



PATIENT

Candy Tejada

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

12 years

WEIGHT

5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

12583

DATE

11/11/21

PRESENTING CLINICAL SIGNS

Patient presents for straining to urinate/abdominal mass. No current meds.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL. SGPT: 149. USG: 1.034.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with a normal subjective tone. The bladder contained anechoic urine with no sediment or calculi. The proximal urethra was not definitively visualized.

A moderately sized, nonhomogeneous mass in the area of the uterine body noted dorsal to the urinary bladder in the area of the proximal urethra and ventral to the distal descending colon and colorectum, was present. The mass measured approximately 4.2 cm x 2.8 cm. No evidence of mineralization associated with the mass was noted. Concurrent left and right mild to moderate uterine horn fluid accumulation was present. The left and right ovaries were not definitively visualized.

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 to moderate 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 2.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 cm length x 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.0 cm length x 0.41 cm width at the caudal pole.

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.

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 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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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

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- Nonhomogeneous mass in the area of the uterine body with concurrent uterine horn fluid accumulation - consistent with probable uterine neoplasia with concurrent hydrometra, mucometra, or emerging pyometra
- Bilateral chronic renal changes
- Nondistended urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A minor potential for a nonuterine origin of the mass, i.e., colon or urinary origin is possible yet is thought less likely. However, the potential for involvement or possible adhesion to the area of the cystourethral junction and urethra and/or adhesion to the ventral colon and wall are possible. No overt evidence of complete urethral obstruction, given the normal urinary bladder size. Non-neoplastic etiology for the mass, i.e., granuloma or similar could also be a possibility in this case.

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Exploratory laparotomy with gross inspection and resection of the mass along with fluid dilated uterine horn and submission of tissue for histopathology may be considered. If further clarification is required, abdominal CT, as well as for surgical planning, is likely ideal. Three view chest radiographs are recommended.

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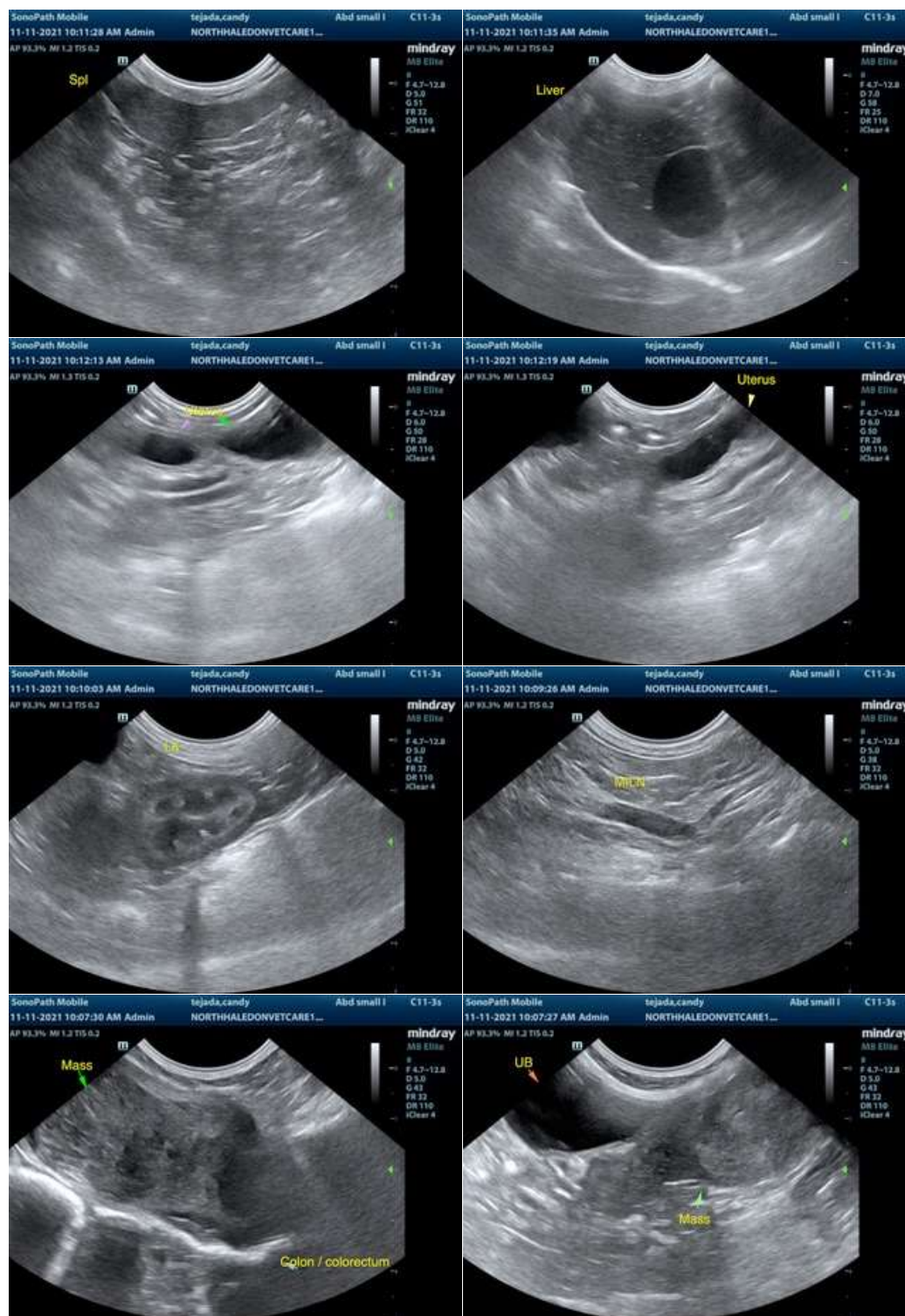
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

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SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

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<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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