

PATIENT PRESENTING CLINICAL SIGNS

Eevee Boga
SPECIES
Canine
Patient has chronic history of hemorrhagic vulvar d/c over approx. last month, did taper off and restarted over weekend. P was spayed 9 years ago per O's with no vulvar/vaginal discharge prior to 1 month ago. No purulent material noted. Brief U/S showed no evidence of pyometra or free abdominal fluid. Sterile digital vaginal exam NSF from what I could feel, however due to smaller P size unable to palpate along cranial aspect of canal. Meds: Clavamox and Rimadyl

BREED

Sheltie Mix

SEX

Spayed Female

AGE

01/29/2013

WEIGHT

12kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills Animal
Hospital

REFERRING VET

Dr. Michelle Caldwell

INVOICE

10062

DATE

2/21/2023

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

The left kidney has a normal shape and size (4.37 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.

The right kidney has a normal shape and size (5.11 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.

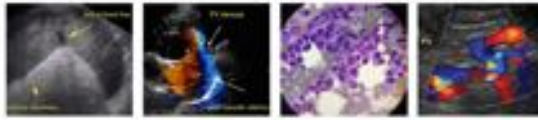
Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 cm at the cranial pole, 0.59 cm at the caudal pole, and 1.76 in length. It is visualized in its normal position cranial to the left renal artery. It is somewhat irregular in that there is a hyperechoic ill-defined region in the cranial pole measuring approximately 0.49 cm x 0.67 cm, which does not significantly deviate the adrenal capsule. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.55 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.



PATIENT *Liver*

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

SPECIES

Canine 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.

BREED

Sheltie Mix ***Gastrointestinal***

SEX

Spayed Female 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.

AGE

01/29/2013 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, and the jejunum measured as normal. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

12kg 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.

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(Small Animal Internal
Medicine)

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.

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Free Abdomen

There is no evidence of lymphadenopathy. Both sub lumbar lymph nodes are visualized, the left measures at 0.37 cm and the right at 0.48 cm. 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.

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OTHER

Uterine remnant/stump is visualized dorsal to the urinary bladder and appears within normal limits.

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PRIMARY FINDINGS

- Hyperechoic tissue at the cranial pole of the left adrenal. This could represent a benign lesion such as hyperplasia, fibrosis, etc. or could represent an early neoplastic lesion (pheochromocytoma, adenoma, carcinoma.)

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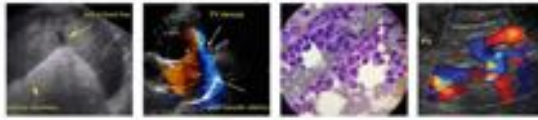
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Today's scan is relatively normal. No abnormalities were noted in the region of the urinary bladder or uterine remnant to explain the bloody vaginal discharge described. There is a small hyperechoic lesion in the cranial pole of the left adrenal, I suspect this is an incidental finding, but you cannot rule out the



PATIENT

Eevee Boga

possibility of an adrenal lesion secreting estrogen and causing heat like symptoms. You could consider vaginal cytology looking for the possible influence of estrogen. Other differentials to consider would be a mass effect or foreign body not palpable on your vaginal exam, or less likely a coagulopathy or uterine stump infection which is not visible on today's scan. Consider the option of cystoscopy and vaginoscopy to further evaluate.

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Recommend a blood pressure evaluation due to the lesion on the adrenal. If blood pressure is elevated consider catecholamine levels. Recommend continued monitoring of this lesion with ultrasound (recheck in 2-4 months.)

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

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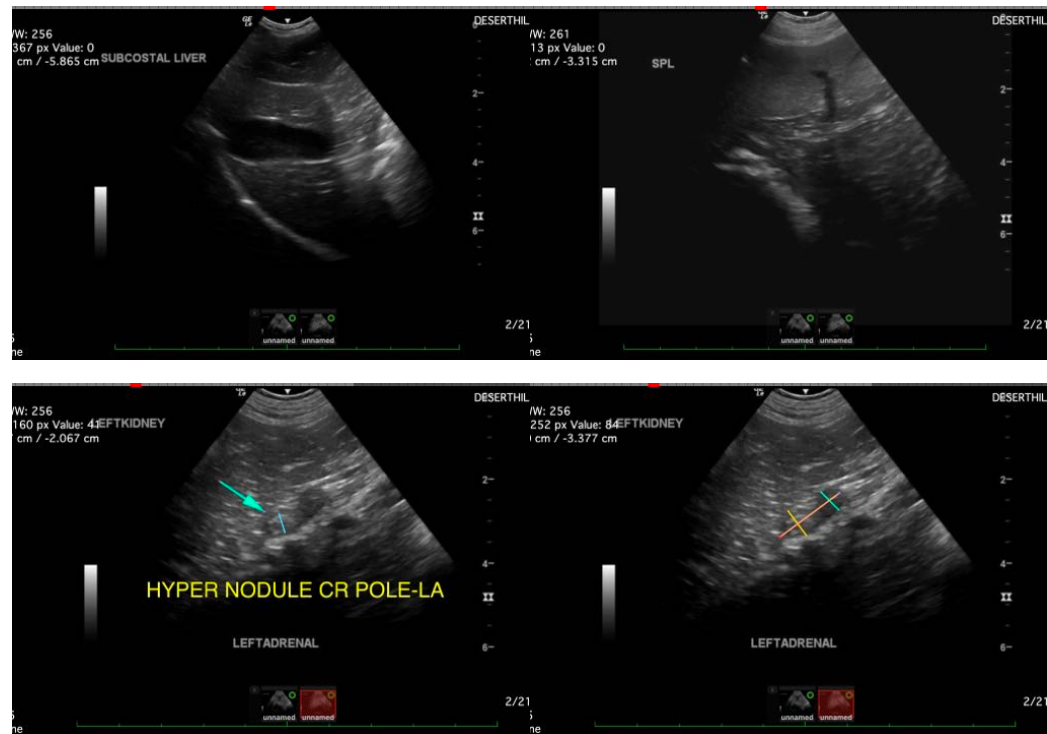
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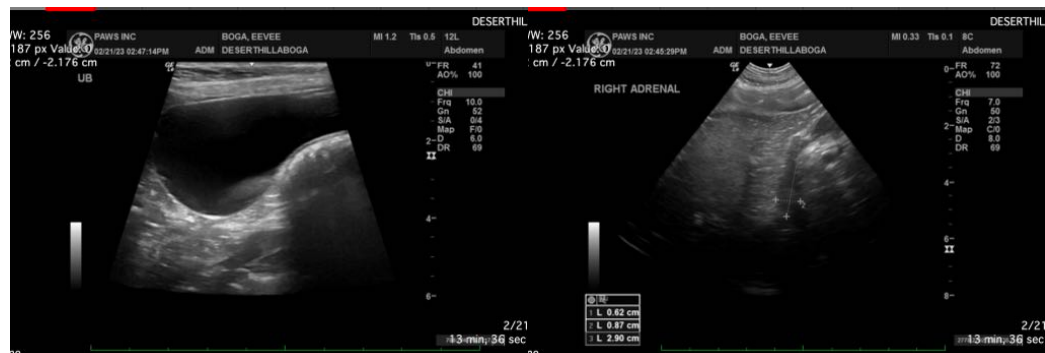
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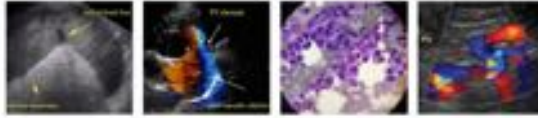
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The information and recommendations provided are based on the images presented by the referring



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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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