

**DATE PRESENTING CLINICAL SIGNS**

9/30/22 Developed a Mammary tumor. Mildly but persistently elevated amylase and Precision PSL.

PATIENT

Daisy He Current Medications: None.
 Lab Results: amylase 1544 (290-1125), PSL 763 (24-140) other chemistry, hematology, thyroid normal. urine (collected off the floor) pH 7.5, USG 1.012, protein, blood, WBC TNTC, 1+ rod bacteria, 1+ cocci
 Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Welsh Corgi

Urinary System

The **urinary bladder** revealed multiple calculi, the largest of which measured 1.5 cm.

SEX

Intact Female

The **right kidney** measured 6.07 cm. Pelvic calculi were noted. The right kidney was significantly inflamed owing to the pelvic calculi and concurrent acute on chronic nephritis.

AGE

1/24/14

The **left kidney** revealed 3.9 cm of pelvic calculus. Corticomedullary definition was poor. Increased cortical echogenicity noted, consistent with remodeling. The left kidney measured 3.57 cm.

Adrenal Glands**WEIGHT**

30.1 Pounds

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 2.1 cm x 0.52 cm at the caudal pole and 0.45 cm at the cranial pole. The left adrenal gland measured 2.1 cm x 0.65 cm at the caudal pole and 0.57 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Stephanie Warga
 RDCS, RVT

HOSPITAL NAME

Friendly Paws VC

Liver

The **liver** revealed diffusely hyperechoic parenchyma and subnormal hepatic size. The gallbladder and common bile duct were unremarkable. The liver appeared subjectively hypovascular.

REFERRING VET

Dr. Price

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.

INVOICE

17512

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.

Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Other

The right **ovary** was uniform, measuring 1.1 cm. The uterus was slightly thickened, measuring 1.22 cm.

Mixed hypoechoic expansive 3.7 cm encapsulated left ovarian **mass** was noted caudal to the left kidney.

Free Abdomen

The mesenteric **lymph nodes** were enlarged and reactive, an example measured 2.0 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

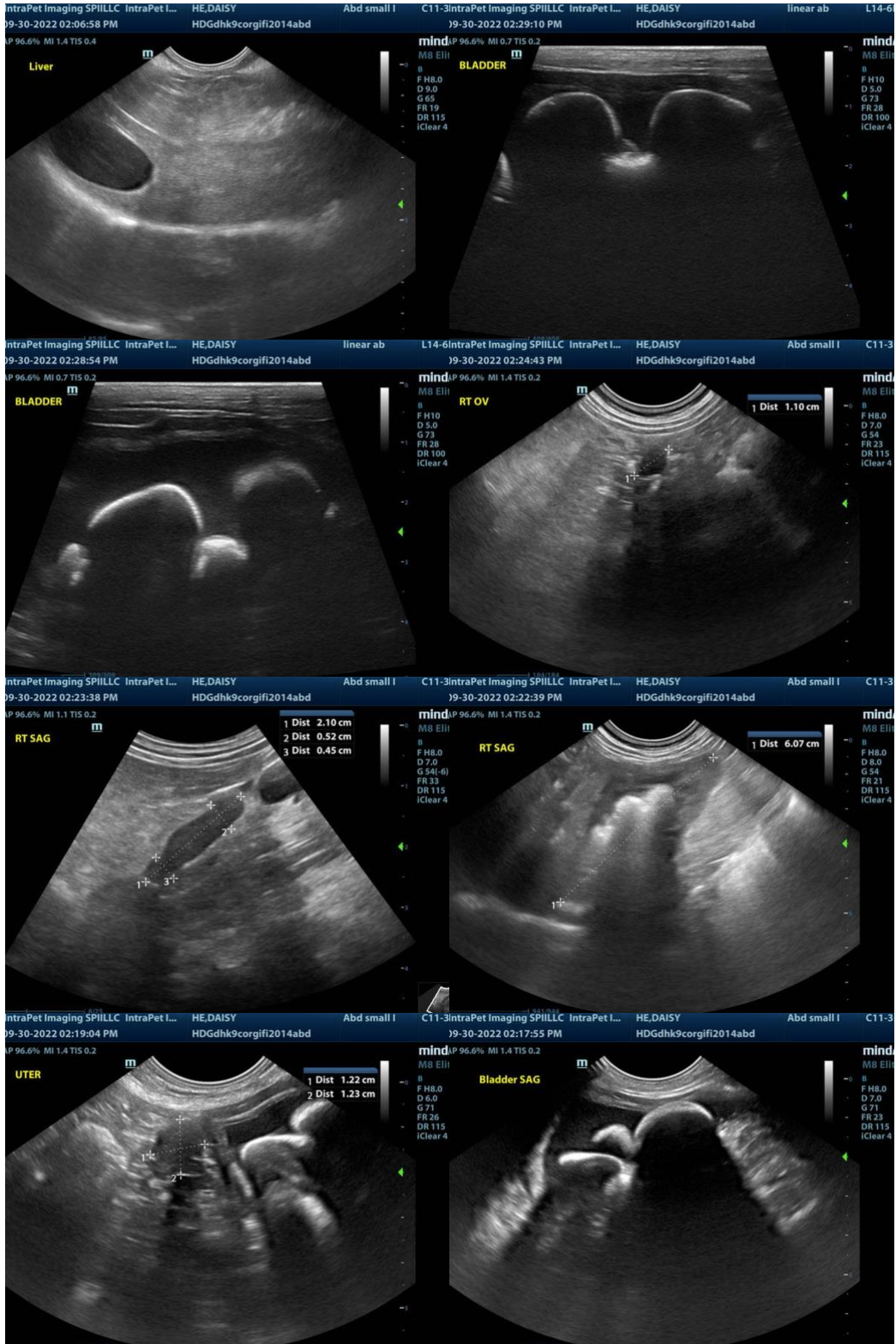
- Urinary bladder calculi
- Severe nephrolithiasis
- Left ovarian mass, suspect carcinoma or granulosa cell tumor, appears resectable with ovariectomy
- Microhepatica and moderate hepatic remodeling
- Enlarged reactive mesenteric lymph nodes
- Age-related pancreatic changes

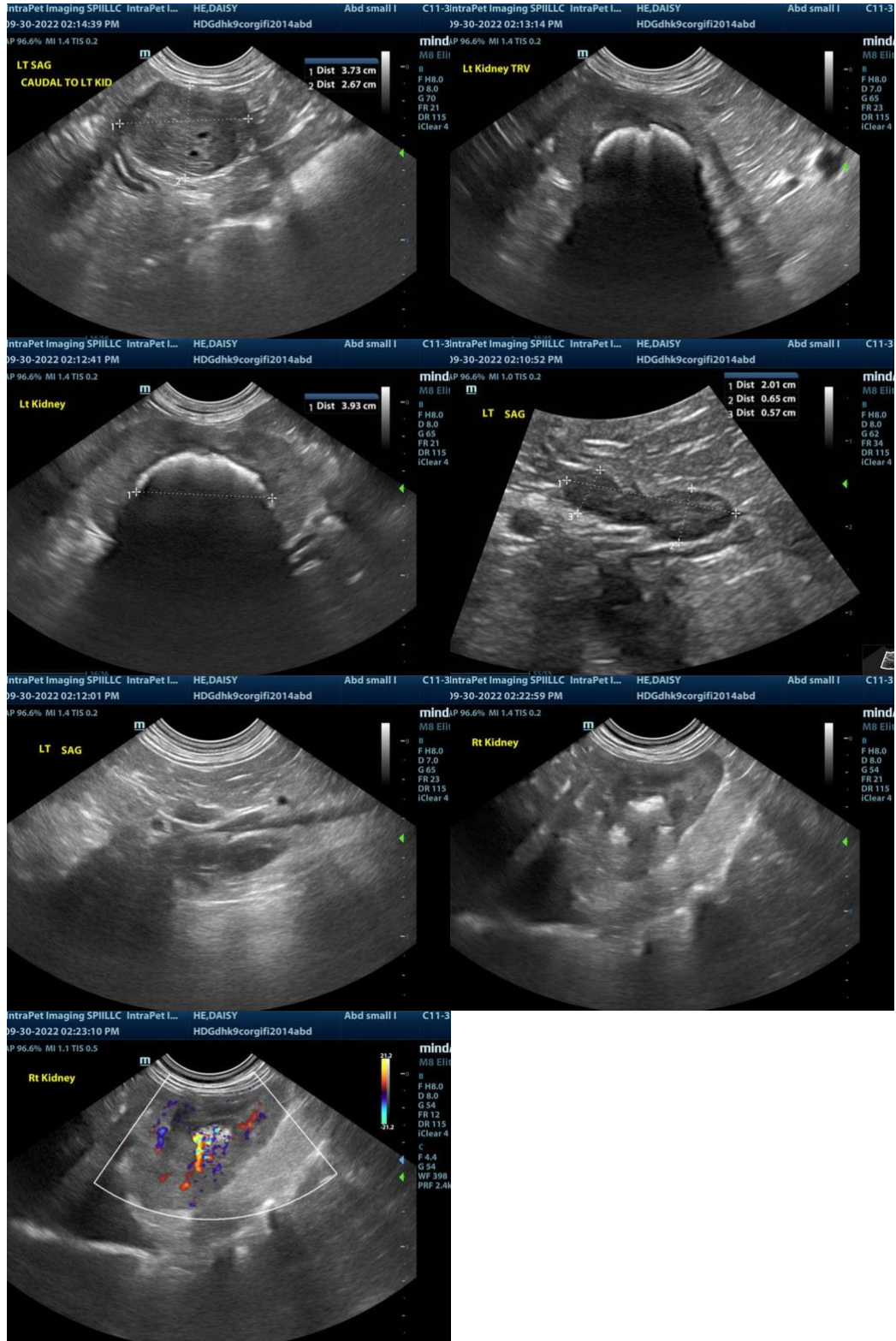
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariectomy and cystotomy warranted. Bile acid profile is warranted. Microvascular dysplasia or nonvisible portosystemic shunting may be playing a role with the nephrolithiasis/urolithiasis. Liver biopsy is warranted if surgery is to be performed. Could not definitively rule out portosystemic shunting in this patient. The utility of bilateral nephrotomy to remove the pelvic calculi could be considered, however, may be excessively traumatic to the remaining renal parenchyma.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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.

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