



PATIENT	PRESENTING CLINICAL SIGNS
Dixie Viverette	Pain in left cranial abdomen, tensing. elevate pancreas enzymes with persistent pain and inappetence: rule out severe pancreatitis; mass associated with pancreas and/or stomach; cloth foreign body in stomach; other Current Medications Cerenia 16mg - Give 1/2 tablet by mouth daily. Gas X
SPECIES	
Canine	BUN 39, Creatinine 1.1, SDMA 18, Calcium 9.4, Albumin 2.2, Spec cPL 1174, WBC 13.5 with unremarkable differential, platelets 588, Urine specific gravity- 1.034, 4+protein
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Corgi	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.
FS	
AGE	The area of the aortic trifurcation was free of pathology and was without evidence of medial iliac or sublumbar lymphadenopathy.
14 years	
WEIGHT	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. Small cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 cm in length.
31.6 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.74 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.52 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	The spleen was normal in size and contour with subtle generalized splenic parenchyma heterogeneity. A solitary non-expansive or disruptive, centrally echogenic to peripherally hypoechoic nodule was present in the medial spleen measuring 0.95 cm in diameter.
HOSPITAL NAME	Liver/ Gallbladder
Whole Pet VC	The liver was mild to moderately enlarged with normal structure and contour. The liver exhibited mild parenchymal remodeling with normal overall hepatic parenchyma echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, nondependent yet nonorganized nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.
REFERRING VET	
Dr. DeMarco	
INVOICE	
13674	
DATE	
4/15/22	



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Dixie Viverette

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta / chyme was present.

The visualized 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 pancreas base and right pancreatic limb exhibited normal overall size and contour with mildly heterogenous to echogenic parenchyma. The left pancreatic limb was not definitively visualized.

Free Abdomen

Unspecified, moderately sized, asymmetrical nonhomogeneous to mixed echogenic mass exhibiting potential for ill-defined cystic or Intra-mass fluid component was present in the mid to caudal abdomen measuring 8.0-9.0 cm in diameter. Associated regional hyperechoic mesentery around the mass without overt evidence of free fluid was noted. Aside from the mass, no evidence of overt or significant omental lymphadenopathy was noted.

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

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogeneous mixed echogenic mass mid to caudal abdomen with associated regional reactive mesentery / peritonitis
- Nonspecific yet suspicious solitary centrally echogenic to peripherally hypoechoic splenic nodule - possible target lesion
- Mild hepatomegaly exhibiting minor parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild nonhomogeneous to echogenic pancreas base and right pancreatic limb - nonspecific, potential for low-grade to chronic pancreatitis
- Bilateral chronic renal changes with small cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the unspecified mid to caudal abdominal mass. A definitive origin of this mass was not obviously evident. The mass appeared to be located adjacent to the caudal medial spleen yet connection to the spleen was not evident. The mass appeared to extend caudally to the approximate level of the apical urinary bladder. The mass did not appear to involve the left or right kidney, left or right adrenal gland, or overt gastrointestinal tract. Omental, lymphatic, or given



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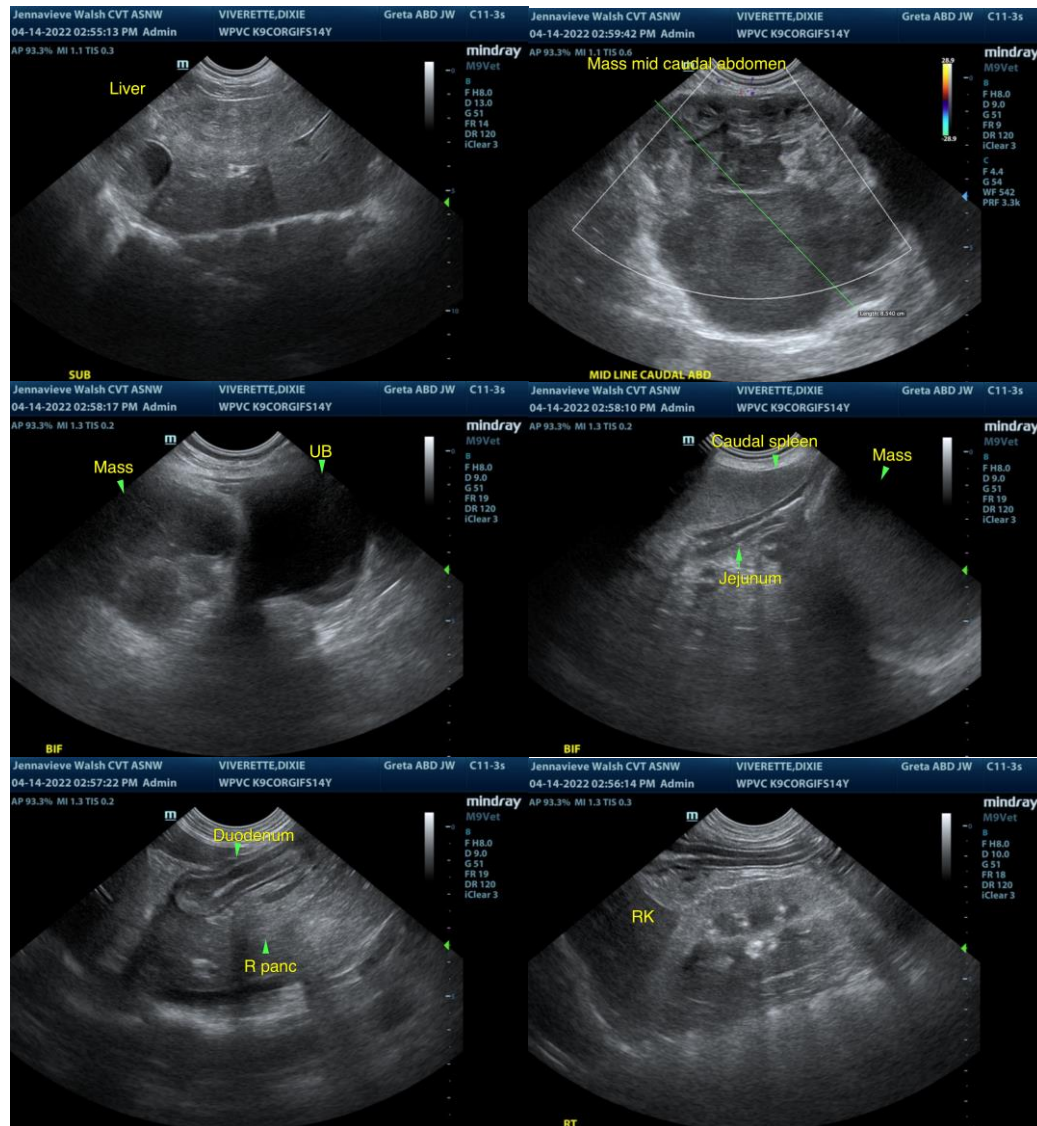
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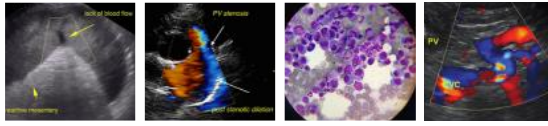
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the severely elevated cPL level, potential for pancreatic origin are considered most probable. The mass is consistent with neoplastic criteria, although non-neoplastic etiologies such as a consolidated atypical abscess or necrotic granuloma are also possible.

Assuming normal clotting status, ultrasound guided FNA of the mass using a 25-gauge needle could be considered for screening cytology. Ideally, given this presentation, abdominal CT for further assessment of the mass, potential nonobvious regional metastasis, +/- surgical planning is likely ideal. Warranted suspicion for potential focal splenic metastasis given the suspected target lesion may be an issue. Three view chest radiographs are recommended if not done.





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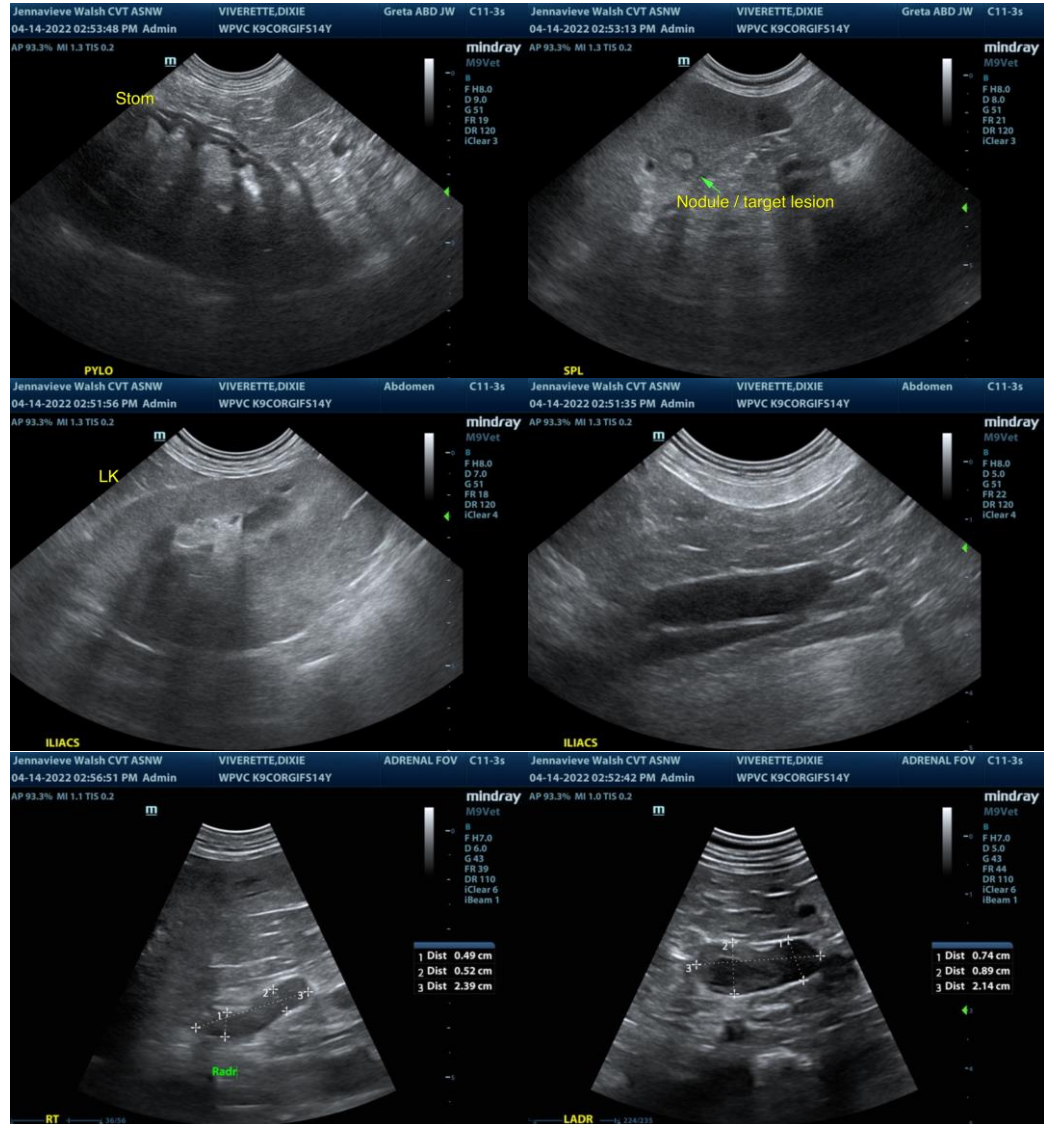
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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