

**DATE PRESENTING CLINICAL SIGNS**

10/20/22 Presented for tooth abscess- has grade 3 heart murmur- cranial abdominal opacity seen on x-ray.

PATIENT Current Medications: On Clindamycin 150mg BID since 10/16 & Enalapril 5mg BID since 10/18.
Date of Previous IntraPet Ultrasound: No previous.

Frank Milson Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Doxi

SEX

The prostate is normal in size (1.03 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

Neutered Male

AGE

The left kidney has a normal shape and size (5.56 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

12/1/11

WEIGHT

The right kidney has a normal shape and size (5.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

29 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.80 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

The right adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Andi Parkinson RDMS

HOSPITAL NAME**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Honeygo AH

REFERRING VET**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.=

Dr. Wright

INVOICE

42234

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

There is a large, well demarcated (almost appears encapsulated) mixed echogenicity mass effect visualized ventral to the liver. This lesion is somewhat fluid filled and has hyperechoic material within it, measuring 6.57 cm x 4.82 cm. This is associated with surrounding fat, and it is associated with an external mass effect on the thorax in this area. It is difficult to discern if this lesion is entirely within the abdomen or if it is partially within the thorax as well. This could be consistent with an infiltrative lipoma and a necrotic area, or could be a differential type of primary mass lesion, abscess, etc.

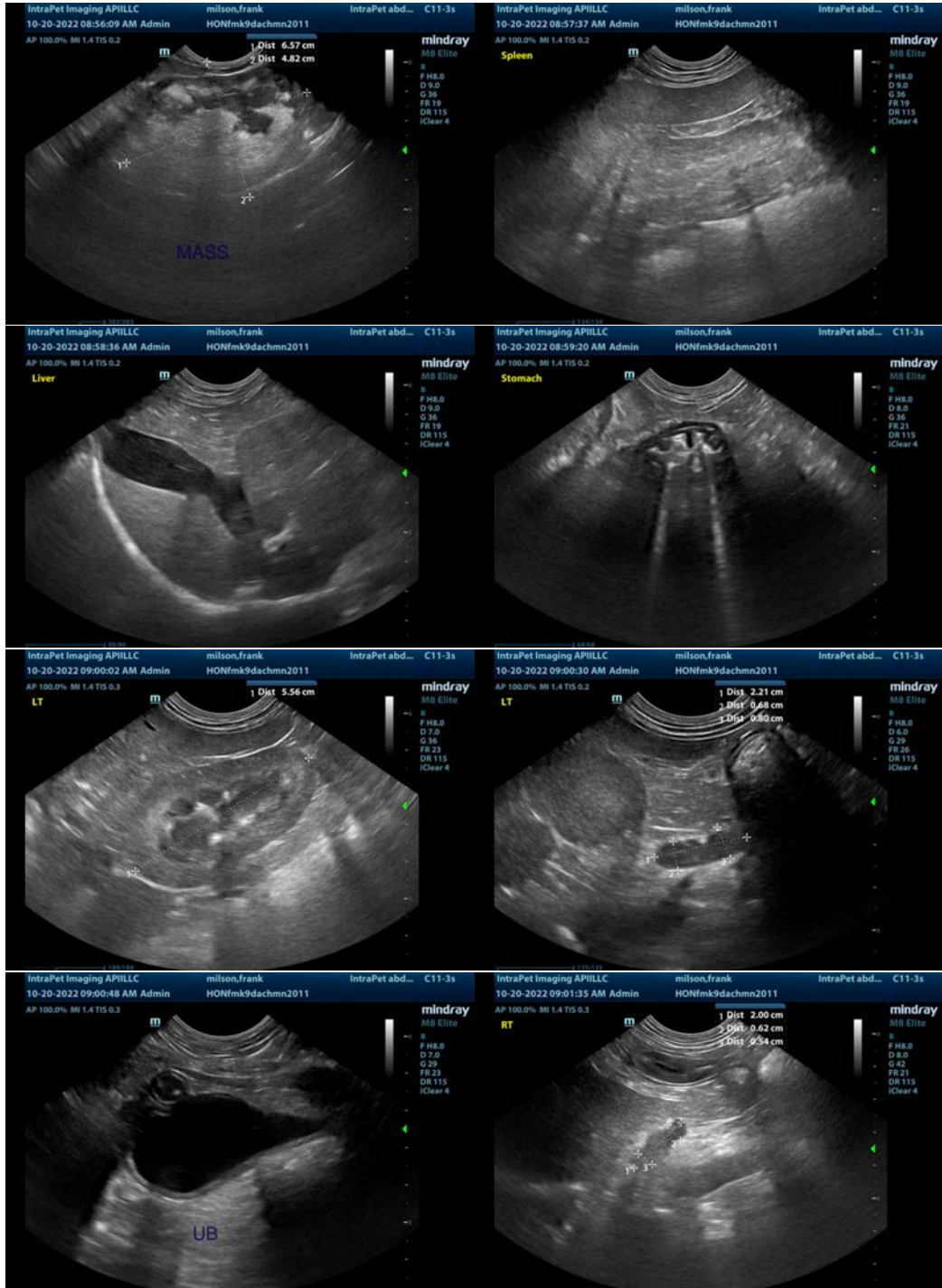
ULTRASONOGRAPHIC FINDINGS

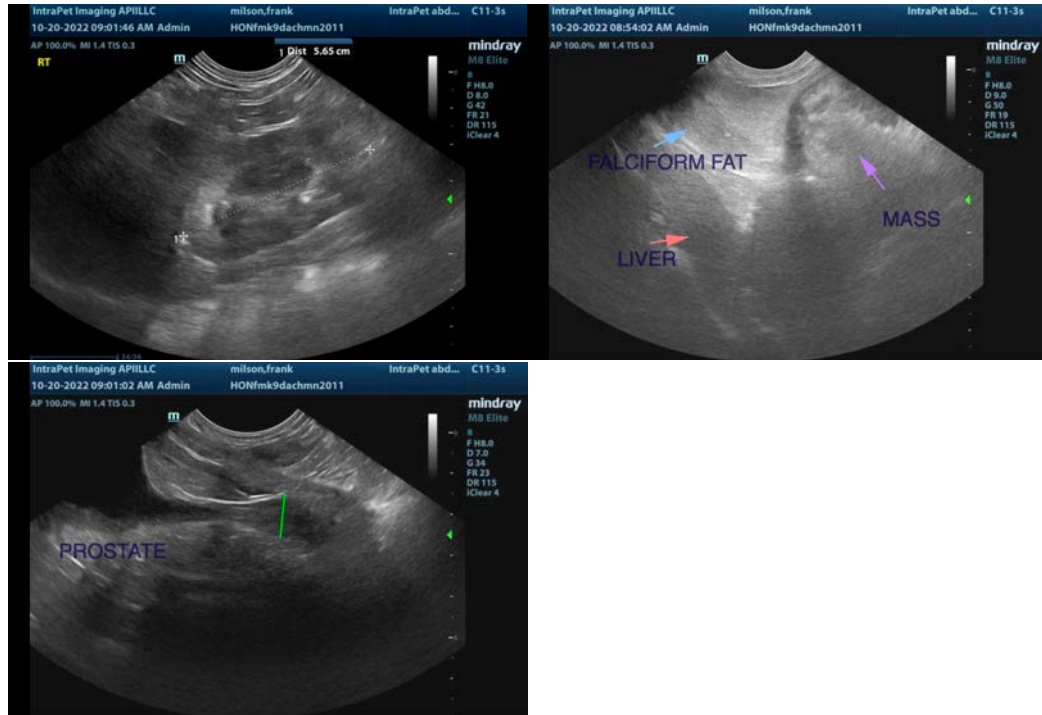
- Large, mixed echogenicity/fluid filled mass effect ventral to the liver – This mass lesion appears somewhat associated with subcutaneous fat, and its exact location is difficult to determine (intraabdominal or extraabdominal).
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, well encapsulated, mixed echogenicity/fluid filled mass effect visualized ventral to the liver. There is a large subcutaneous mass effect in this area as well. There is some concern that these two mass lesions are associated with each other, and it is difficult to discern where this mass lesion is. This could represent a necrotic focus of fat, an abscess, a different primary mass lesion, etc. A contrast CT scan would likely be necessary to beset plan for surgical removal, and referral to a veterinary surgeon is recommended. A fine needle aspirate of the mass lesion +/- culture is recommended (I believe this has already been done).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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