

**DATE**

10/21/22

PRESENTING CLINICAL SIGNS

History: Owner concerned about blastomycosis. Blasto Antigen test was negative.

PATIENT

Milli Vanilli Pittman

Current Medications: Proin ER 75mg SID.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Poodle

SEX

Spayed Female

AGE

7/5/10

WEIGHT

57.8 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.76 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.26 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.9 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.

The right adrenal gland is normal in size measuring 0.67 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.

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.

Liver

The liver is subjectively large in size, and echogenicity with rounded peripheral margins. The parenchyma is heterogenous in echotexture with numerous indistinct hypoechoic, ill-defined nodules varying in size from .25-1.0cm. The visible portions of the vasculature and biliary tract appear normal. No large focal lesions are observed.

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Lynch

INVOICE

17849

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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is no free fluid or lymphadenopathy. The omentum is hyperechoic in the caudal abdomen around the mass effect.

Other

There is a large mixed echogenicity, partially fluid filled mass effect in the caudal abdomen, cranial to the urinary bladder. This lesion measures 9.96 cm x 8.41 cm. No obvious attachment to other structures is visualized. There is no significant vascular uptake with power doppler.

ULTRASONOGRAPHIC FINDINGS

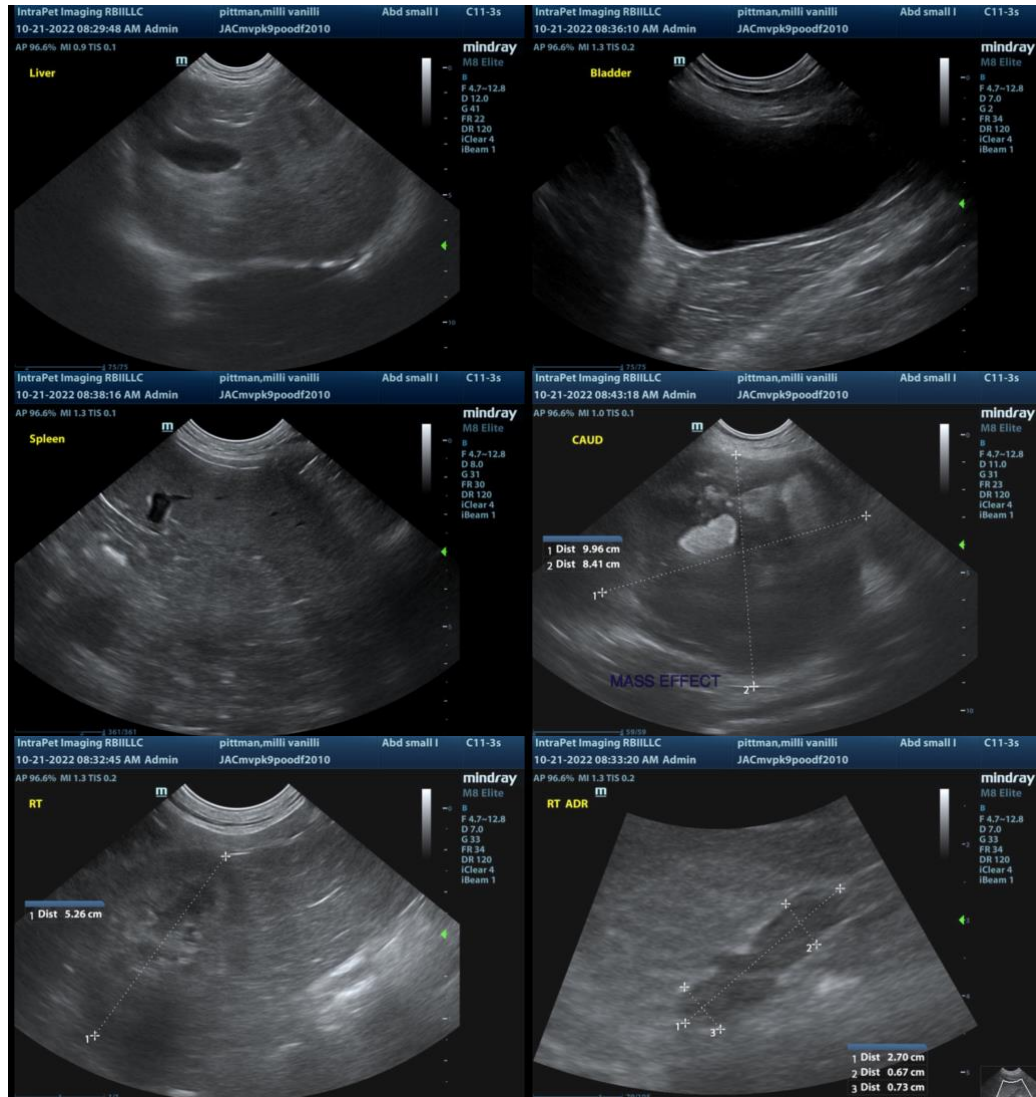
- Prominent mottled pancreas- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Large heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. If there are no liver enzyme elevations, the significance of this is questionable.
- Large hypoechoic. Mixed echogenicity and partially fluid filled mass effect in the caudal abdomen cranial to the urinary bladder. Differentials include a cavitated mass effect, abscess, hematoma or other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hypoechoic partially fluid filled mass effect in the caudal abdomen cranial to the urinary bladder. This lesion does not appear significantly vascular based on power doppler evaluation. Consider such differentials as a cavitated mass effect, an abscess, or even a hematoma (secondary to cystocentesis, etc. ???). Correlate with the history. Consider a fine needle aspirate with a fine gauge needle if coagulation parameters are normal or preferably even a contrast CT scan prior to sampling due to the possible fluid filled nature of this lesion.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

The changes observed in the pancreas are relatively minor and likely most consistent with either very mild inflammation or previous episode of inflammation. If there are liver enzyme elevations, consider a liver function test and a fine needle aspirate of the liver.





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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