



PATIENT

Nala Anderson

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 years

WEIGHT

89 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/ Pacific
crest Mobile

HOSPITAL NAME

Pacific Crest Mobile

REFERRING VET

Dr. Fjeld Nooksack AH

INVOICE

96240

DATE

2/22/22

PRESENTING CLINICAL SIGNS

Patient was presented for inappetence, and estrus like behavior intermittently since her ovariohysterectomy in 2018. She has been generally healthy otherwise. Primary care vet did a brief ultrasound and noted a round soft tissue structure in the left cranial abdomen, uncertain origin. She is BAR today, in good coat and body condition
Abnormal PE/Chem/CBC/UA Results: BCS 6/9, some vulvar edema and mammary development; CBC/Chem profile essentially normal

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 (8.14 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 a large cystic structure that is rising from the cortex of the left kidney measuring 4.0 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.05 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.95 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 0.83 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 normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of



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the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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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.

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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 (0.68 cm) and the jejunum measured as normal (0.39 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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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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

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.

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Other

A small oval structure was visualized on the left side of the abdomen measuring 1.7 cm. This could be consistent with a left ovary, lymph node, etc.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

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- Left sided renal cyst. This lesion is relatively large, but likely asymptomatic at this time. I recommend to continue to monitor.
- Mildly 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 elevations on blood work this is likely an

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PATIENT age related change.

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- Small, oval structure visualized in the left side of the abdomen. Differentials include retained ovarian tissue, lymph node, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. There is a large cyst visualized on the left kidney, which should continue to be monitored. Additionally, there is an oval structure in the left side of the abdomen which could be consistent with ovarian tissue or may be a normal abdominal structure. These are things to consider when looking for retained ovarian tissue.

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TESTING FOR RETAINED OVARIAN TISSUE

Vaginal Cytology: Vaginal cytology can be performed during clinical signs of estrus. The presence of cornified cells on vaginal cytology can indicate estrogen influence. Serial cytology may be needed to ensure confirmation of an estrus cycle.

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Progesterone Measurement: Vaginal cytology with simultaneous blood progesterone assessment can help determine whether the cytologic changes are caused by an ovarian remnant or another source of estrogen.

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Anti-Müllerian Hormone (AMH) Assay: AMH is a reliable indicator of gonadal presence. Simultaneous assessment of AMH and progesterone levels provides high diagnostic confidence for the presence of retained ovarian tissue. AMH levels should not be evaluated during a luteal phase with elevated progesterone because the production of AMH is suppressed.

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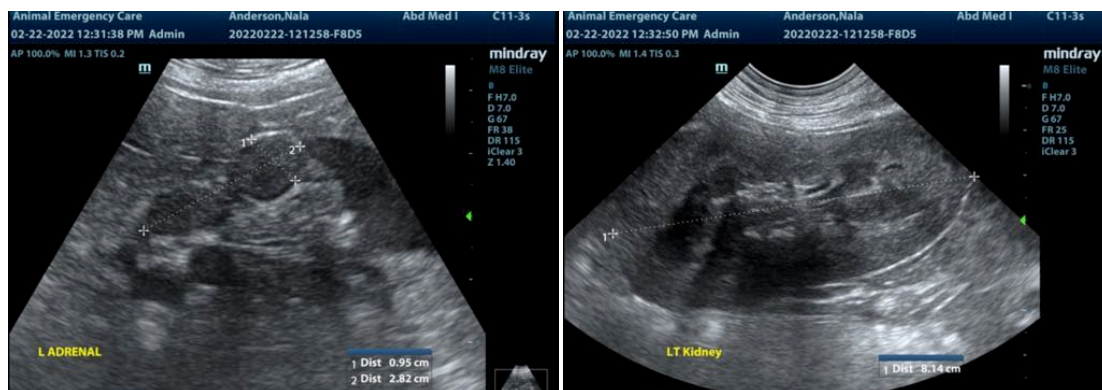
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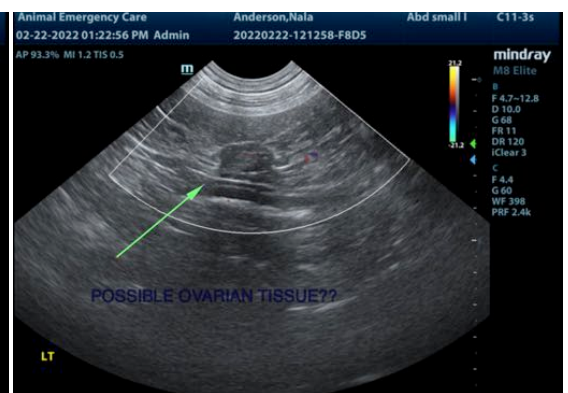
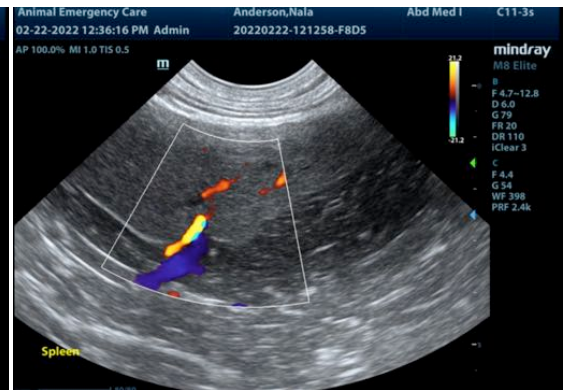
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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