



PATIENT PRESENTING CLINICAL SIGNS

Mya Dicarlo
o noticed blood coming from butt or vagina
o is unsure glands on hind end seem swollen was unsure if in heat has been going on for a couple months more blood recently every time sits down urinates frequently no blood in urine pooping fine tho eating and drinking ok O has been noticing this for the past couple months Mild ventral abdominal discomfort and increased soft tissue mass
Abnormal PE/Chem/CBC/UA Results: BW: Slight increase in ALKP, CHOL Slight decrease in AMYL S.G 1.030, pH 9, PRO 30 rads attached.

SPECIES

Canine

BREED

Border Collie X

SEX

Intact Female

AGE

14 Years

WEIGHT

34 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Wittenrich

INVOICE

26356

DATE

10/18/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 7.2 cm. No evidence of overt pyelonephritis.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland was indistinctly visualized owing to regional omental artifact. The left adrenal gland measured 0.91 cm at the cranial pole and 0.89 cm at the caudal pole. The right adrenal gland measured 0.86 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Normal visible colon wall layers were present with apparent formed feces in lumen.

Mya Dicarlo

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

BREED

Border Collie X

The visualized area of the caudal uterus and cervix dorsal to the urinary bladder was sonographically unremarkable without evidence of luminal fluid. Both ovaries were non-visualized. Potential for cystic left ovary possible, although potential for overlying blood vessel also possible.

SEX

Intact Female

A moderately size, non-homogeneous to mineralized mass occupied the majority of the mid to ventral abdomen. The mass measured approximately 8.0 cm in diameter, but potentially larger. Subtle regional reactive mesentery was noted around the mineralized mass.

AGE

14 Years

No effusion. No overt associated lymphadenopathy.

WEIGHT

34 Pounds

ULTRASONOGRAPHIC FINDINGS

- Unspecified mineralized mass in the mid ventral abdomen
- Sonographically unremarkable area of the caudal uterine body and cervix
- Sonographically unremarkable urinary bladder
- Mild age related kidneys

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the mid abdominal mass would be required for further clarification. However, concern for ovariuterine neoplasia as a top differential diagnosis is warranted, yet potential for omental, lymphatic, or less likely gastrointestinal origin may also be possible, yet thought less likely. Assuming normal clotting status, ultrasound guided FNA of the mass could be considered for screening cytology. Potential intermittent vaginal discharge associated with uterine mass possible, although correlation with cystocentesis urinalysis as well as rectal palpation recommended.

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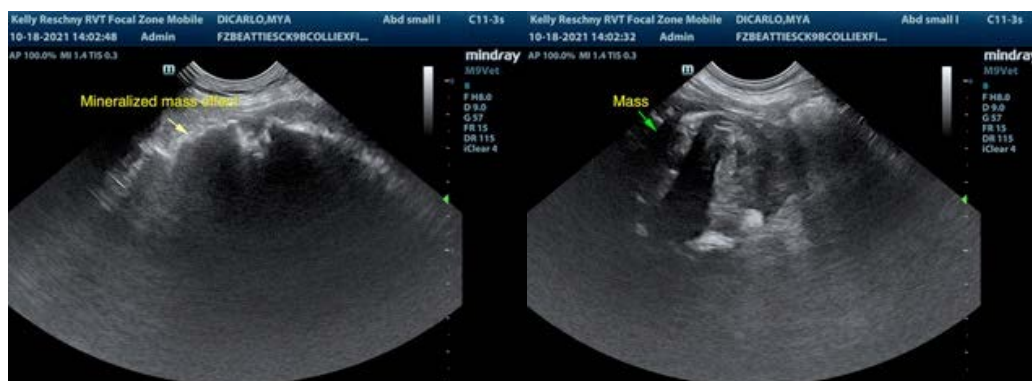
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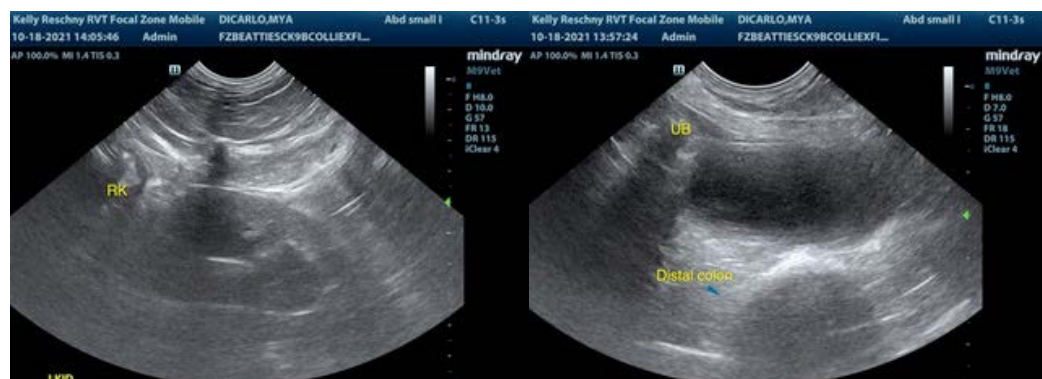
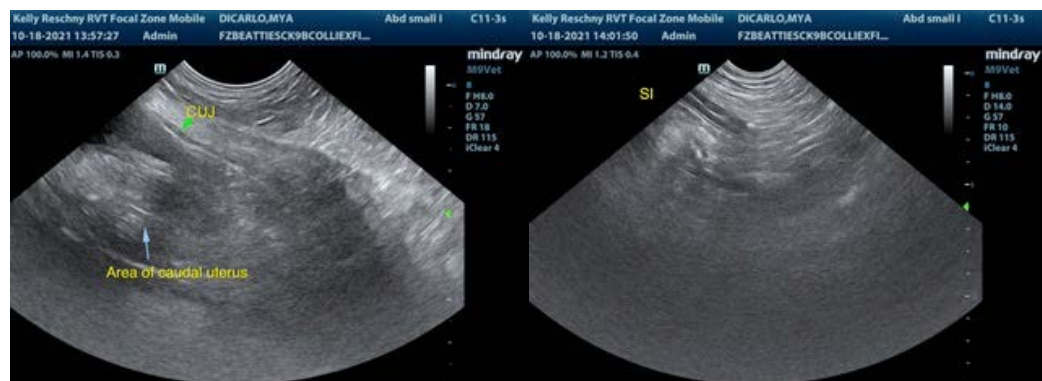
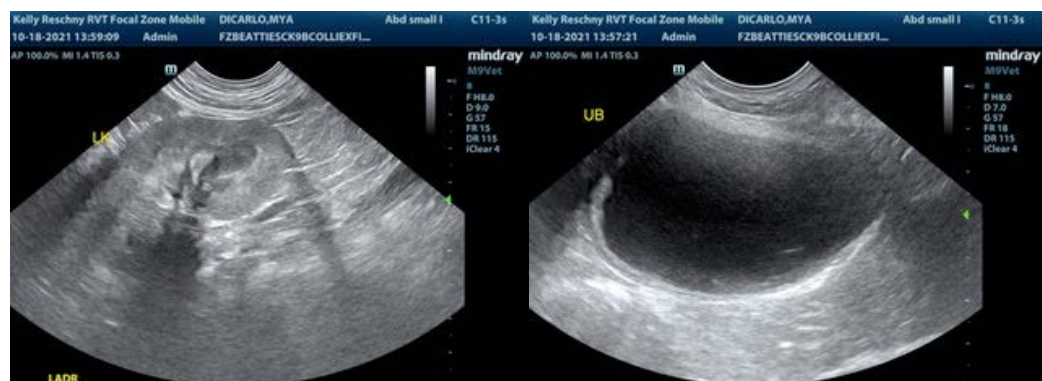
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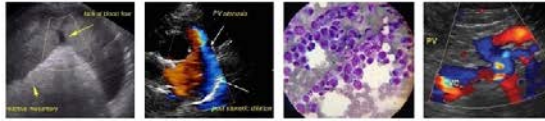
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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