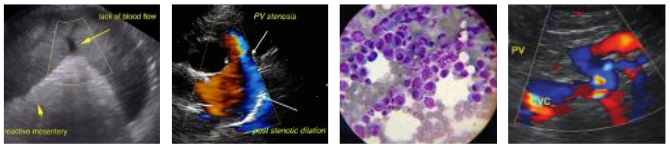
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Poppy Williams

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

FS

AGE

≈8 years

WEIGHT

13.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cohen

INVOICE

16594

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Presented for acute vomiting and soft stools 4/10, owner adopted about a month ago so a new dog to the owner with unknown history. FNA done of abnormal cystic area cranial to bladder.
Abnormal PE/Chem/CBC/UA Results: Caudal abdominal mass (firm, by the bladder). Senior wellness panel pending. RADS: circular soft tissue density in caudal abdomen.

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 overtly 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 was noted.

No overt evidence of medial Iliac lymphadenopathy directly adjacent to the iliac trifurcation.

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 4.4 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 1.9 cm length x 0.49 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 1.7 cm length x 0.50 cm width at the caudal pole.

Spleen

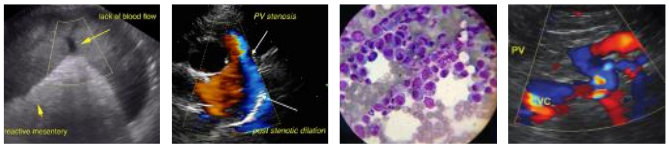
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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. 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 contained moderate, variably echogenic, primarily nonshadowing ingesta, sonographically suggestive of food, without signs of 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.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present with lumen dilation.

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

Irregular, mixed echogenic to cystic mass lesion was present in the caudal abdomen craniodorsal to the urinary bladder and primarily within the area of the uterine remnant. The mass lesion did not appear to involve the urinary bladder or adjacent descending colon. Suspect uterine tissue directly adjacent to the mass lesion extending caudally and ventral to the distal descending colon. Mild regional to peripheral hyperechoic omentum was noted with no evidence of peritoneal free fluid. No overt omental lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Irregular mixed echogenic to cystic mass lesion area of the uterine remnant, suspect uterine tissue caudal and ventral to the colon - strongly suggestive of uterine remnant pathology i.e., uterine remnant, granuloma, consolidated abscess, seroma, neoplasia, potential emerging atypical stump pyometra or other
- Structurally unremarkable gastrointestinal tract with mild gastric ingesta and semi-formed / soft fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the gastric ingesta is suggestive of food with no evidence of overt gastric foreign material or gastrointestinal obstructive pattern. Dietary intolerance / food allergy, dietary indiscretion, inflammatory bowel episode, low-grade pancreatitis which may present as sonographically normal, and occult parasitism, are possible.

Correlation of the mass in the area of the uterine remnant with pending cytology is suggested. If evidence of neoplasia, no overt evidence of regional or intraabdominal metastasis. As-needed empirical gastrointestinal support is recommended.

Laparotomy with gross inspection of the mass lesion with resection of the mass lesion, as well as any potential retained uterine tissue to the level of the cervix, +/- gastrointestinal biopsies, are warranted. Three-view chest radiographs are suggested, if not done, prior to surgery.

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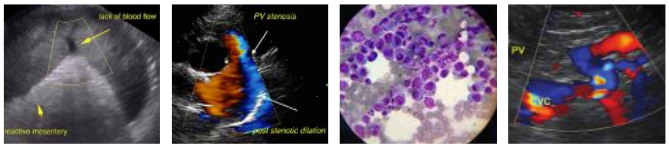

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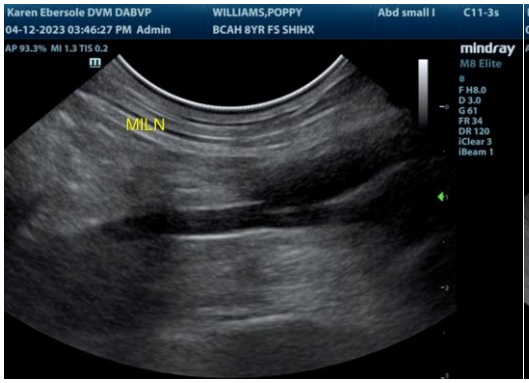

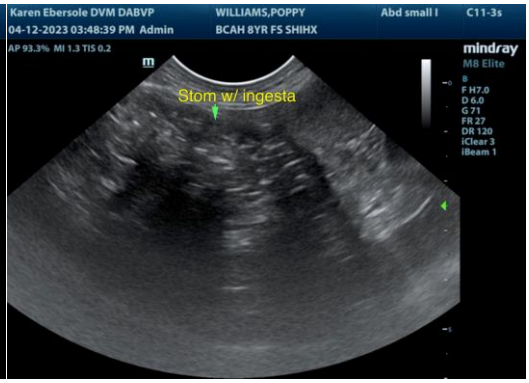

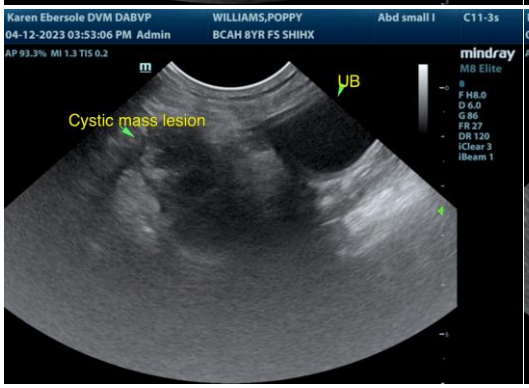

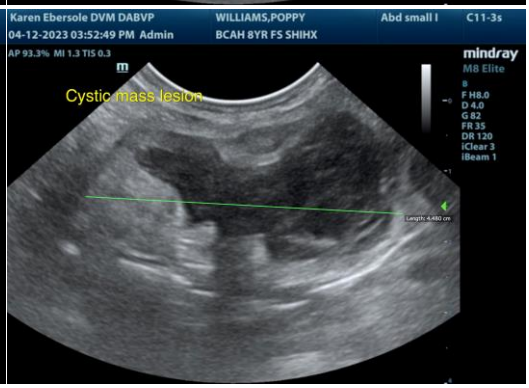

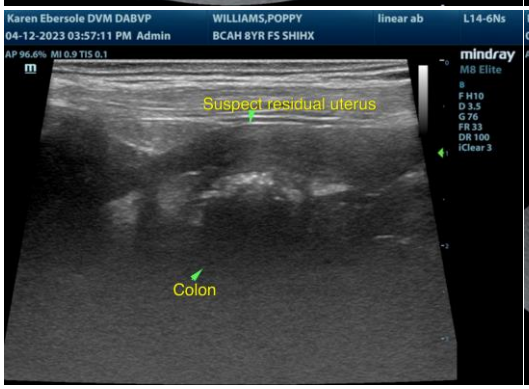

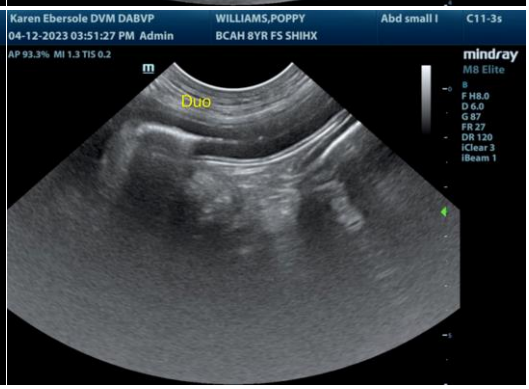

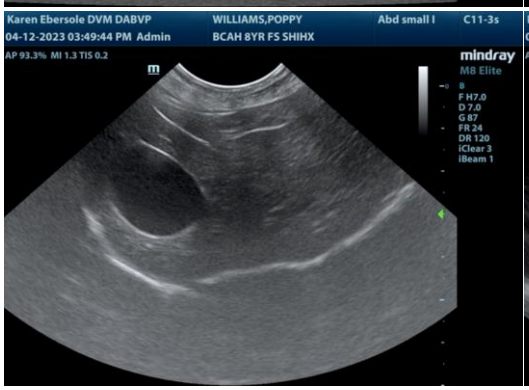

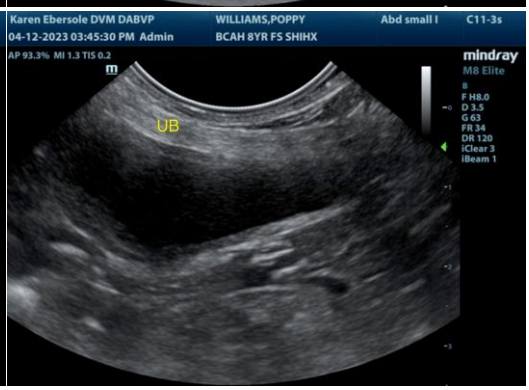

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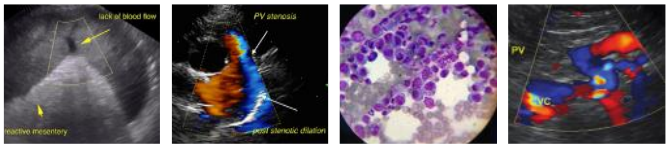

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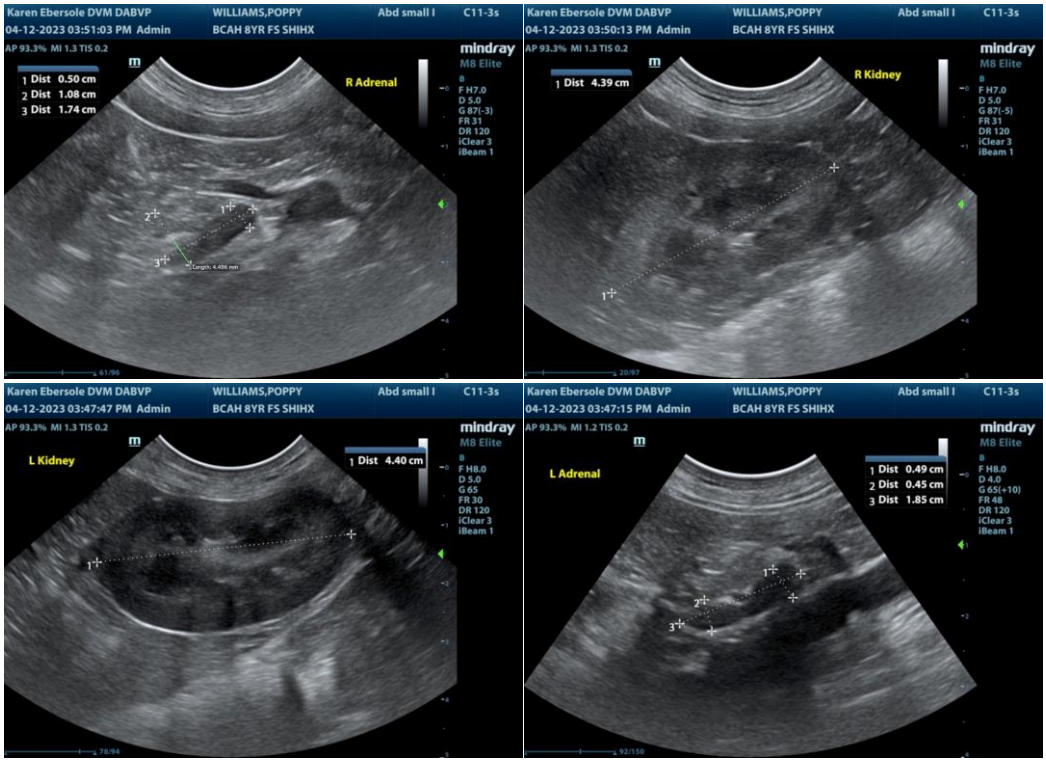

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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