

**DATE**

9/15/21

**PRESENTING CLINICAL SIGNS**

History: Mass on leg- want to do an abdominal ultrasound to look for evidence of disease affecting the pancreas or other organs. Also considered doing a biopsy but Dr. Earp does put a greater importance on the ultrasound over the biopsy since Lacey seems to be responding to the antibiotics.

**PATIENT**

Lacey Smith

Current Medications: Cephalexin 500 mg qty:56 Give 2 capsules by mouth every 12 hours until recheck.

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

9/1/13

**WEIGHT**

72 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is significantly distended with partially suspended echogenic debris and there is a layer of dependent, mineralized sand debris present. The bladder wall appears relatively normal in thickness and the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris, proteinaceous debris and small stones. I recommend urinalysis and culture.

The left kidney has a normal shape and size (7.06 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 (6.49 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**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.52 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**

Taylorville Veterinary  
Clinic

The right adrenal gland is large in size measuring 1.5 cm at the cranial pole, 0.73 cm at the caudal pole and 2.89 cm in length. It is located in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in appearance and has a hyperechoic mottled area in the cranial pole. There was no evidence of discrete mass effect.

**REFERRING VET**

Dr. Earp

**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.

**INVOICE**

91836

**Liver**

The liver is subjectively normal in size, and echogenicity with rounded margins. The parenchyma is 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 gallbladder lumen is moderately distended. The wall of the gallbladder 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.42 cm 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**

### **PRIMARY FINDINGS:**

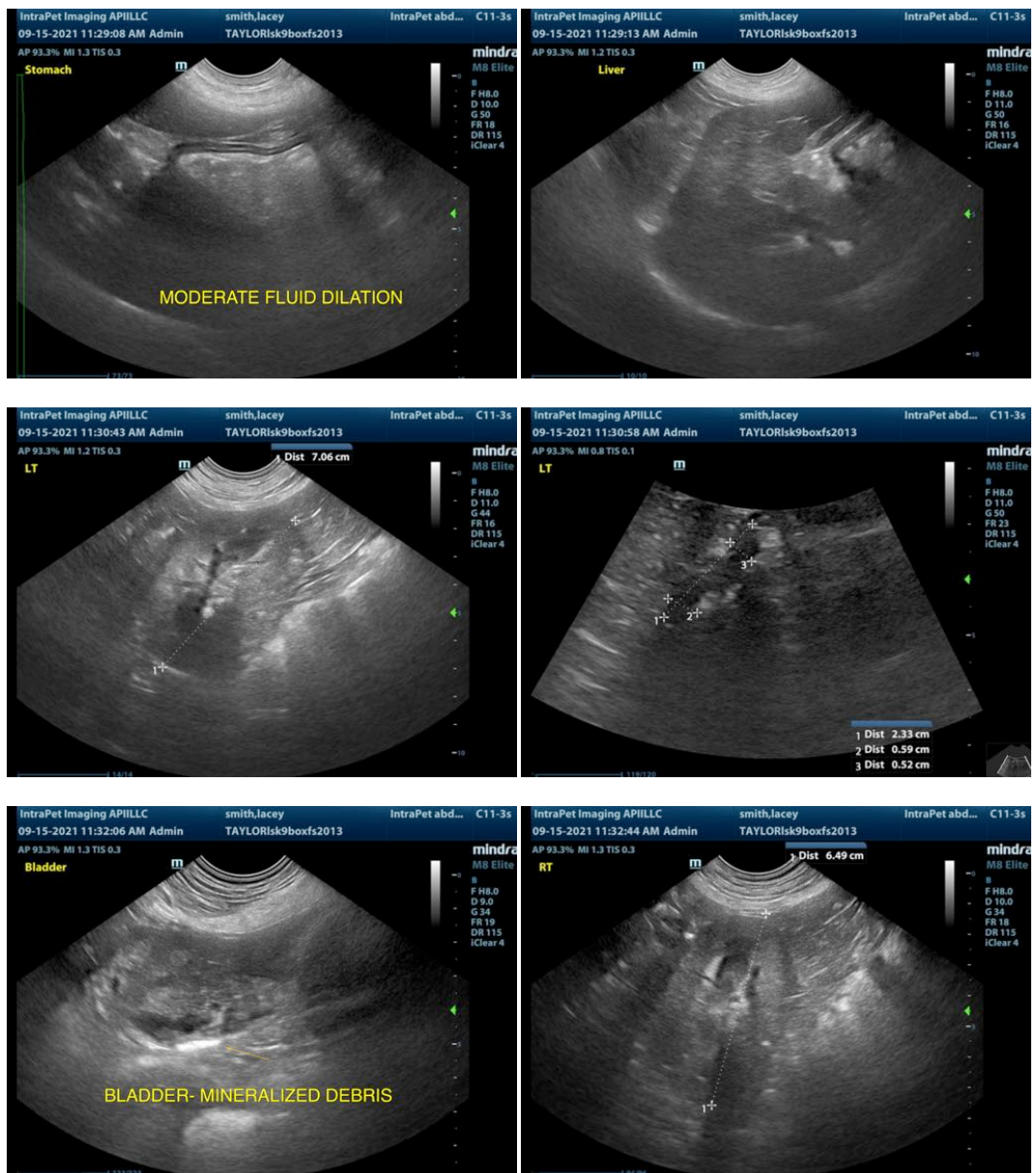
- Large amount of echogenic debris in the urinary bladder. I recommend urinalysis and culture.
- Mildly heterogenous liver with rounded margins. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mild fluid dilation of the stomach. Consider differentials such as delayed gastric emptying or partial obstruction if the patient has been adequately fasted.
- Prominent right adrenal gland. The right adrenal gland is somewhat irregular in shape and enlarged at the cranial pole. The significance of this is unclear. This could be consistent with a right-sided adrenal mass or an anatomic variant.

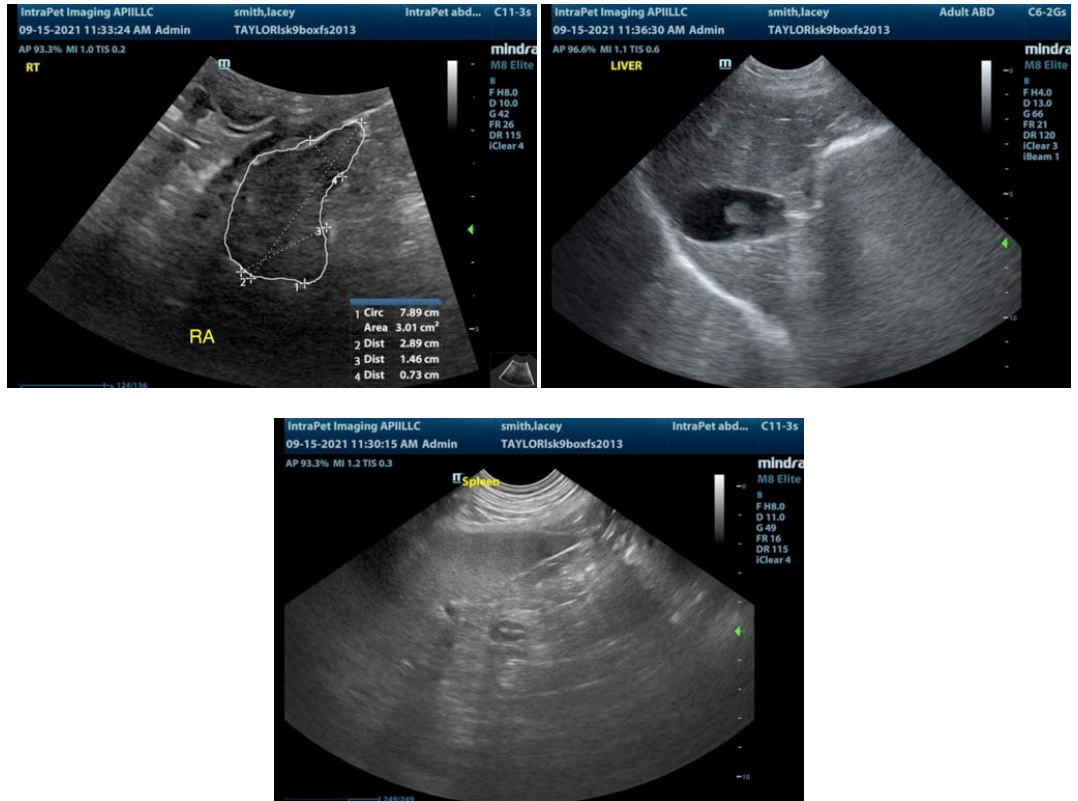
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant lesions were visualized, which are likely to be representative of a metastatic process from the leg mass described. There is a large amount of echogenic debris present in the urinary bladder. I recommend urinalysis and culture of the urine.

Additionally, the liver is somewhat rounded and heterogenous. If the liver enzymes are normal this is likely not a significant finding.

The right adrenal gland is irregular in shape and appears large. If signs of Cushing's are present then consider adrenal function testing. If no signs are present then I would likely recommend monitoring the adrenal gland with ultrasound and rechecking the size in 6-8 weeks. I recommend three view thoracic radiographs.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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