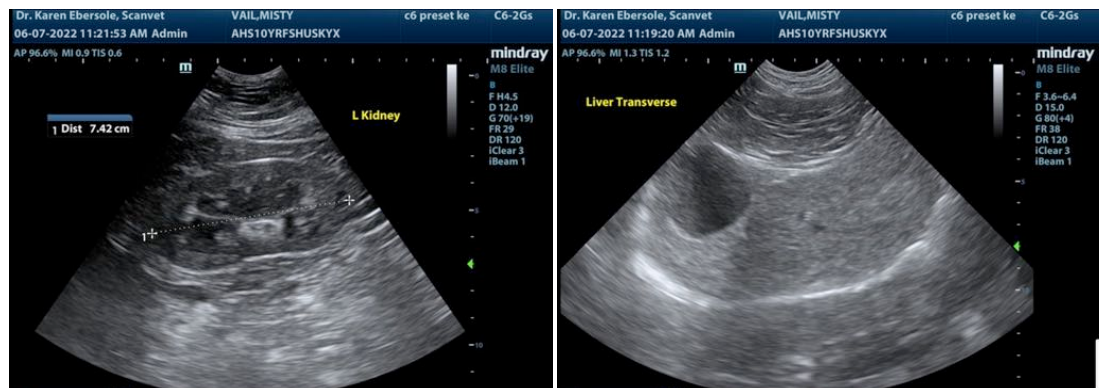
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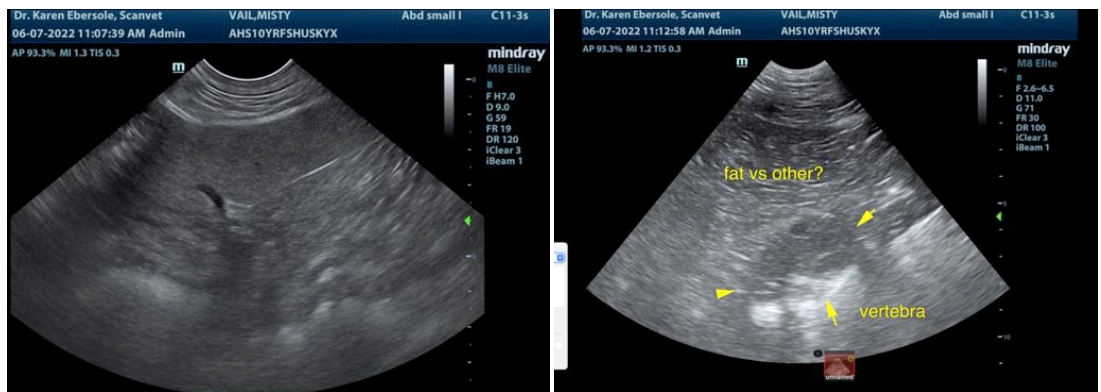
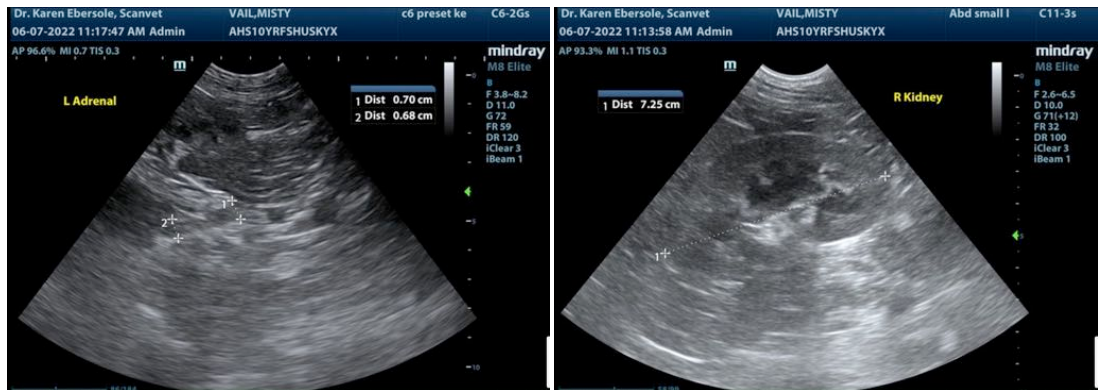
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com