



PATIENT PRESENTING CLINICAL SIGNS

Mussa Rodriguez

History: The patient presented as a referral for an abdominal sonogram. She started losing her appetite about a month ago and slowly throughout the month was having difficulty standing up and walking. Was taken to the closest veterinarian in the area and discovered a masslike shadow on the abdominal radiographs performed. The owner went to her regular veterinarian for a second opinion and confirmed the radiographs taken and was given medications (antibiotics and steroids).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Distended abdomen FNA of masses: Were declined. Laboratories (6/23/23) RBC: 3.95 (5.65-8.87) HEMATOCRIT: 23.5 (37.3-61.7) MCV: 59.5 (61.6-73.5) HEMOGLOBIN: 8.6 (13.1-20.5) WBC: 22.88 (5.05-16.76) NEU: 17.31 (2.95-11.64) PLATATELETS: 39 (148-484) MPV: 21.2 (8.7-13.2) 4DX: Negative

BREED

Boxer

SEX

Spayed female

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. Sand accumulation was noted in the bladder. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

10 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 6.5 cm. The left kidney measured 6.4 cm.

WEIGHT

54 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.32 x 0.52 cm. The left adrenal gland measured 3.12 x 0.6 cm.

IMAGING PERFORMED BY

Dr. Ferrer

Spleen

HOSPITAL NAME

Paseos VC

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 was noted.

REFERRING VET

Dr. Hernandez

Liver

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The **liver** revealed multiple, target nodules. This is strongly suggestive for metastatic disease with an overt 4.4 cm cavitated mass. The gallbladder was deviated caudally with thin walls and 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.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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

A mixed, hypoechoic, undifferentiated 8.0 cm mass was noted in the caudal abdomen cranial to the urinary bladder. The bladder itself was unremarkable.

Free fluid was noted in the free abdomen.

ULTRASONOGRAPHIC FINDINGS

Caudal abdominal mass with metastatic pattern to the liver.

Age related renal changes with mineralization.

Para-neoplastic effusion.

Bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing sand or calculi periodically. FNA of the primary caudal abdominal mass and liver is recommended. The caudal abdominal mass is likely lymph node in origin.



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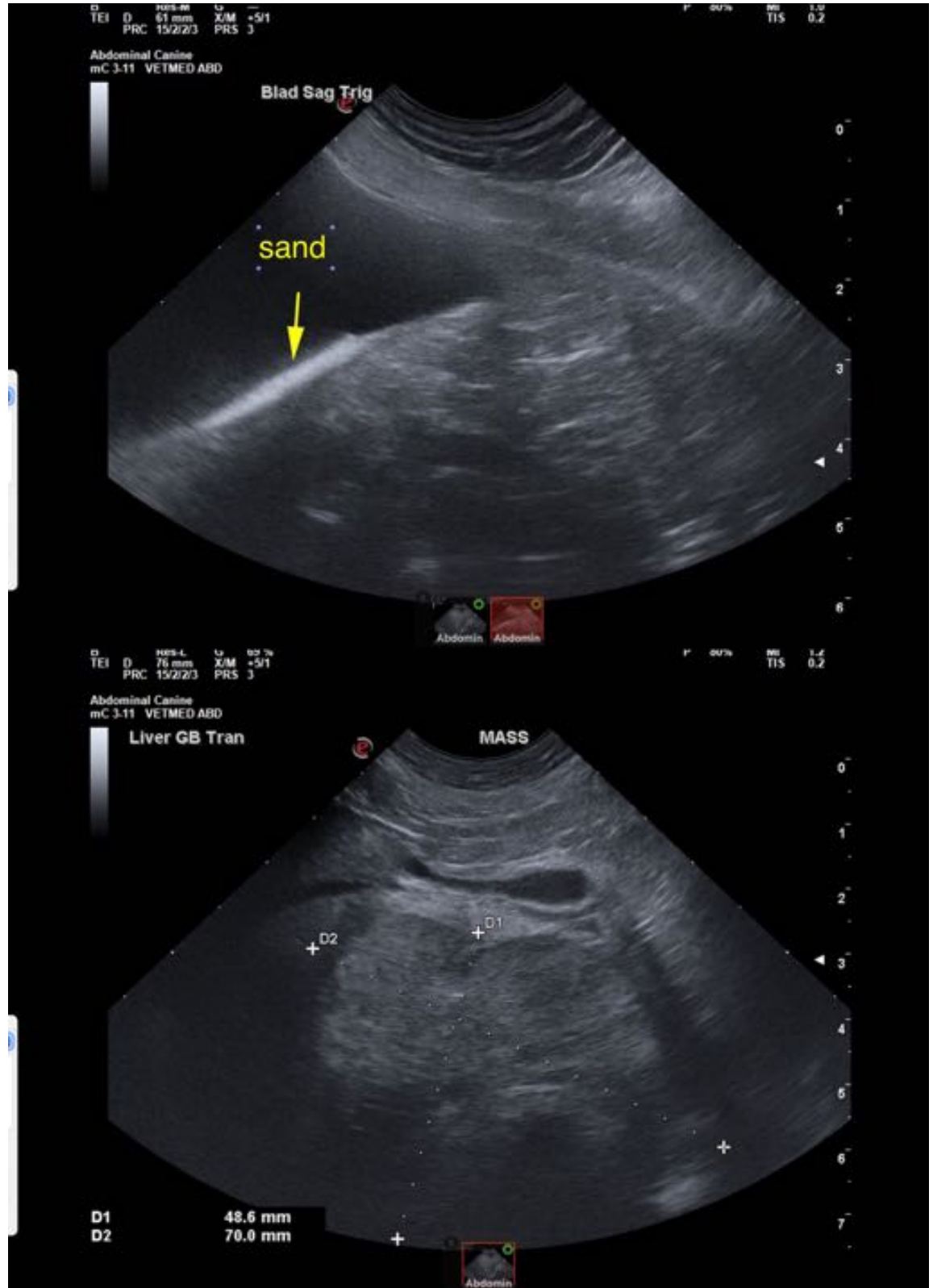
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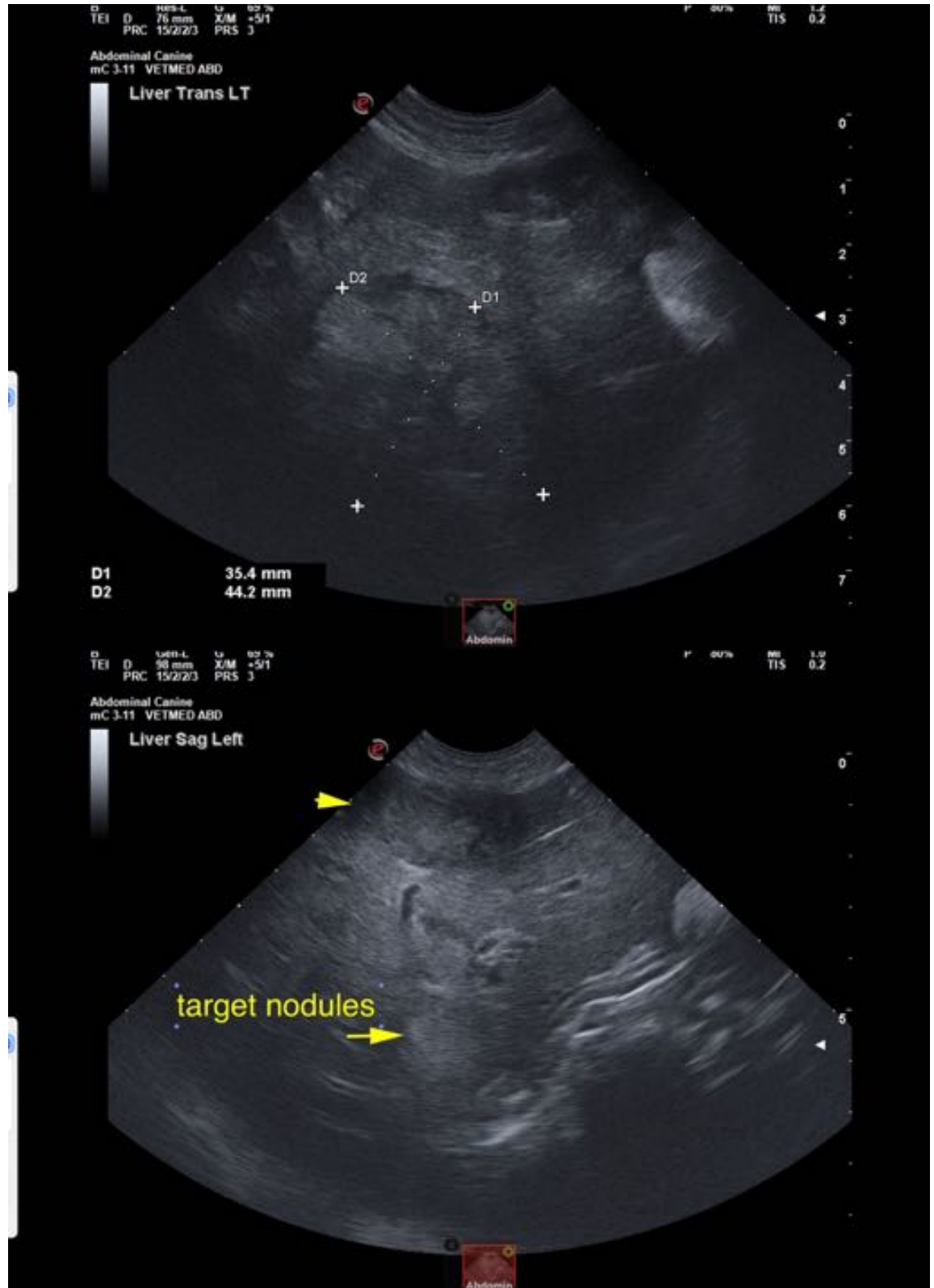
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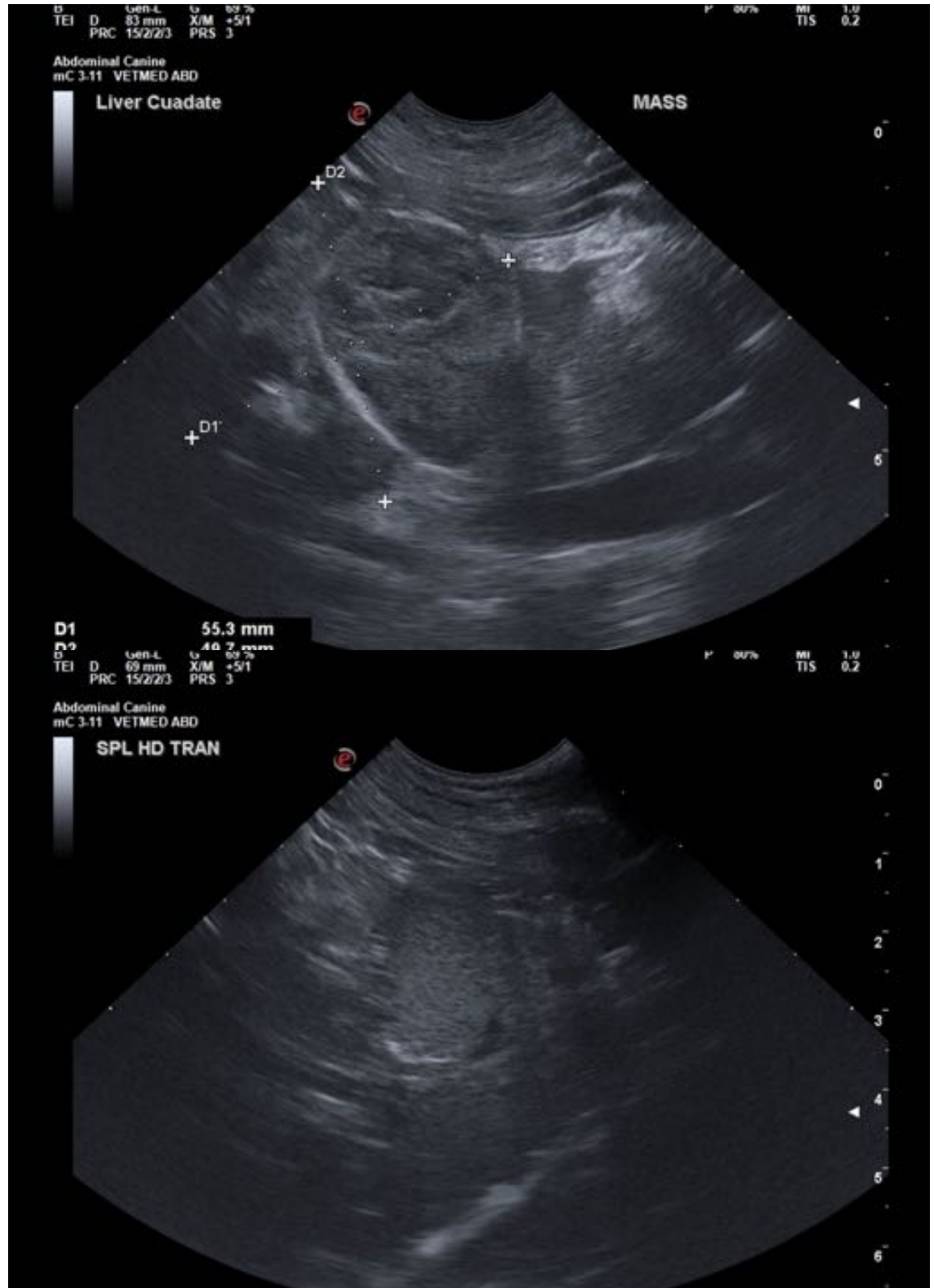
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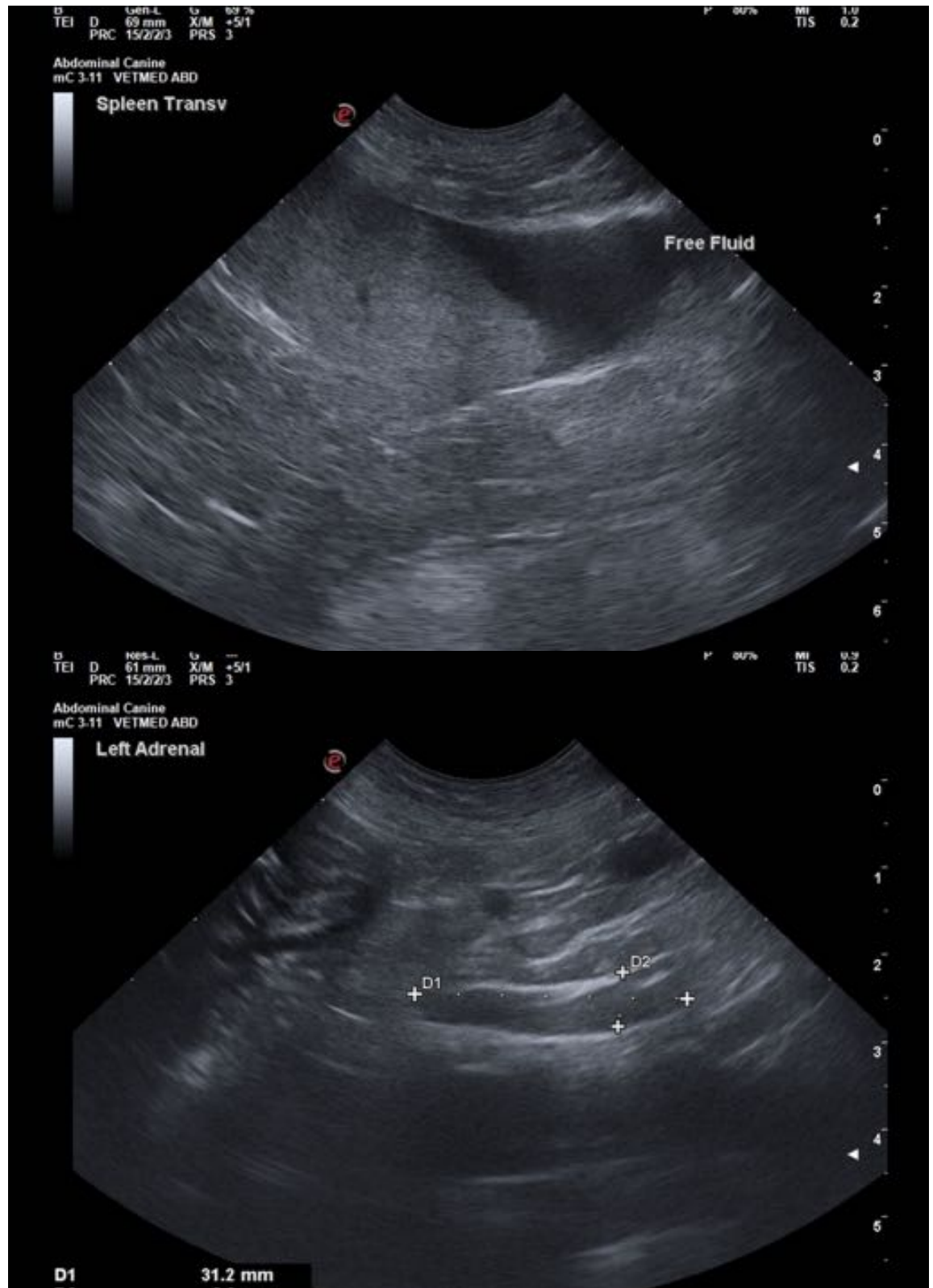
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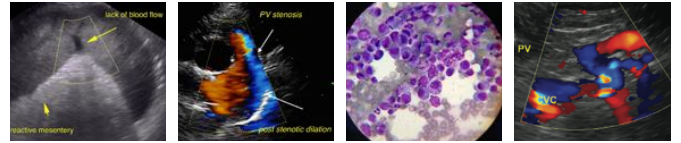
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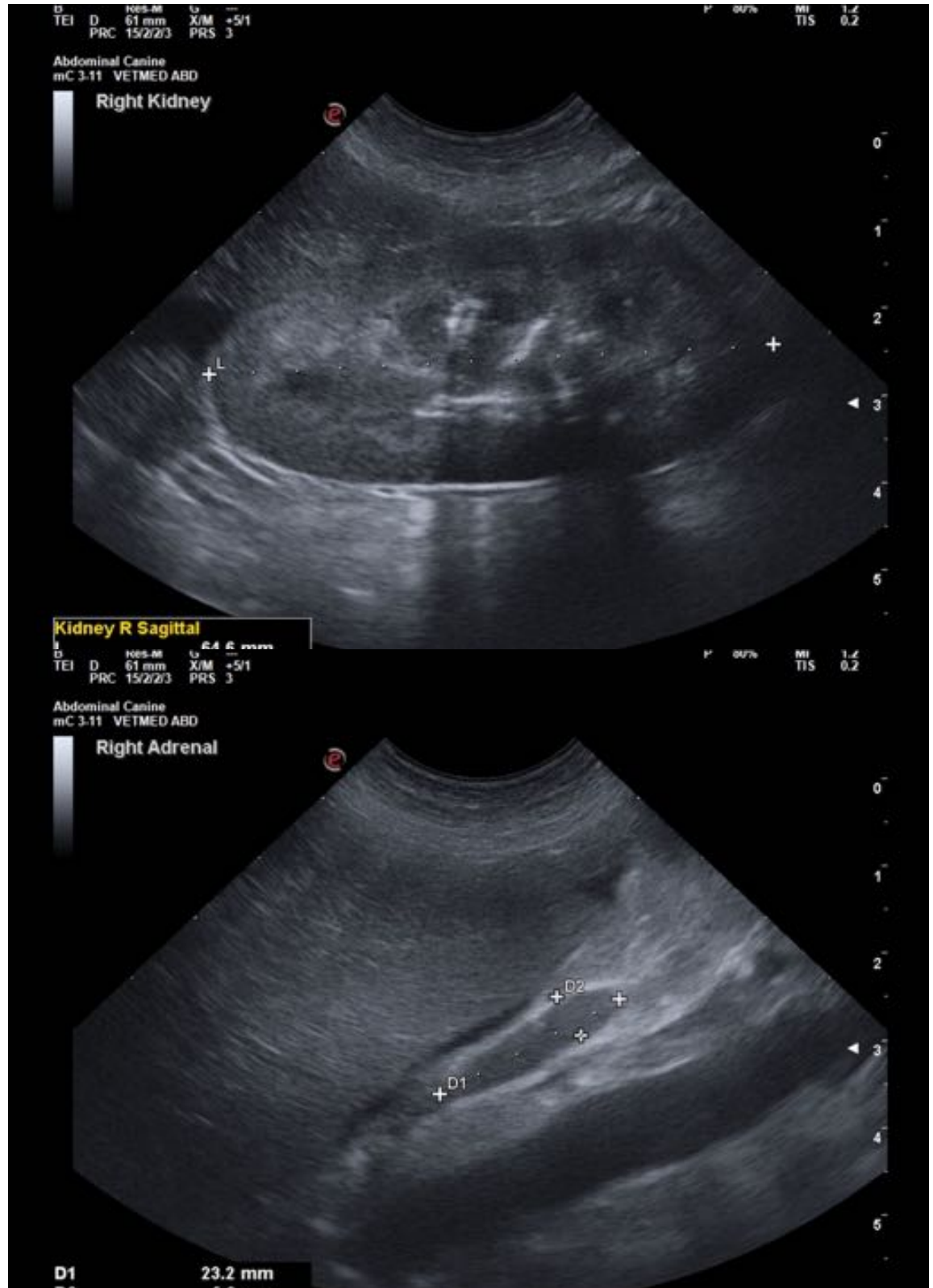
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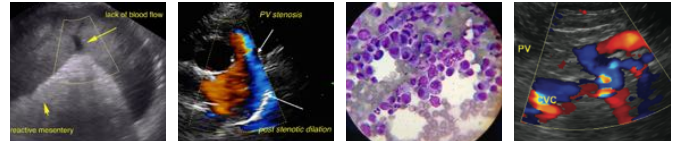
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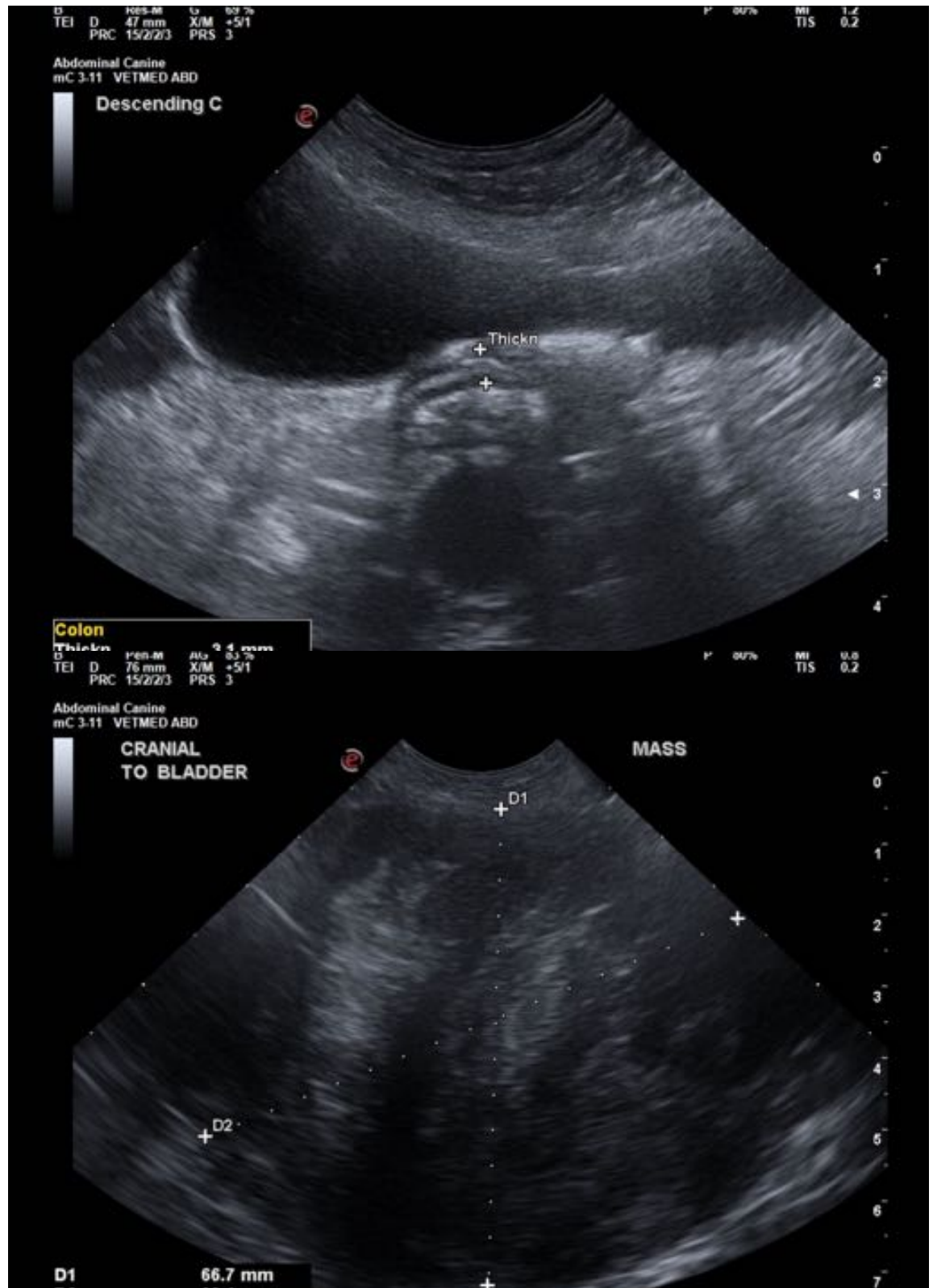
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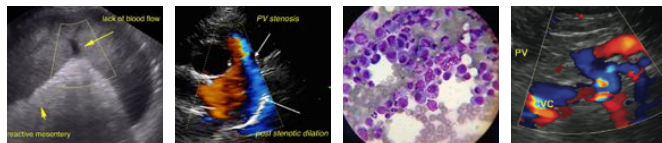
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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