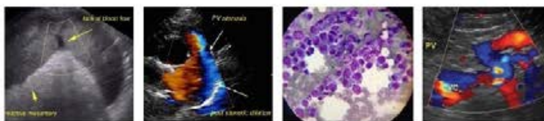


PATIENT

Peanut Dyson

SPECIES

Canine

BREED

Chihuahua X

SEX

Intact Female

AGE

12 Years

WEIGHT

5.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH East Hamilton

REFERRING VET

Dr. Nanayakkara

INVOICE

46444

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Large, firm smooth mass felt rectally at 6 oclock- cannot feel all of it. Patient is straining to have a BM has been worsening over the last week. Trazodone given prior to ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall is normal without any irregularities or thickening. The bladder is displaced cranially in the abdomen, secondary to a large intrapelvic mass lesion (see other).

The left kidney has a normal shape and size (4.62 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 0.43 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 0.85 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.

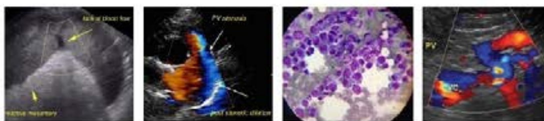
Liver

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.

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 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 (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 area of 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

There is scant free abdominal fluid. There is a hypoechoic lymph node visualized deep in the pelvic canal measuring 1.89 cm in diameter. The omentum is diffusely hyperechoic.

There is a large hypoechoic mixed echogenic intrapelvic mass effect visualized. This mass measures >3.73 cm x 6.12 cm. The mass lesion significantly obstructs the pelvic canal and displaces the urinary bladder cranially. There appears to be a large fluid-filled tubular structure extending from the mass lesion, most consistent with a uterine body with a large volume of echogenic intraluminal fluid. Distal to this is the urinary bladder and on cross section there is the impression of this dividing into two fluid-filled uterine horns. Findings are concerning for a pyometra, mucometra, etc., and a possible uterine mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Large, partially obstructive to obstructive solid intrapelvic mass lesion – findings are concerning for a possible uterine mass, cervical mass, etc.
- Large, distended fluid-filled structure visualized dorsal to the urinary bladder – This is most consistent with a fluid dilated uterus.
- Cranially displaced urinary bladder – Secondary to the intrapelvic mass lesion and the large distended uterus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect visualized in the pelvic canal, which is causing partial obstruction, likely at the colon. This mass lesion appears associated with a large fluid dilated structure most consistent with a distended uterus. This mass lesion could be uterine or cervical in origin. The fluid within the uterus could be consistent with a pyometra, mucometra, etc. The urinary bladder appears significantly cranially displaced but is not overly distended.

Options moving forward would include a contrast CT scan to better determine the origination of the mass lesion and to look for evidence of metastasis, or referral to a veterinary surgeon with the intention for an ovariohysterectomy and exploration of the intrapelvic region. Additionally, a fine needle aspirate of the mass lesion could be considered, but with the obstructive nature of this mass, I suspect surgery will be necessary.

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

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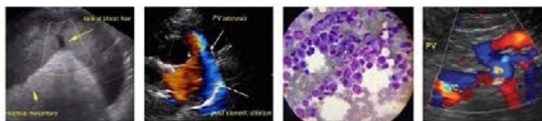

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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UB

UB
FLUID FILLED UTERINE BODY
MASS
SAGGITAL VIEW

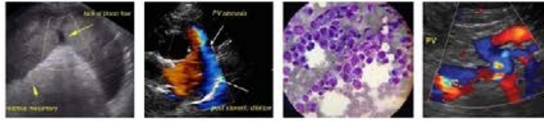
FLUID FILLED BODY
LIKELY UTERINE BODY /CERVICA MASS?

UB
UTERINE HORNS

SPLEEN

FLUID FILLED TUBULAR STURUCTURES

FLUID DILATED UTERINE HORN



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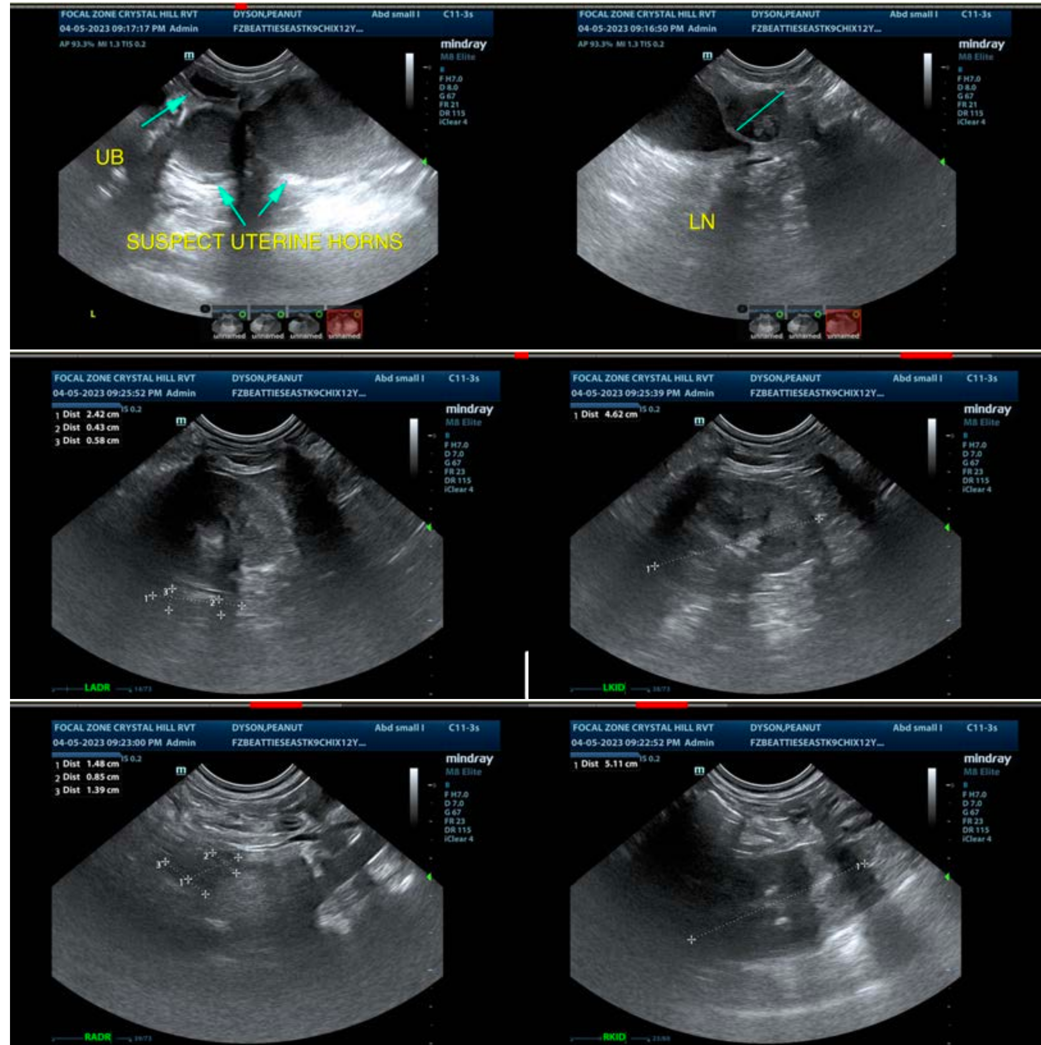

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com