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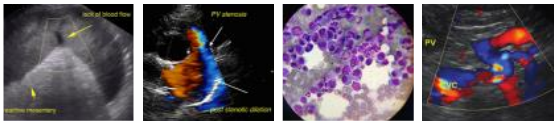

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Austin Craig

SPECIES
Canine

BREED
Cockapoo

SEX
MN

AGE
10yr

WEIGHT
25.3lb

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
Edgewood Animal Clinic

REFERRING VET
Dr. Callahan

INVOICE
11786ag

DATE
10/03/2022

PRESENTING CLINICAL SIGNS

GROWING MASS IN RT INGUINAL AREA Radiographic Findings CHEST RADS-NSF Primary Question/Differential to Be Answered in This Exam EXTENT/ORIGIN OF INGUINAL MASS

Abnormal PE/Chem/CBC/UA Results: FNA OF MASS-LYMPHOID ORIGIN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate measuring 0.52 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 1.7 cm length.

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. No masses or nodules were present.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of masses or nodules.

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.

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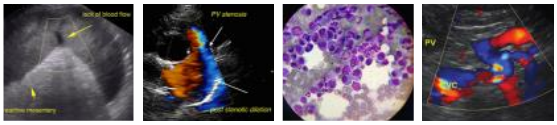

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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.

Free Abdomen

No peritoneal effusion was present.

A moderately sized spherical non-homogenous hypoechoic mass was present in the caudal abdomen cranial/cranioventral to the urinary bladder as well as in the area of the iliac trifurcation measuring ~ 7.5 cm in diameter. The mass appeared to impinge upon the associated ventral body wall without overt evidence of extension or invasion into the inguinal area although this possibility cannot be definitively excluded. A concurrent solitary moderately enlarged nodular to cystic appearing medial iliac to gastric lymph node dorsal to the urinary bladder was present measuring 3.6 cm x 1.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Caudal subjective intra-abdominal mass cranial/cranioventral to the urinary bladder
- Concurrent nodular/cystic appearing medial iliac to hypogastric lymphadenopathy
- Sonographically unremarkable urinary bladder and residual prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the caudal abdominal mass is non-specific yet suggestive of lymphoid origin based on appearance and in conjunction with initial cytology. Potential for other unspecified origin of mass cannot be definitively excluded. The concurrent medial iliac/hypogastric lymphadenopathy may indicate reactive inflammatory vs neoplastic or metastatic lymphadenopathy.

Submission of mass sample to potential flow cytometry or PARR especially if high suspicion for lymphoid origin may be considered for further assessment. Retained testicular mass would be an unlikely differential diagnosis if no history of cryptorchidism.

Pending additional diagnostics, abdominal CT would likely be ideal for further clarification and assessment of surgical resectability.

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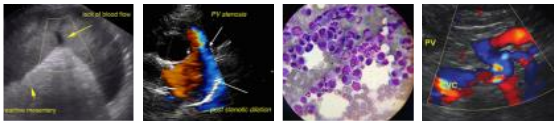

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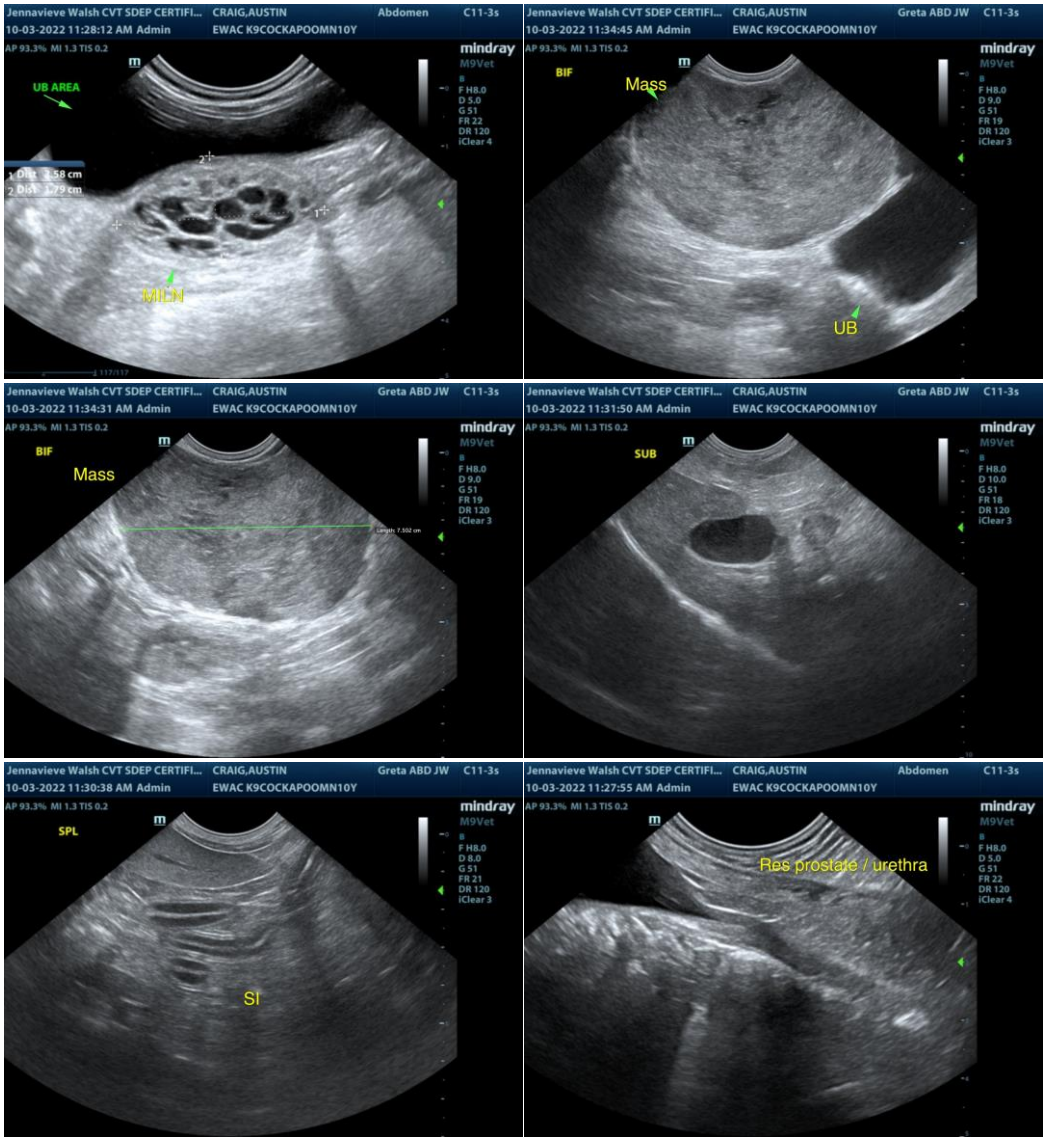

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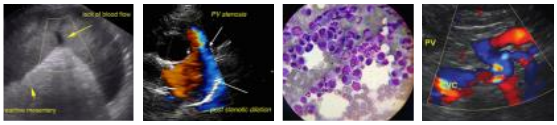

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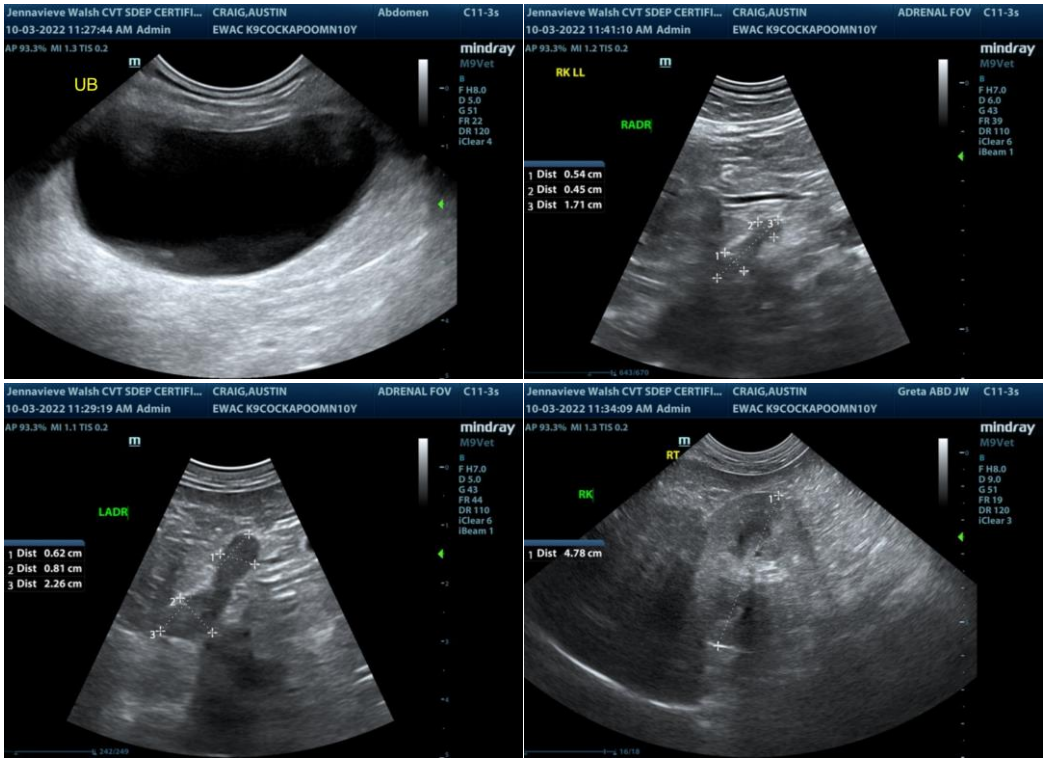

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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