

**DATE**

8-24-21

PRESENTING CLINICAL SIGNS

History: Complaint - lethargy, decreased appetite, diarrhea. PE - unremarkable, weight loss.
Current Medications: Metronidazole 250 mg twice daily since 8/20/21.
Clprofloxacin 500 mg once daily since 8/21/2021.

PATIENT

Viny Snow

Lab Results: Elevated ALP 470 (normal 5/131), elevated WBC 18.1 (normal 4-15.5).
Radiographs: Abdominal radiograph - possible soft tissue mass in cranial abdomen. Chest radiograph - 1-2 end on end bronchioles in hilar region.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous
Sedation: Not needed.
Stat Report: Not requested.

BREED

Labrador Mi

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.

SEX

Neutered male

The residual prostate was mildly heterogenous and slightly enlarged measuring 1.55 cm.

AGE

2013

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.89 cm. The left kidney measured 5.95 cm.

WEIGHT

37 lbs

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 2.62 x 0.89 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 2.3 x 0.49 cm at the caudal pole and 0.42 cm at the cranial pole.

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

Honeygo AH

Spleen

The **spleen** revealed a hypoechoic 0.93 cm nodule at the mid body. Other splenic nodules were noted as well.

REFERRING VET

Dr. Weichert

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 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.

INVOICE

91473

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. The colon revealed largely soft stool with some shadowing material.

Pancreas

The visible **pancreas** was unremarkable. However, the lipomatous type mass may be involving portions of the pancreas.

Free Abdomen

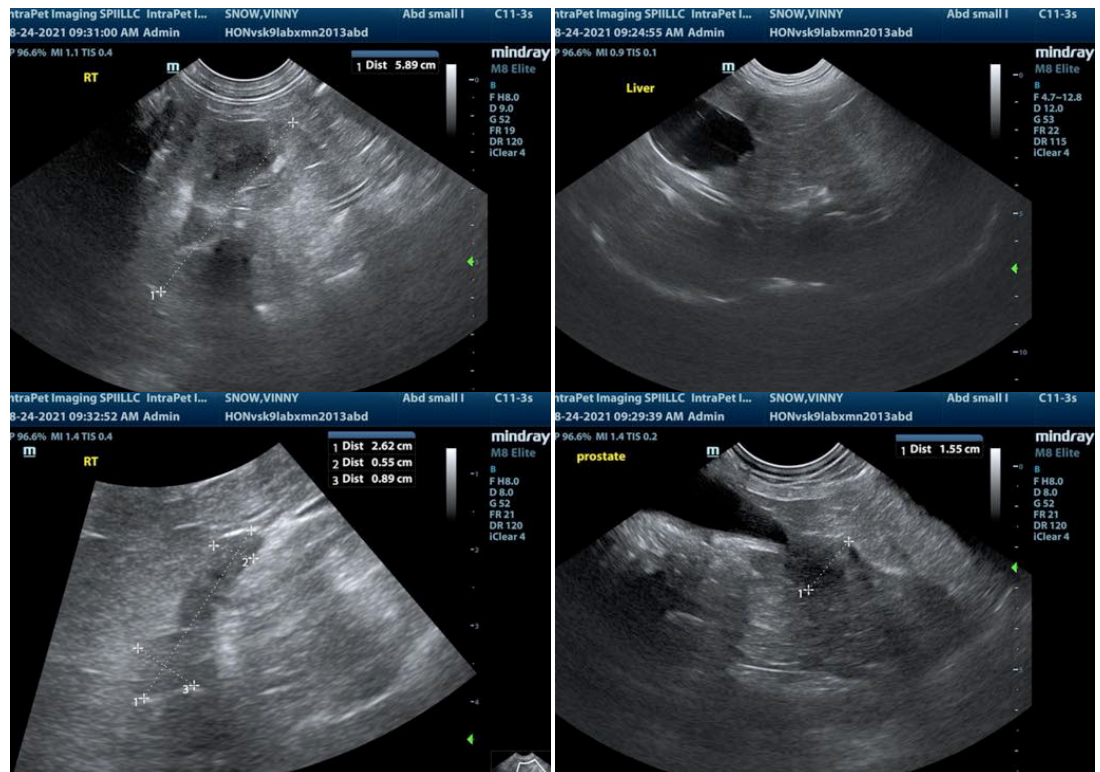
The mid cranial abdomen in this patient revealing a 5.0+ cm regionally inflamed and disorganized, lipomatous type mass or omental abscess. An infarcted lipoma is possible. The margins were ill-defined, yet this appears resectable and isolated.

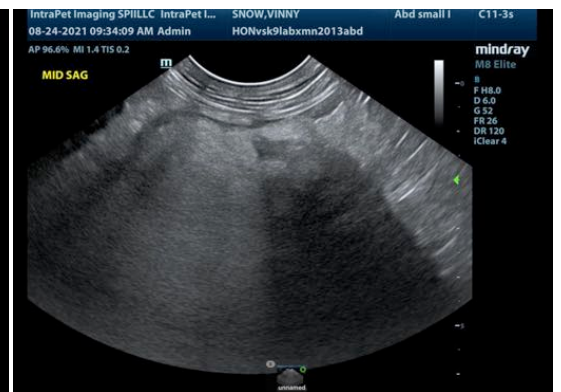
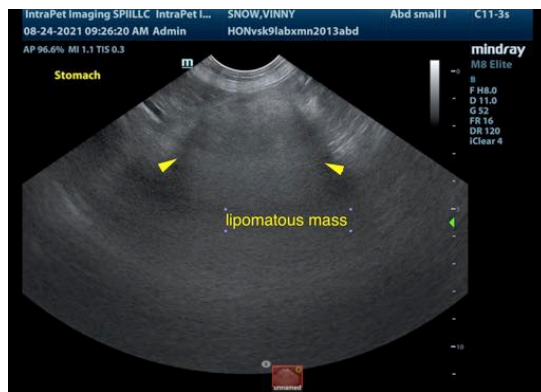
ULTRASONOGRAPHIC FINDINGS

Cranial abdominal lipomatous type mass. Most consistent with an infarcted lipoma or omental abscess. Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact association of the mass could not be completely ascertained given the nebulous aspects of the mass, but it appears potentially resectable. I recommend three view chest radiographs and exploratory surgery with mass resection and inspection of the spleen as to whether it should be removed as well given the splenic nodule. The mass may be deriving directly from the left pancreatic limb, which could be removed. The mass appeared to have a granulation bed, yet presents significantly disorganized architecture within the center of the mass.







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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