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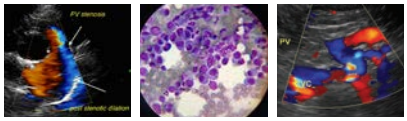

SonoPath
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DATE

4/5/23

PATIENT

Seeya Washinton

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Female

AGE

8/2/17

WEIGHT

106.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

46412

PRESENTING CLINICAL SIGNS

Has not been seen since 2018, not UTD vaccines. clinical signs started last Wednesday and began with more whining and PU/PD, decreased appetite on/off (ate 2 cans GI LF very well in hospital); whining
On/off lethargy, firm areas in LEFT mammary chain (r/o neoplasia vs other), soft swelling (not fluid filled) RIGHT mammary chain, finished heat cycle, stopped bleeding 2 weeks ago, possible mammary mass, anal glands empty, PLNs wnl, hypercalcemia, hyposthenuria 1.002
decreased BUN, mildly elevated globulins, elevated ALP, 4DX snap N/N/N/N, no access to rat/mouse bait/poison, no toxins, poisons, medications, no creams, medications, etc owners using that pet is licking

Current Medications: started gabapentin and clavamox while waiting for u/s
Lab Results: GLU = 159 mg/dL 74 – 143, CREA = 0.7 mg/dL 0.5 - 1.8, BUN = 3 mg/dL 7 – 27, PHOS = 3.3 mg/dL 2.5 - 6.8, Ca = 13.4 mg/dL 7.9 - 12.0, TP = 7.8 g/dL 5.2 - 8.2, ALB = 2.9 g/dL 2.3 - 4.0, GLOB = 5.0 g/dL 2.5 - 4.5, ALB/GL = 0.6, ALT = 47 U/L 10 – 125, ALKP = 305 U/L 23 – 212, 4DX snap all neg
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (8.82 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (7.44 cm) with mild pyelectasia at 0.28 cm. Overall echogenicity is slightly hyperechoic with poor 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.88 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 1.04 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.

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
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.

Other
The uterus and ovaries are visualized. The ovaries are within normal limits. The left measures 2.59 cm x 2.02 cm. The right measures 2.93 cm x 0.64 cm. The uterus is prominent with no surrounding inflammation or fluid. The diameter of the uterine body measures 1.64 cm.

The mammary regions were briefly imaged, showing hypoechoic edematous abnormal tissue with surrounding inflammation. The left appears denser and more hypoechoic than the right. Findings are consistent with inflamed mammary tissue +/- masses.

ULTRASONOGRAPHIC FINDINGS

- Mildly decreased corticomedullary distinction in both kidneys with right-sided pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Intact female with prominent uterus and ovaries – No overt pathology noted.

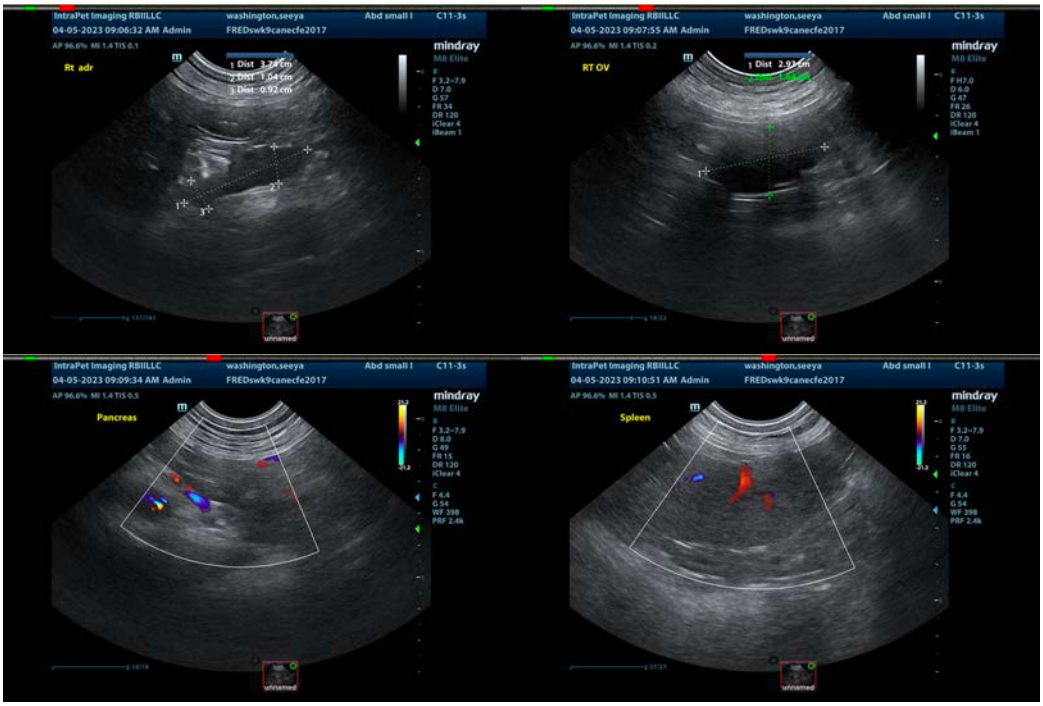
- Abnormal mammary tissue bilaterally with associated inflammation – Findings could be consistent with mass lesions, mastitis, etc. Consider a fine needle aspirate.

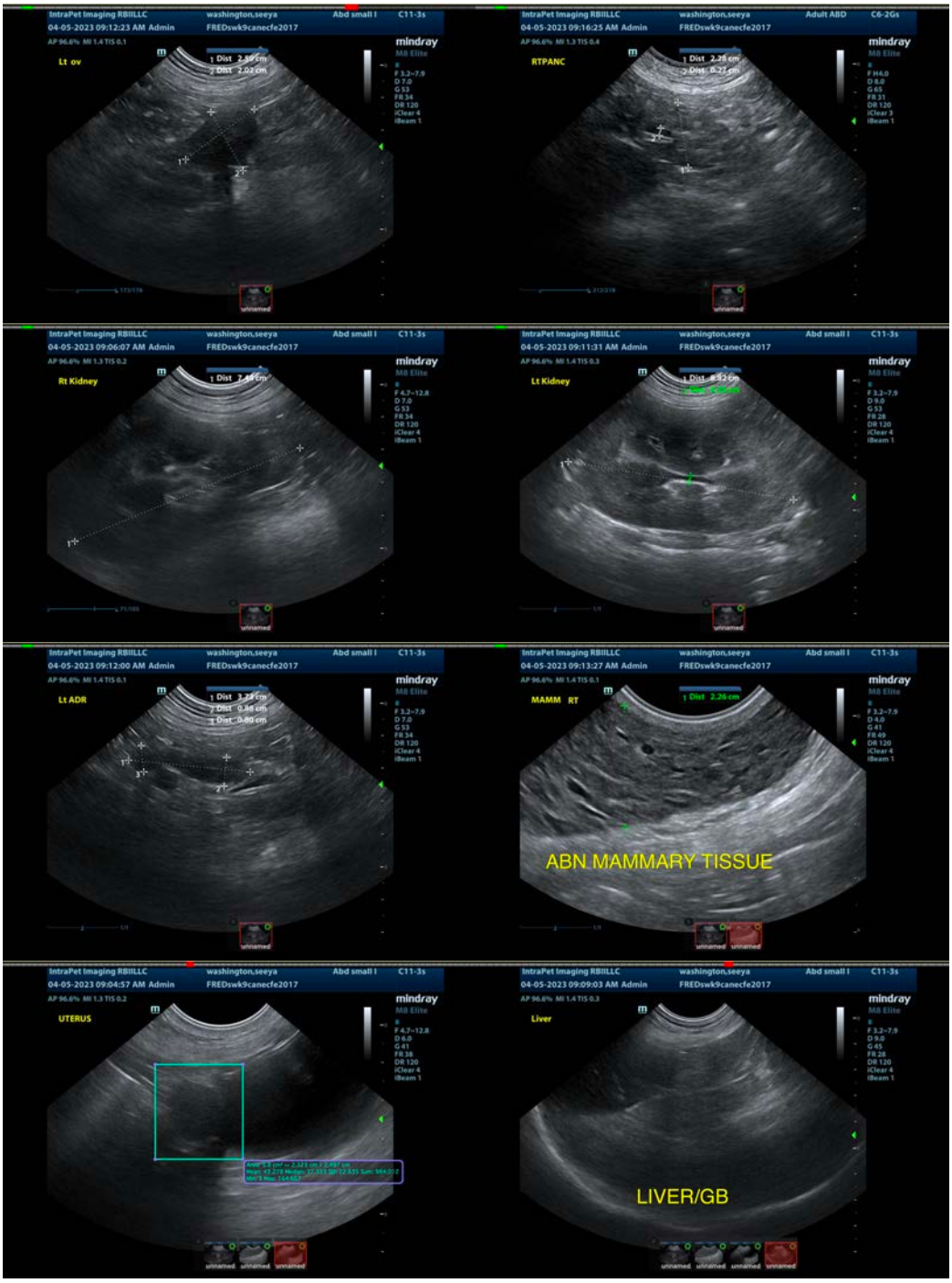
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt mass lesions or lymphadenopathy are noted on today's exam. The kidneys have relatively minor age related changes, and the pancreas is prominent and mottled with mild surrounding inflammation, possibly consistent with mild current pancreatitis or a previous episode of pancreatitis. The uterus and ovaries are prominent, but there is no dramatic fluid distention consistent with pyometra observed. Additionally, the mammary tissue is very abnormal and could be consistent with a neoplastic or inflammatory process. Recommend a fine needle aspirate and ideally an ovariohysterectomy and possible mastectomy if needed.

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

An obvious cause for the hypercalcemia is not noted. Recommend an ionized calcium, PTH and PTHrP level to further evaluate.

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mindray
Liver
LIVER/GB

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)
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