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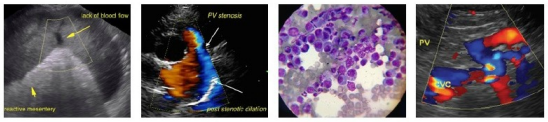

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Mitzi Smith

SPECIES

Canine

BREED

Border Collie X

SEX

SF in records but U/S shows intact

AGE

9 Years

WEIGHT

53 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Monte Viste AH

REFERRING VET

Dr. Alexandra Moore

INVOICE

36753

DATE

4/5/22

PRESENTING CLINICAL SIGNS

sedated 0.05ml of dex/trob each- urinating in the house
Abnormal PE/Chem/CBC/UA Results: RADS: CONCLUSIONS: The history states that this patient is not intact however there is a soft tissue opacity seen between the urinary bladder and the colon which may represent a the fluid distended uterine body. This could represent a stump pyometra however some of this could also be due to summation of bowel. This could be causing the patient's clinical symptoms. Occult urinary tract disease may be present as well. Lab Results (03/10/2022): CBC- RBC High (9.92), HCT High (62.7), Hg High (22.2), Reticulocytes High (139), All Else WNL. Chemistry Panel- K Low (3.9), Na:K Ratio High (39), All Else WNL. UA- Freecatch, USG 1.043, pH 6.0, Occasional Calcium Oxalate Dihydrate (0-1)/HPF, All Else WNL.

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 (6.3 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.

The right kidney has a normal shape and size (5.85 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 0.50 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 0.75 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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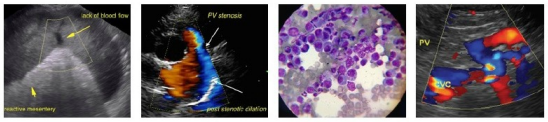

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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.

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. There is an occasional prominent mesenteric lymph node visualized. One is measured at 0.69 cm. The omentum is of normal echogenicity.

Other

There is a 1.91 cm x 2.03 cm hypoechoic mass effect visualized just proximal to the pelvic canal. It is located between the urinary bladder and the colon. This lesion appears to have a distal tubular attachment, possibly to the uterine body. There is no evidence of colonic or urethral attachment. Additionally, there is the presence of ovoid structures in both the left and right cranial abdomen, suggestive of ovaries and uterine horns.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Hypoechoic mass effect visualized between the urinary bladder and the colon. This mass effect could be consistent with a uterine body mass, cervical mass, enlarged lymph node, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A mass effect was visualized just proximal to the pelvic canal between the urethra and distal colon. An association with the uterus is suspected. This patient was thought to be spayed.

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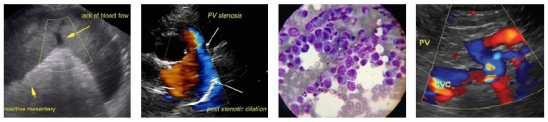

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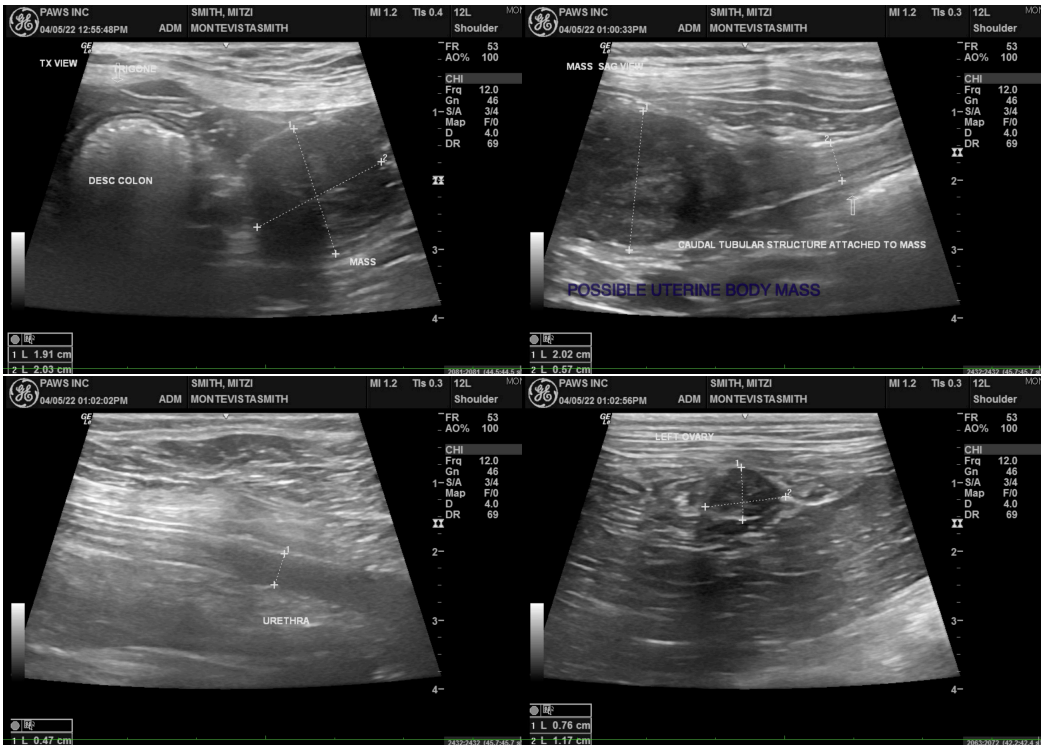
Correlate with historical information (have there been any suggestions of a heat cycle, spay incision, etc.?). Options moving forward include:

- Ideally, a CT scan would be performed to better evaluate the mass lesion and the association with the other intrapelvic structures. This could also be used to confirm the presence of an intact uterus and ovaries.
- Additional in-hospital evaluation could include a digital rectal and digital vaginal exam, vaginal cytology if estrogen status is in question, 3-view thoracic radiographs and abdominal radiographs, as well as urine culture and urinalysis (if not already done).
- A fine needle aspirate of the mass effect could be considered. Based on color flow, this appears to be a solid mass effect, but I cannot exclude the possibility of abscessed area so advanced imaging prior to sampling would be ideal but not absolutely necessary.



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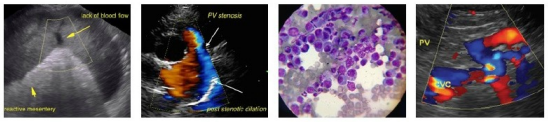

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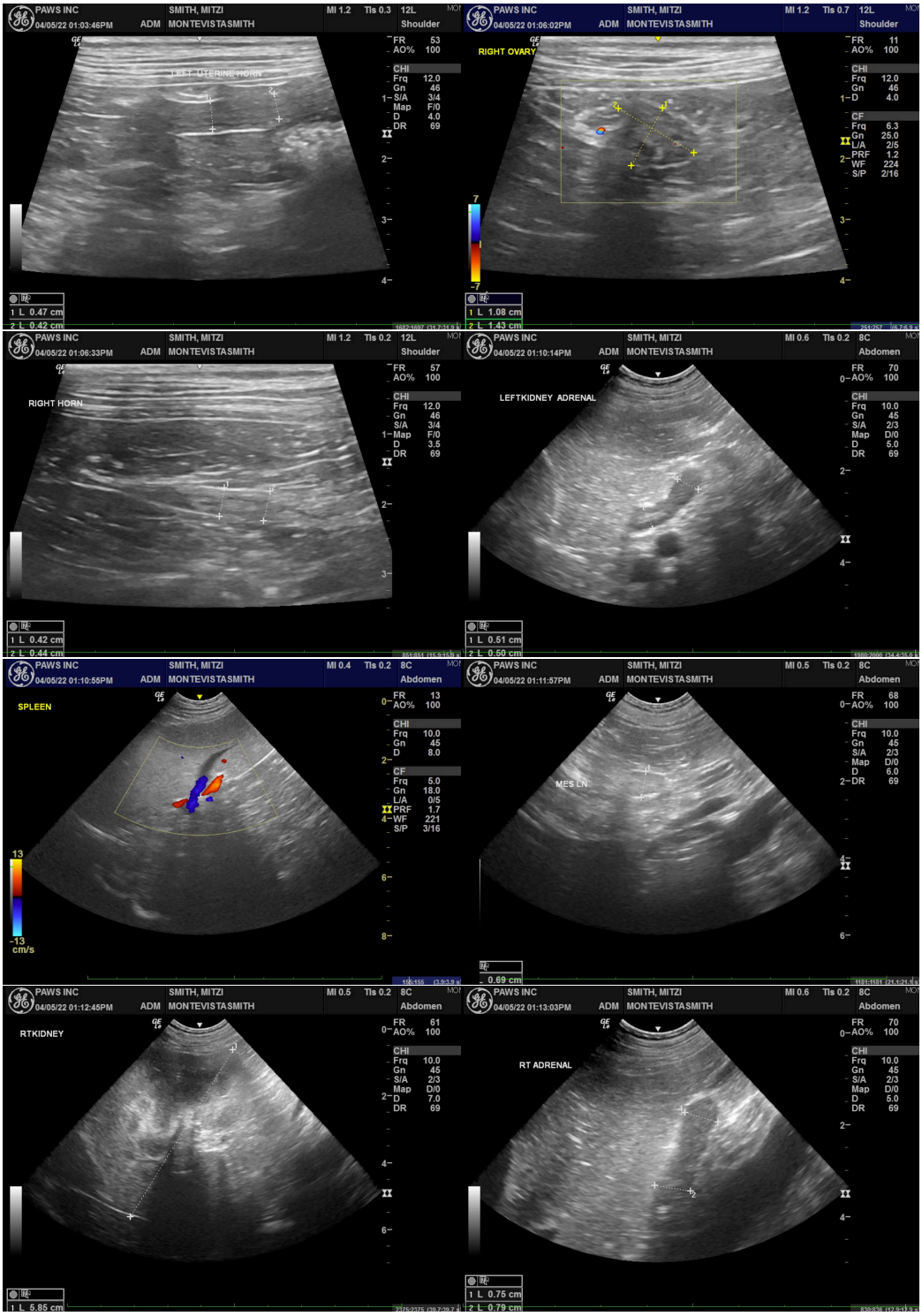

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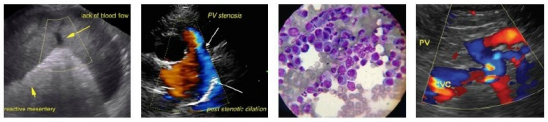

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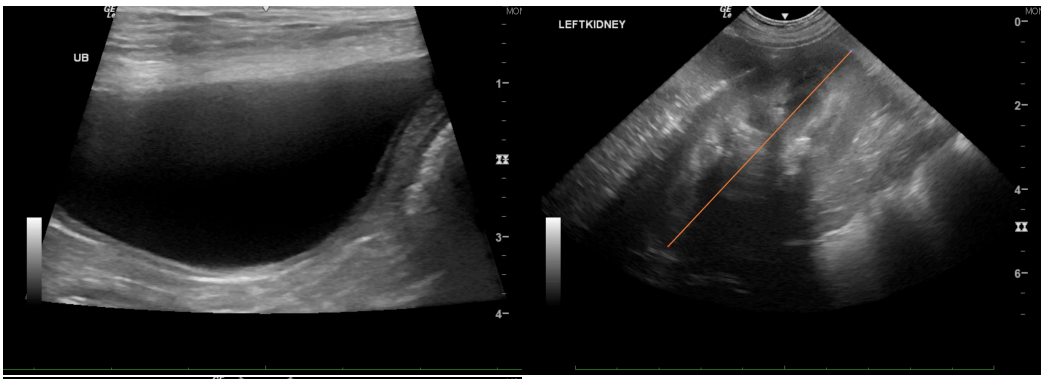

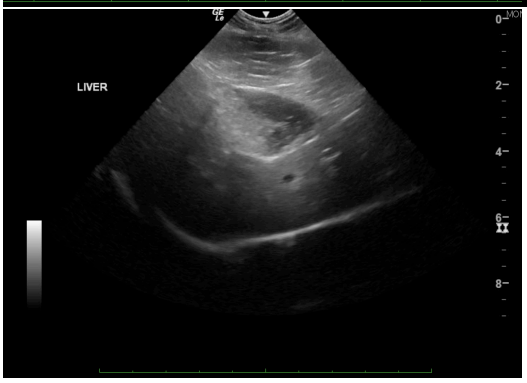

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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