

**DATE PRESENTING CLINICAL SIGNS**

6/2/22

Numerous masses present, hx of suspect MCT (see previous note for mapping) -per owner growing all masses get bigger and smaller. i told him that is typically mct recommend removal pododermatitis x4 with wounds and furunculosis masses tail base previously diagnosed as lipoma , left knee previously aspirated as suspicious for MCT or plasma cell , right chest previously aspirated as MCT, left shoulder, right shoulder, right hip, left brachial body wall, top of left ear at head, recommend cytology for them right dside body wall lipoma owner wants removal of 3 masses right knee, right chest and left ear at head

**PATIENT**

Lorelai Zani

**SPECIES**

Canine

Current Medications: RX: prednisone 20 mg: 1 BID x 5 d then SID x 5 d then EOD thereafter #28. Rx cefpodoxime 200mg 1 sid, OTC pepcid 20 mg BID, OTC benadryl 50 mg BID.

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

Pit Bull

Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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.

**AGE**

2/25/14

The left kidney has a normal shape and size (6.57 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. There is a moderate sized cystic structure visualized towards the caudal pole of the left kidney measuring 1.09 cm in diameter. This lesion deforms the caudal pole slightly and has a small amount of hyperechoic material within. This is most consistent with a benign renal cyst, although an abscess is possible (seems unlikely) .

**WEIGHT**

76 Pounds

The right kidney has a normal shape and size (6.95 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.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.66 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.

**HOSPITAL NAME**

Everhart Vet Hospital

The right adrenal gland is normal in size measuring 0.78 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.

**REFERRING VET**

Dr. Falke

**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. There is a small irregular, hypoechoic/cystic lesion visualized within the parenchyma measuring 0.50 cm x 0.25 cm.

**INVOICE**

38312

**Liver**

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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***

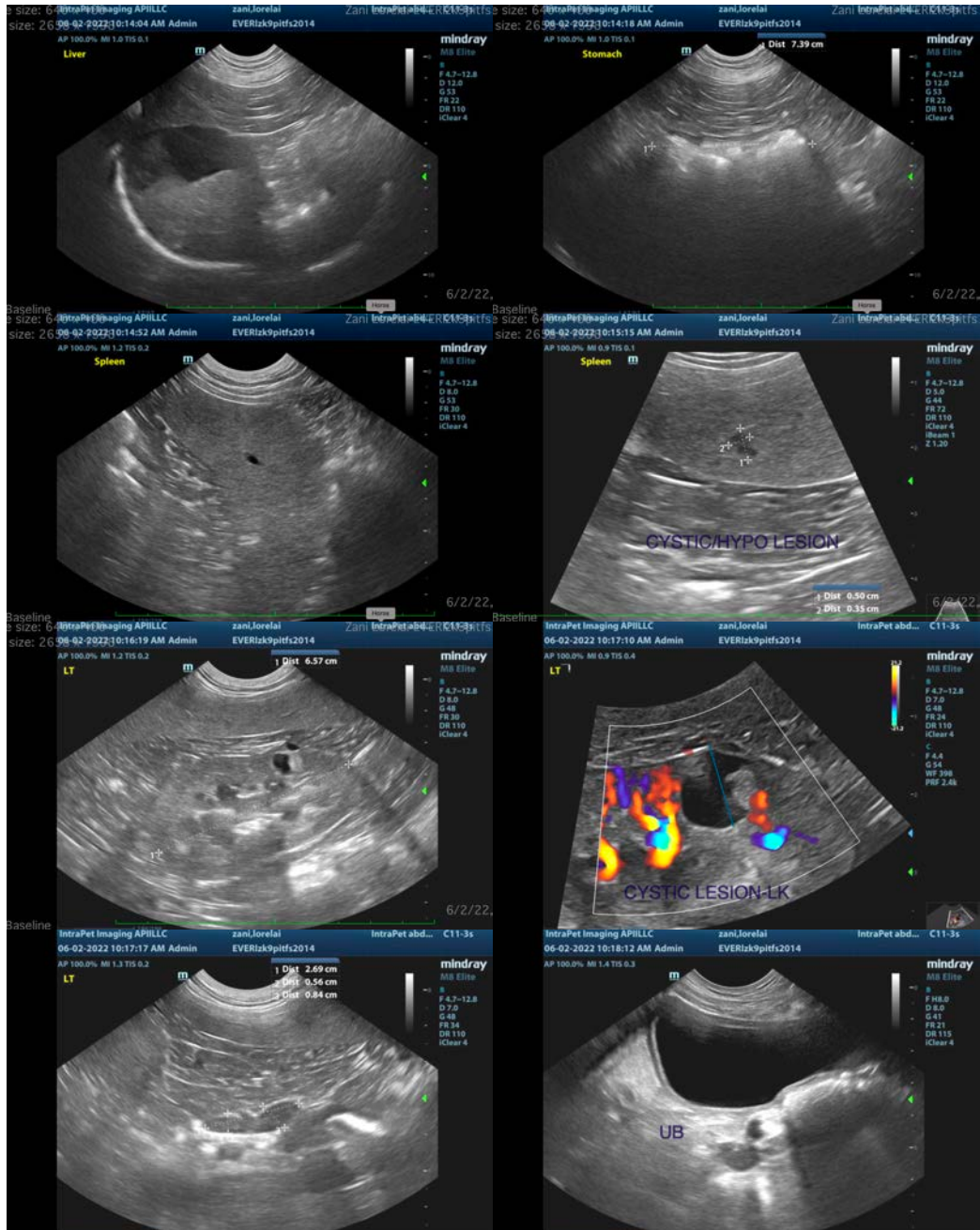
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

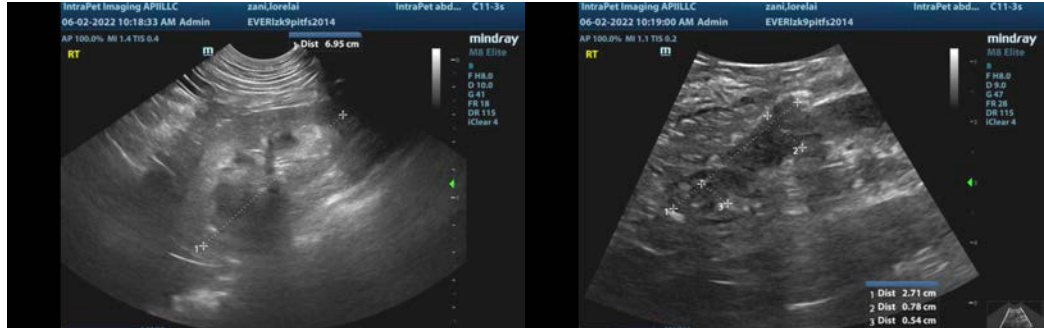
## **ULTRASONOGRAPHIC FINDINGS**

- Small cystic structure in the caudal pole of the left kidney – This is most consistent with a benign cyst, although there is some echogenic debris within the cystic structure, making an abscess possible, but unlikely. Recommend continued monitoring.
- Small hypoechoic cystic structure in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This has a likely benign appearance. Recommend continued monitoring.
- Large, mildly heterogeneous 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. This is a mild change and could be consistent with the current Prednisone therapy.
- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Moderate shadowing material within the gastric lumen – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. The cystic structure in the kidney and the hypoechoic/cystic structure in the spleen could very well be incidental findings. Recommend continued monitoring. If these appear to be changing/growing, then consider sampling. There is no overt evidence of metastasis visualized.





**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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