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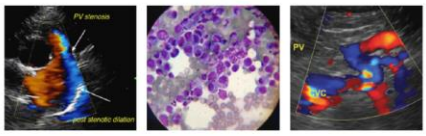

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Zulu Black

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

6yr

WEIGHT

24.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Airport Veterinary Hospital

INVOICE

12126ag

DATE

11/11/2022

PRESENTING CLINICAL SIGNS

Large left inguinal mass noted. No clinical signs.

Abnormal PE/Chem/CBC/UA Results: See attached. FNA taken of inguinal mass today and submitted for cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 5.6 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 0.48 cm width at the cranial 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

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-dependent mildly organized hyperechoic sludge. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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.

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

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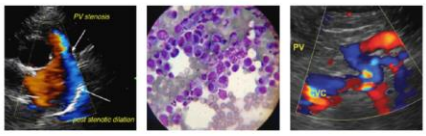

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Pancreas

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

The omentum exhibited primarily uniform normal echogenicity with focal areas of hyperechoic omentum likely consistent with omental steatitis with potential for emerging nodular fat necrosis. This is a benign incidental finding.

A well demarcated spherical homogeneous mass was present in the left inguinal area. The mass appeared to extend to the level of the deep body wall yet did not extend to the abdominal cavity. The mass measured ~ 6 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Homogeneous uniform left inguinal mass-sonographically consistent with inguinal lipoma/fat echogenicity
- Focal areas of probable omental steatitis, possible emerging nodular fat necrosis-benign, incidental
- Moderate non-dependent organized gallbladder sludge-suggestive of emerging non-inflamed mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the inguinal mass with pending cytology is recommended. No overt contraindication to surgical removal pending mass cytology although if lipoma is confirmed, continued monitoring could be considered.

Assessment of hepatic enzymes is suggested, potential for mild hepatic vacuolar hepatic changes in conjunction with early gallbladder mucocele is possible. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol suggested if evidence of cholestasis. Sonographic monitoring of the gallbladder is likely ideal if evidence of progressive cholestasis or cranial abdominal/subxiphoid discomfort on palpation.

T4 levels are suggested as gallbladder mucoceles have been associated with hypothyroidism.

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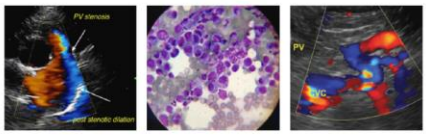

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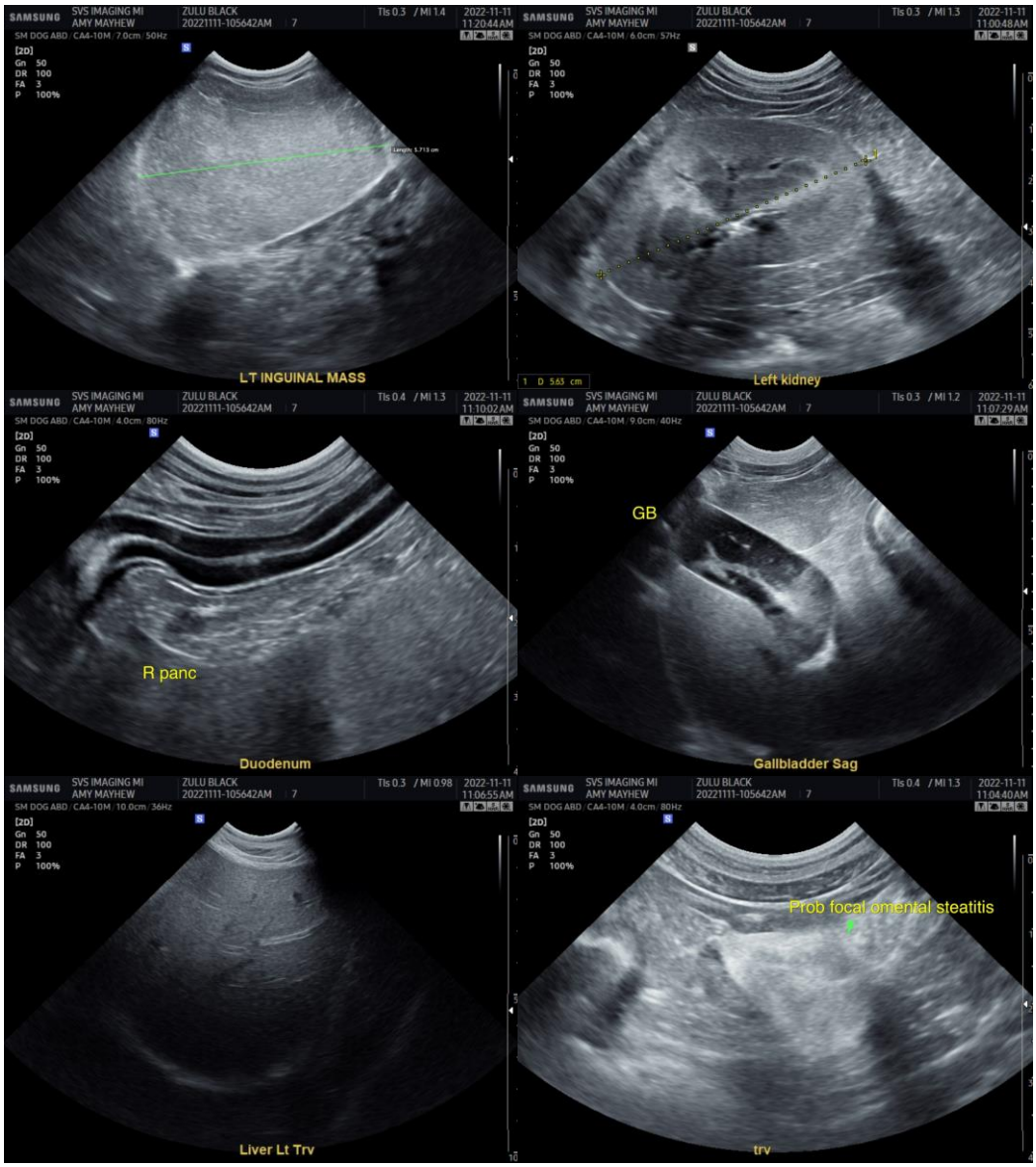

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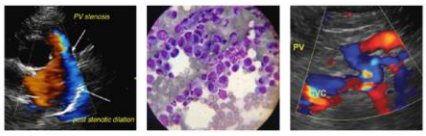

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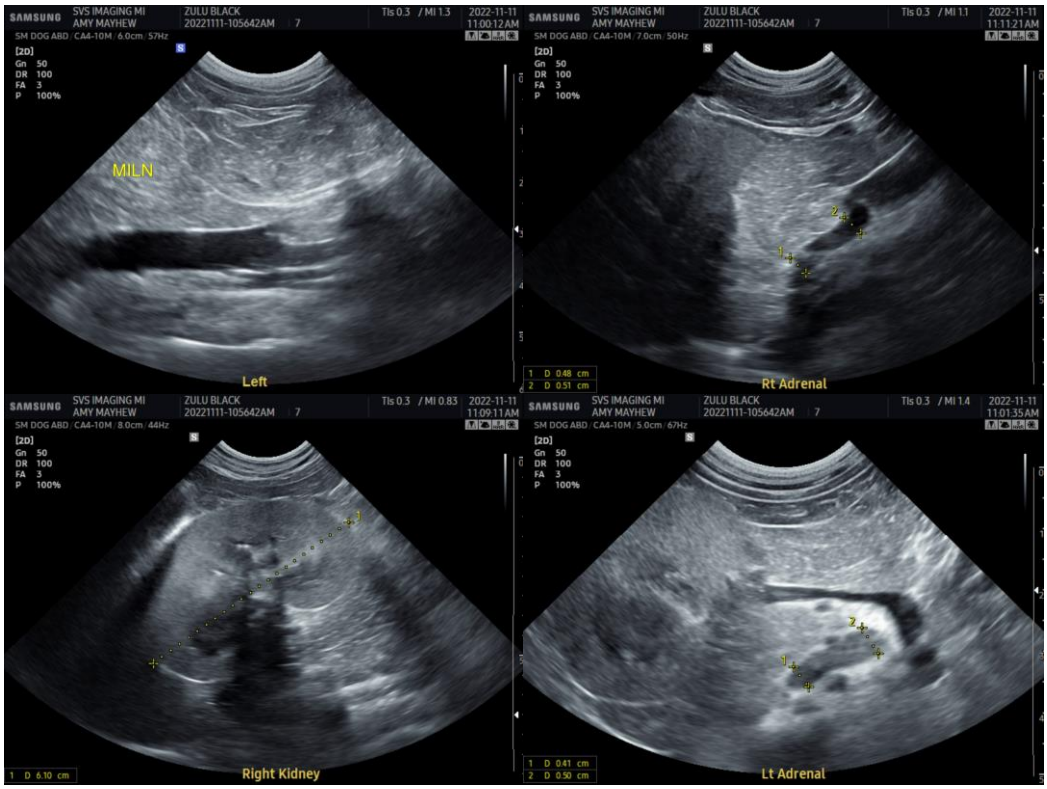

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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