

**PATIENT**

Duchess Foxworthy

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

6 Years

WEIGHT

78 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Amy Servos

INVOICE

40525

DATE

8/16/22

PRESENTING CLINICAL SIGNS

P presented for appt 7/22/2022. Blood coming from vulva noticed by O around 7/20/2022. No concerns otherwise doing well. Called 8/12/2022 stating the bleeding has now gotten worse and elected ultrasound.

Abnormal PE/Chem/CBC/UA Results: Vitals and abdominal palpation WNL. Os penis present within vulva with pronounce clitoral tissue, no discharge appreciated. Swabbed vulva - cytology appears to be somewhere between estrus and diestrus (intermediate cells with some RBCs and some degenerate neutrophils). Discussed cytology findings - believe that she might be having a heat cycle. Rec ultrasound if no improvement.

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 (6.69 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 (7.98 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 0.56 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 slightly enlarged in size measuring 0.59 cm at the cranial pole, 0.50 cm at the caudal pole, and 2.9 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat abnormal in appearance in that there is a hyperechoic bulging area measuring approximately 1.06 cm x 0.51 cm, consistent with a hyperechoic adrenal nodule. No evidence of regional vascular invasion.

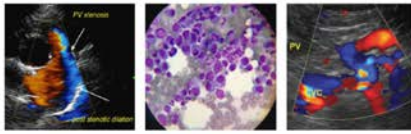
Spleen

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach is dilated with a large amount of 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.

Other

Dorsal to the urinary bladder and ventral to the colon, there appears to be a structure that appears somewhat tubular and possibly consistent with an enlarged uterine body(?). Additionally, there is a cystic structure visualized on the caudal right side of the abdomen, measuring 1.39 cm, which could possibly be a cystic ovarian remnant(?). No obvious normal ovaries are visualized.

ULTRASONOGRAPHIC FINDINGS

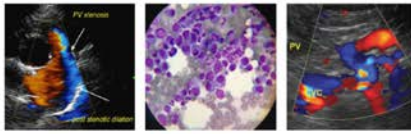
- Hyperechoic nodule visualized within the right adrenal – Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Tubular structure visualized dorsal to the urinary bladder in the region of the uterine stump – This could represent the uterine body, a uterine remnant, etc.
- Cystic structure in the right caudal abdomen – The significance of this structure is unclear, although it could represent a uterine remnant(?).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Photos submitted are suggestive of a possible hypertrophied clitoris or os clitoris. Recommend radiographs to determine if there is bony material within the structure, which would make an os clitoris much more likely. Alternate differentials could be a prolapse, mass lesion (seems unlikely), etc. In most circumstances, if there is a hypertrophied clitoris or os clitoris present, there is testosterone influence from somewhere, be it an adrenal mass, abdominal testicles, exposure to external hormones (topical testosterone, etc.). In the images provided there also appears to be dermatitis and irritation around this area, which is typical, as these structures can lead to recurrent urinary tract infections, etc. Recommend

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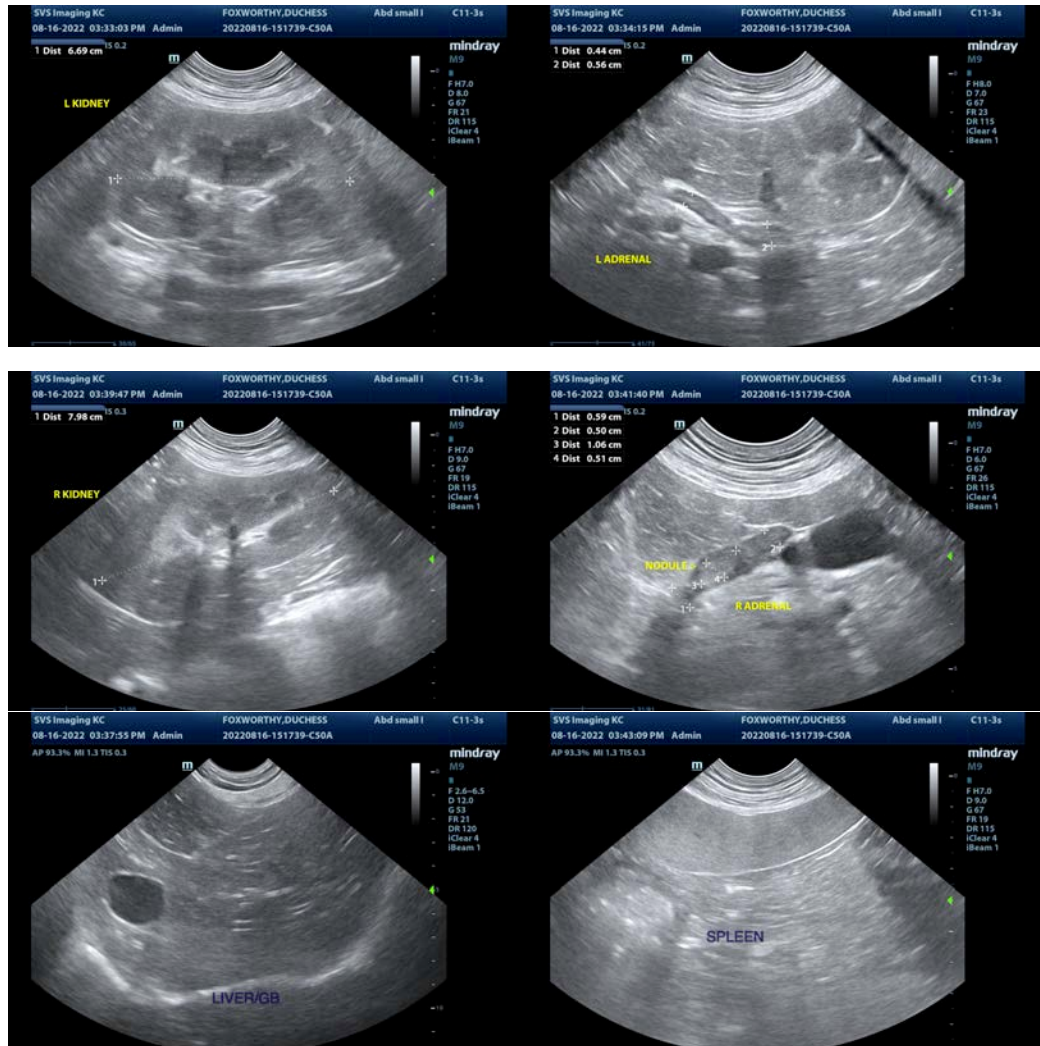
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a urinalysis and culture. In some instances, this tissue needs to be surgically removed.

I'm not clear on the surgery history in this patient. If she has never been spayed, then there is the possibility that she is a hermaphrodite, or there is a genetic anomaly present. Alternately, if she is spayed, this could represent a stump pyometra with an adrenal tumor secreting hormone, etc. The adrenal lesion is relatively small at this time, and the significance of this is unclear.

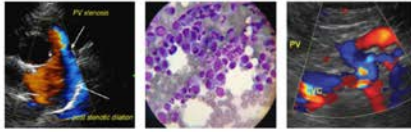
Consider referral to a veterinary surgeon for further evaluation, as the possibility exists for an exploratory surgery to better determine what is going on and to evaluate the adrenal gland as well. Recommend a blood pressure evaluation.

If desired, you could also consider consultation with a veterinary theriogenologist to confirm this plan and the likelihood that surgical removal of this tissue would be helpful.



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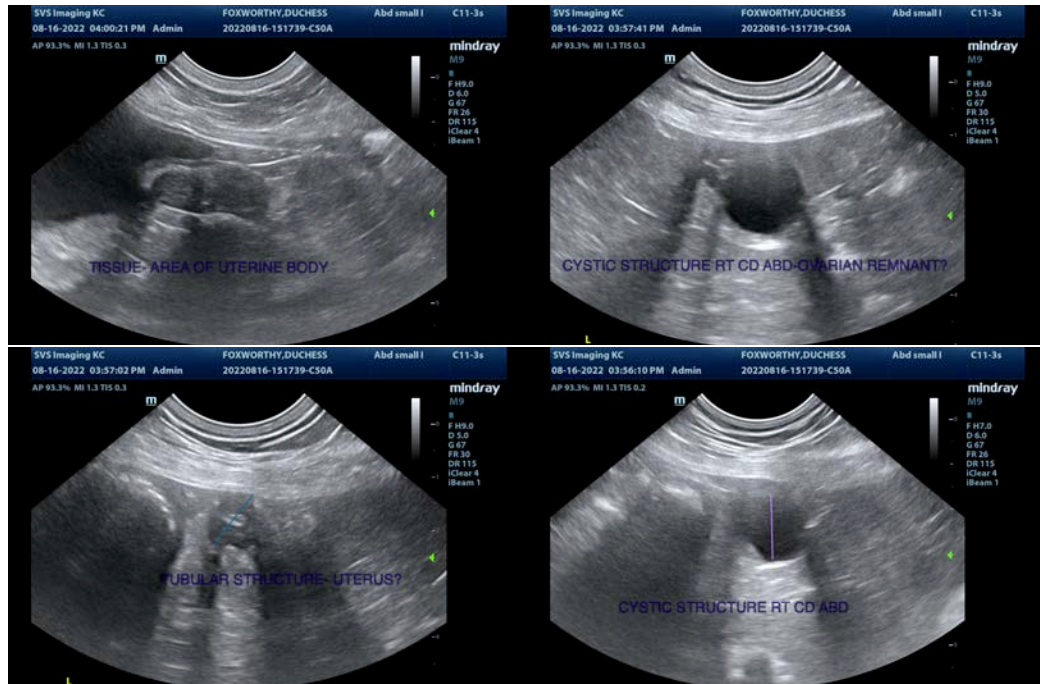
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com