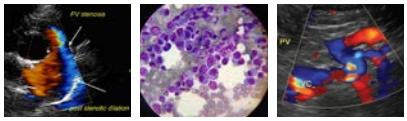
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/15/23

PATIENT

Gabby Richmond

SPECIES

Canine

BREED

Golden

SEX

Spayed Female

AGE

7/22/22

WEIGHT

34.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Glen Burnie AH

REFERRING VET

Dr. Shah

INVOICE

43213

PRESENTING CLINICAL SIGNS

Constant abdominal pain. Urinary incontinence. X-rays confirm soft tissue density in caudal abdomen. No UTI.

Current Medications: None.
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 filled with a very small amount of anechoic urine. The Bladder wall appears slightly thickened and irregular at 0.59 cm, but this is likely due to lack of urine distention. No calculi or mass lesions are observed. The urinary bladder appears somewhat displaced by a large caudal abdominal/intrapelvic mass effect.

The left kidney has a normal shape and size (5.03 cm) with mild pyelectasia at 0.32 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.

The right kidney has a normal shape and size (4.6 cm) with pinpoint mineralizations. One such mineralization measures 0.29 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 pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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 0.59 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 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. Jejunum wall measures 0.27 cm. 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 fluid. No significant lymphadenopathy is noted. The omentum is hyperechoic around the large caudal abdominal mass.

Other

There is a very large mixed echogenic, somewhat cystic mass effect visualized in the caudal abdomen/intrapelvic region, measuring larger than 8.11 cm x 6.78 cm. This mass lesion appears to displace the urinary bladder and the colon. Based on its location and appearance, the most likely differential would be a uterine stump mass (leiomyoma/leiomyosarcoma), etc. Recommend a fine needle aspirate. An alternative differential would be a large effaced iliac lymph node.

PRIMARY FINDINGS

- Large, mixed echogenic, mildly cystic caudal abdominal/intrapelvic mass effect – Primary differential here would be a uterine stump mass (leiomyoma/leiomyosarcoma). Other differentials such as a large lymph node exist. Recommend a fine needle aspirate.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Decreased corticomedullary in both kidneys with mild left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

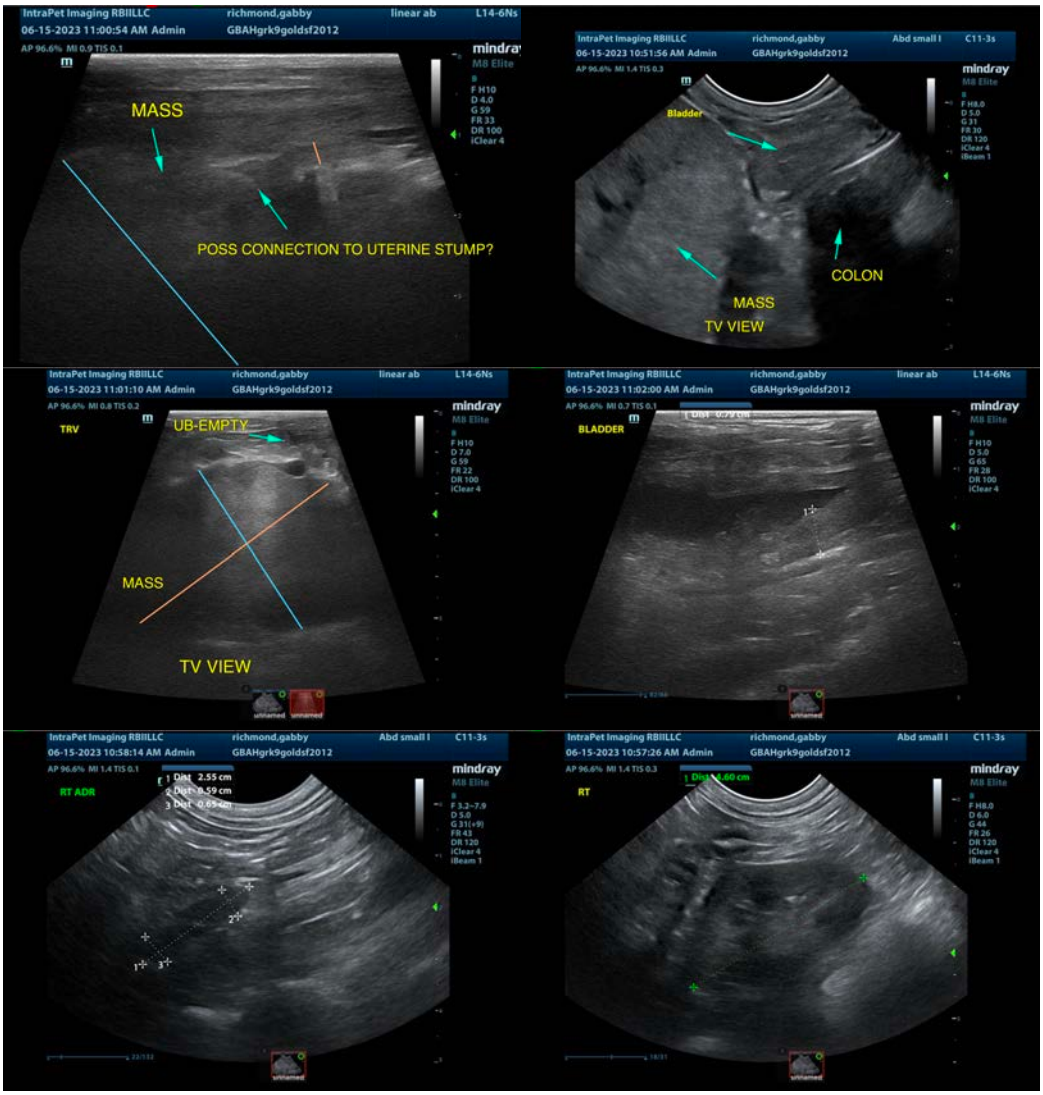
SECONDARY FINDINGS

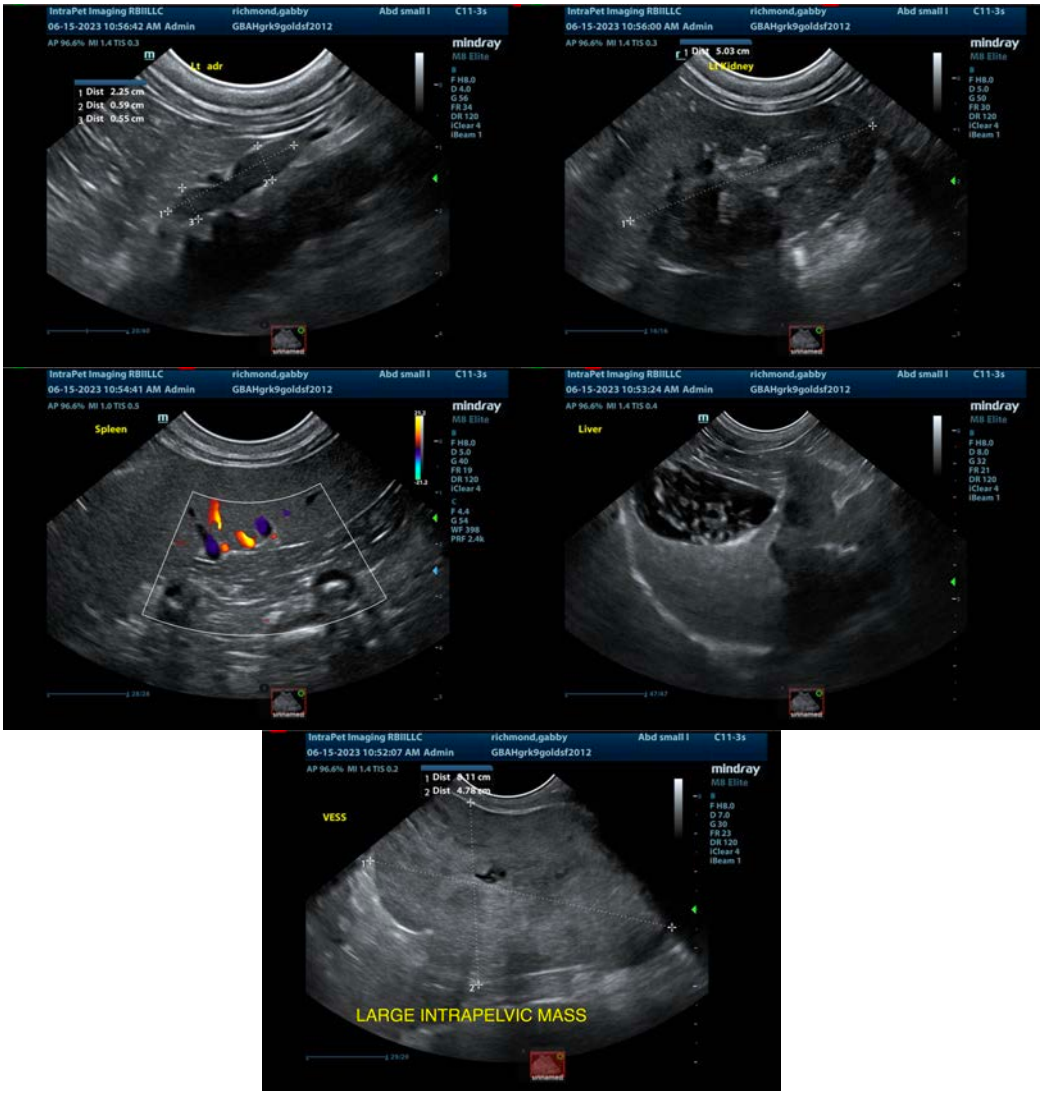
- Thickened urinary bladder wall – This is likely due to lack of urine distention.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large caudal abdominal/intrapelvic mass effect visualized. The location and appearance of this mass effect would be most consistent with a uterine stump mass. It appears to be displacing some of the local structures such as the urinary bladder, colon, and the large vessels. These lesions can be benign and be good candidates for surgical resection. Consider a fine needle aspirate to rule out a lymph node or other unsuspected finding, a contrast CT scan could be considered, looking for evidence of metastasis and the extent of the lesion, and finally an exploratory surgery or surgical resection could be considered.

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





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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