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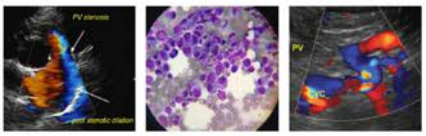
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Milly Stewart-LaViolette 42968

SPECIES

Canine

BREED

Pekingese X

SEX

Spayed Female

AGE

7 Years 4 Months

WEIGHT

7.4 kg

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Specialists – Dr. Klein

INVOICE

45354

DATE

2/17/23

PRESENTING CLINICAL SIGNS

Milly presented to the MVS Emergency Service on Feb 17, 2023, at 7:30p, for evaluation of painful abdomen. Milly presents with abdominal pain. Starting two days ago Milly had started having a hard abdomen and whimpering while moving. After a few walks outside she seemed to be comfortable. Today Milly became more painful, and abdomen became hard again. She did not have interest in food this morning. No vomiting or diarrhea. Milly does have mass inside her uterus vault.

Abnormal PE/Chem/CBC/UA Results: Integument: Multifocal dermal mass effects ranging in size from 1x1x1mm to 3x3x3mm; small spheroid 3x3x3mm mass effect noted at the right dorsal fornix of the vulva Thorax: Grade IV/VI left sided heart murmur; lungs clear and eupneic Abdomen: Soft, mildly painful, no palpable masses Global FAST Scan: Abdomen: Fluid score of 0/4 -Diaphragmaticohepatic: no abdominal effusion -Splenorenal: no abdominal effusion -Cystocolic: no abdominal effusion - approximately 4cm long by 2-3cm wide cavitated structure noted just ventral to the bladder spanning from mid abdomen to pelvis -Hepatorenal: no abdominal effusion CBC: WNL, Chemistry not performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is somewhat small in size, shape and architecture with smooth peripheral margins and measures 3.97 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. The area of the kidney corresponding to the outer medulla is hyperechoic, which can be considered normal, particularly in small dogs.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.38 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. The area of the kidney corresponding to the outer medulla is hyperechoic, which can be considered normal, particularly in small dogs.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm cranial pole, 0.59 cm caudal pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.51 cm thick). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory,

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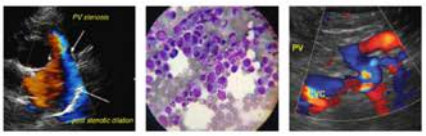

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infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is distended. The wall is a normal thickness and smooth. Luminal contents are primarily anechoic. There was a small amount of suspended echogenic debris noted. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.24 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness (duodenum 0.44 cm, jejunum 0.29 cm). The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal (0.19 cm). There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. One prominent mesenteric lymph node was noted, measuring 0.26 cm thick x 1.19 cm in length. The lymph node was mildly hypoechoic. The omentum is of normal uniform echogenicity.

There is a large mass in the area of the uterus, measuring 3.58 cm x 4.72 cm overall in transverse view, and measuring at least 9.24 cm in length before the mass could no longer be seen in the pelvic canal. Given the spayed status of the patient, this is suspected to be arising from the uterine stump. The mass is well defined, tubular in shape, and is overall hypoechoic, but largely heterogeneous with some anechoic areas that look almost cystic. There is blood flow to the mass confirmed on power doppler.

PRIMARY FINDINGS

- Uterine mass – rule out leiomyoma versus leiomyosarcoma

SECONDARY FINDINGS

- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass of the uterus that is difficult to measure in its entirety, given it passes through the pelvic canal. The appearance of the mass would be consistent with either a leiomyoma or a leiomyosarcoma, and biopsy is needed to differentiate. Other tumor types such as carcinoma or other sarcoma would be considerations as well but considered less likely. There is no evidence on this

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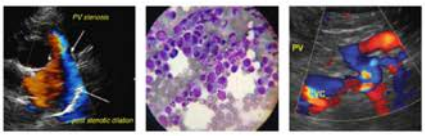

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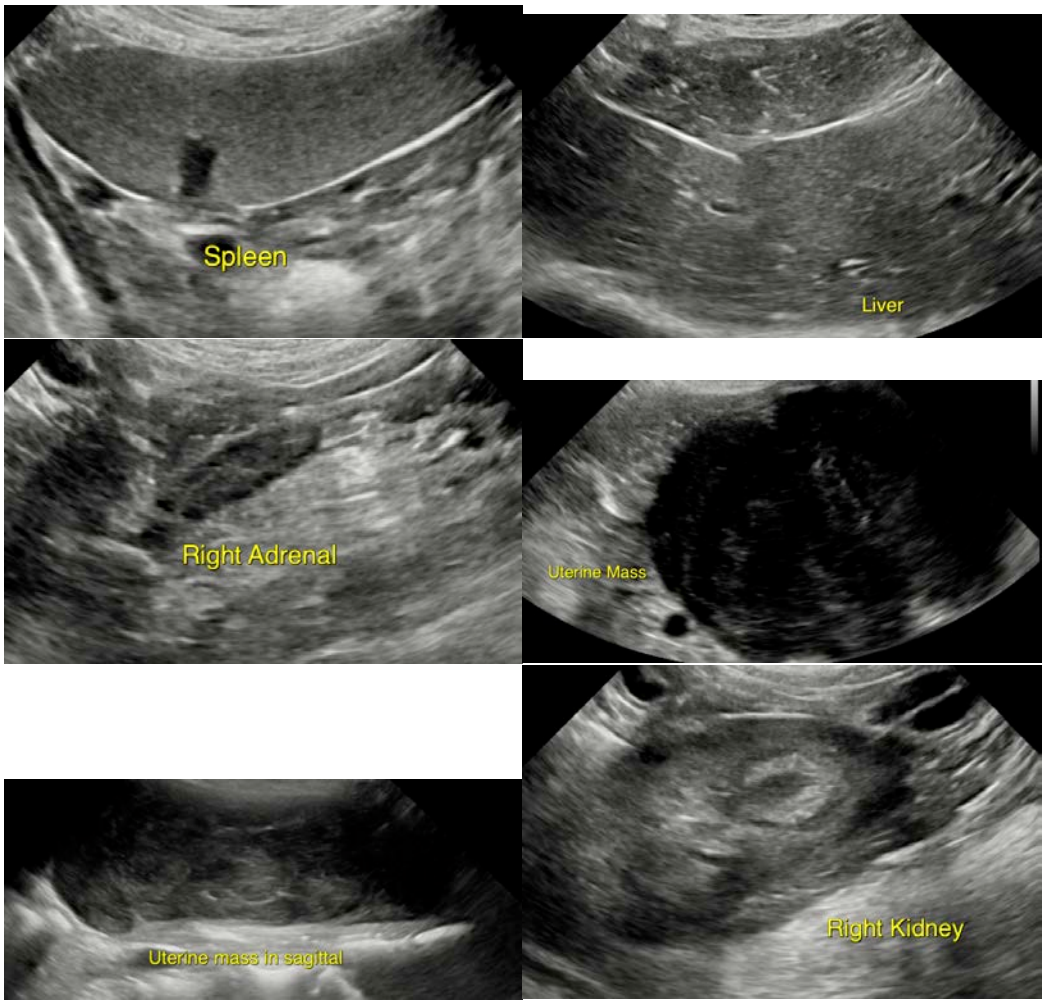
sonographic examination of metastatic disease. The only enlarged lymph node was a mesenteric lymph node and it was relatively small and most likely reactive. Further staging (e.g., chest radiographs) and consultation with a surgeon is recommended. Also monitor for signs of urinary obstruction and constipation.



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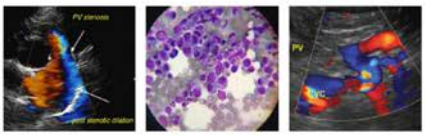

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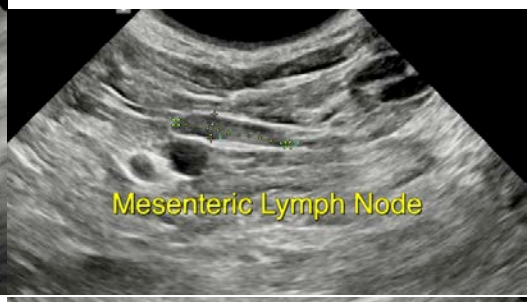

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)

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