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Clinical Sonography & Telecytology
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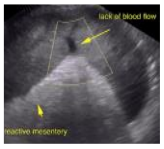
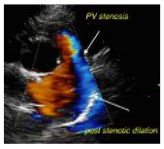
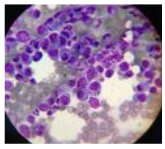
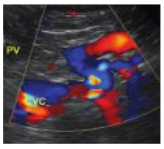




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Zafira Orta

SPECIES
Canine

BREED
Poodle

SEX
Female

AGE
10

WEIGHT
3.9 lbs.

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

IMAGING PERFORMED BY
Julissa Diaz

HOSPITAL NAME
Cento Veterinario del Norte

REFERRING VET
Dra. Diamaris Trinidad

INVOICE
15275

DATE
10/26/22

PRESENTING CLINICAL SIGNS

Presented for abdominal ultrasound on referral. No History Provided.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Potential mild ventral to ventral cranial urinary bladder displacement secondary to a large, nonhomogeneous mass occupying the mid to caudal abdomen subjectively and primarily in the area of the uterus. Concurrent possible mild urethral displacement is also possible although no evidence of obstruction to urethral outflow, given normal urinary bladder size. The mass measured potentially 8.0-9.0 cm in diameter x 4.0 cm in width, but potentially larger as the entire mass would not fit into a single viewing window and appeared to extend cranially into the area of the left medial abdomen and caudal spleen.

The left and right ovaries were not definitively visualized.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 2.9 cm in length. The kidneys did not appear to be involved with the intraabdominal mass.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland measured 0.28 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

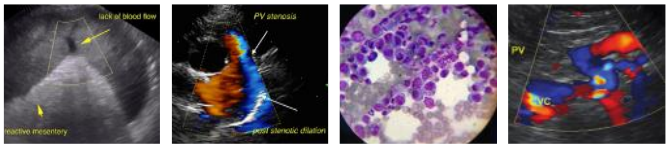
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. Direct connection of the spleen to the mass was not visualized.

Liver/ Gallbladder

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 containing moderate variably hyperechoic nondependent yet nonorganized gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic gastric fluid was present.

The visualized segments of small intestine were sonographically normal.

The colon was indistinctly visualized owing to the mid to caudal abdominal mass within the area of the uterus.

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 were evident.

Free Abdomen

No overt evidence of peritoneal free fluid was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous mid to caudal abdominal mass subjectively and primarily in the area of the uterus
- Bilateral mild chronic renal changes
- Moderate, variably echogenic gallbladder debris - possible early to emerging non-inflamed mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large intraabdominal mass confirmed in this study is most suspicious for primary uterine or ovario-uterine neoplasia, given its location as well as lack of definitive origin from surrounding organs. Possibility of non ovario-uterine origin of the mass cannot be definitively excluded. Neoplastic criteria is favored and considered likely. Screening FNA cytology of the mass, assuming normal clotting status, is warranted for further assessment.

Assuming no evidence of pathology on three view chest radiographs, exploratory laparotomy could also be considered.

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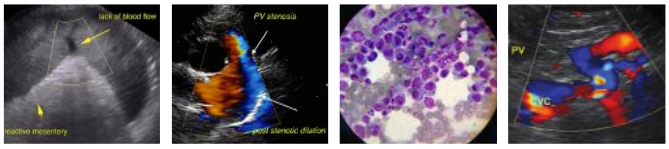

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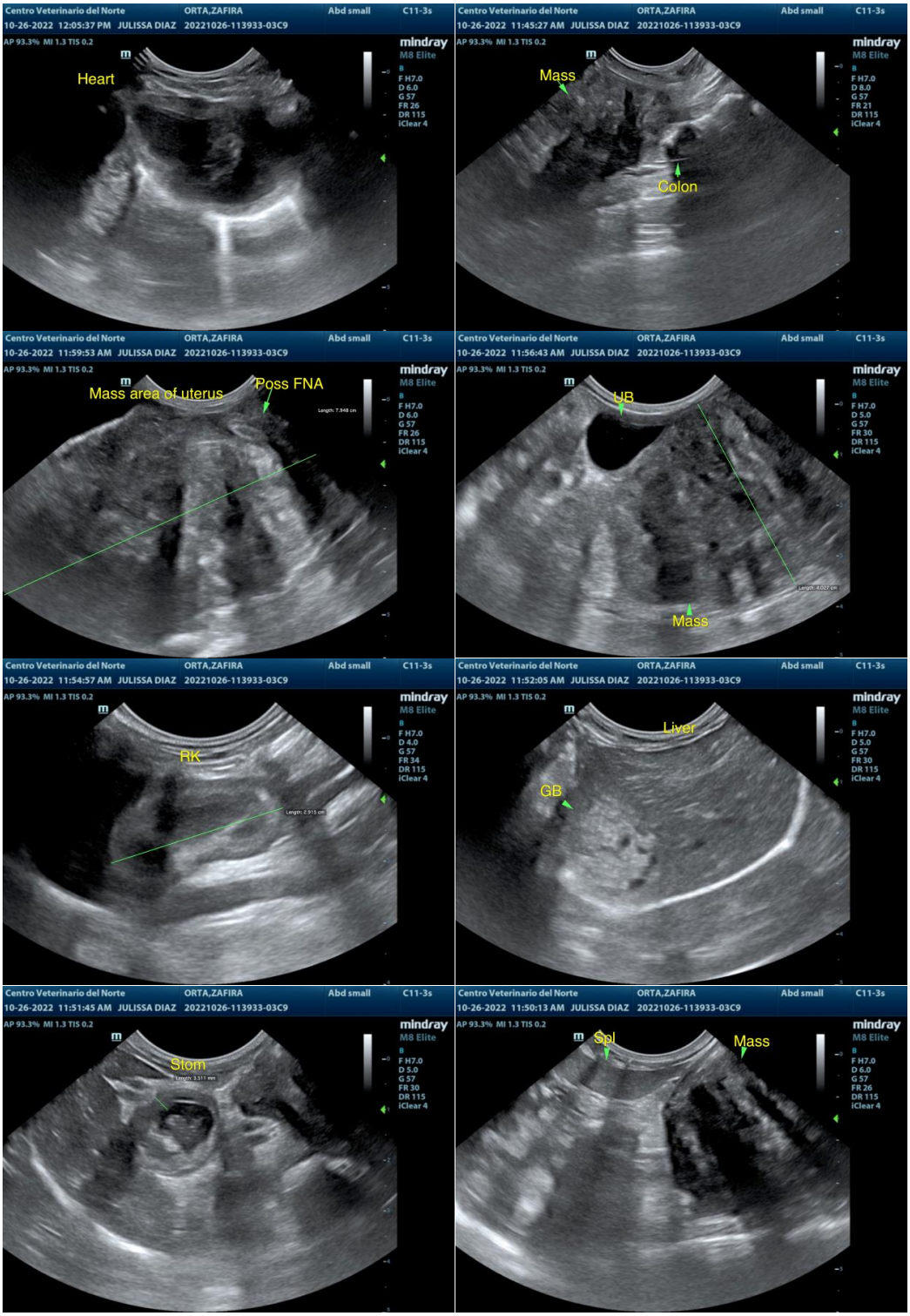

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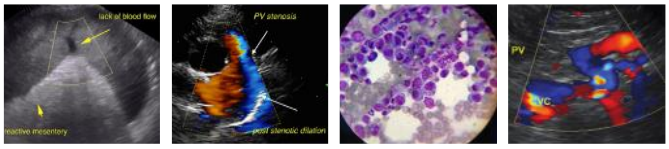

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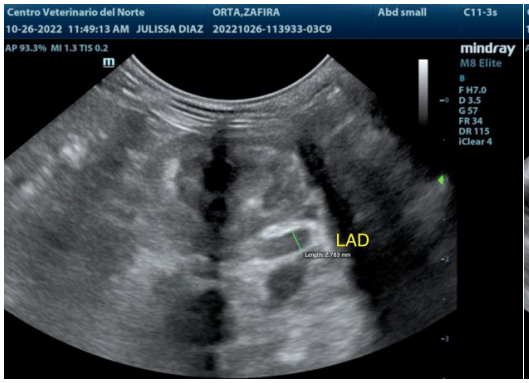

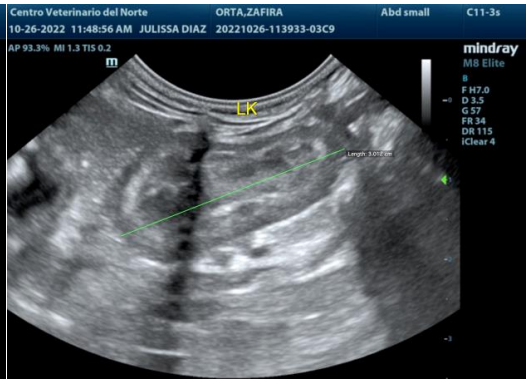

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com