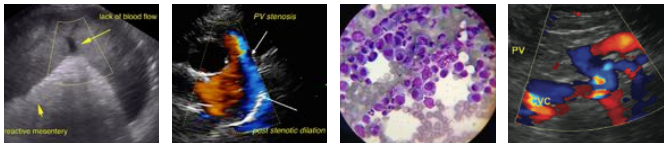
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Click Lane

SPECIES
Canine

BREED
Lab

SEX
Female

AGE
1y

WEIGHT
24kg

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

IMAGING PERFORMED BY
Hayley Heindel, CVT

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. Spiga

INVOICE
10189

DATE
4/21/2023

PRESENTING CLINICAL SIGNS

v/d, hx of eating fish bones, mass felt on palpation.

Abnormal PE/Chem/CBC/UA Results: none completed within 2 weeks.

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 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.

The area of the aortic trifurcation was free of pathology.

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 6.7 cm in length. The right kidney measured 7.1 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 2.9 cm in length x 0.69 cm at the caudal pole width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm in length x 0.71 cm 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.

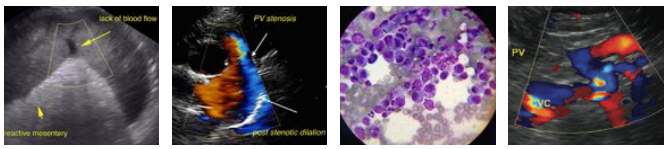
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach 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.

Pancreas



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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

Intermittent, mildly prominent mesenteric and medial iliac lymph nodes were present. The intermittent mesenteric and medial iliac lymph nodes were not consistent with inflammatory or neoplastic criteria. There is potential for mild lymphoid hyperplasia or immunologic immaturity suspected.

A moderately sized, irregular, non-homogenous, mineralized to cystic mass-like lesion was noted in the caudal abdomen cranial to the urinary bladder, within the area of the iliac trifurcation. The mass-like lesion measured 5.0 cm – 6.0 cm in diameter. Mild peripheral hyperechoic omentum was present. No evidence of peritoneal free fluid.

Other

No overt pathology in the area of the left and right ovaries, although not definitively visualized.

ULTRASONOGRAPHIC FINDINGS

- Unspecified, non-homogenous, mineralized to cystic caudal abdominal mass-like lesion, cranial to the urinary bladder, with mild surrounding hyperechoic reactive to possibly mild inflamed omentum.
- Normal bilateral kidneys/adrenal glands
- Normal spleen/liver
- Structurally unremarkable gastrointestinal tract – no evidence of mechanical/metabolic ileus
- Intermittent, minor, benign/reactive mesenteric and medial iliac lymph nodes – not consistent with inflammatory or neoplastic lymphatic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The unspecified mass-like lesion in caudal abdomen is strongly suspected to be of uterine origin or involvement based on location, with potential primary concern for a mummified fetus, with additional considerations potentially including chronic to consolidated granuloma, necrosis/abscess, or less likely neoplasia. Non-uterine origin of the mass-like lesion, i.e., omental lymphatic (less likely) enterocolic cannot be definitively excluded yet considered less likely. Assuming normal clotting status FNA, +/- centesis of the mass-like lesion for cytology, +/- fluid analysis, and/or C/S could be considered. However, exploratory laparotomy for gross inspection, with the potential for biopsy or ideally resection, is recommended. Three-view chest radiographs, prior to surgical considerations, are suggested.

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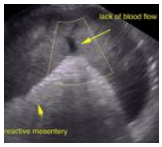

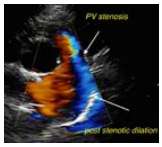

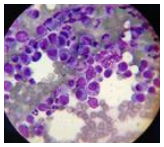
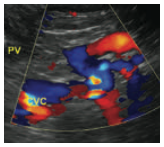

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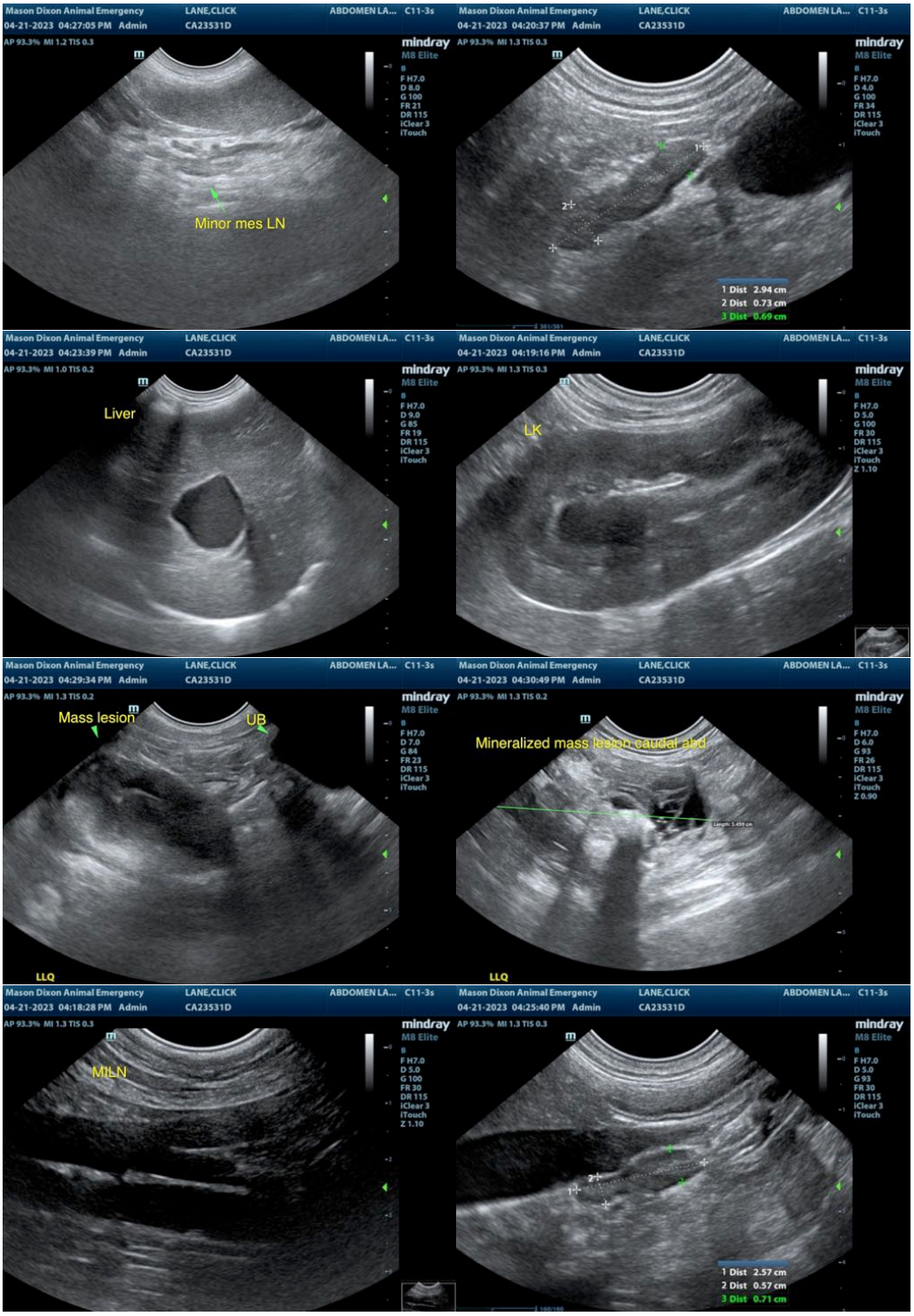

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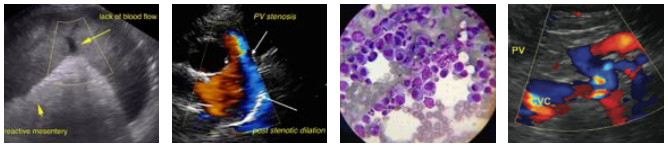

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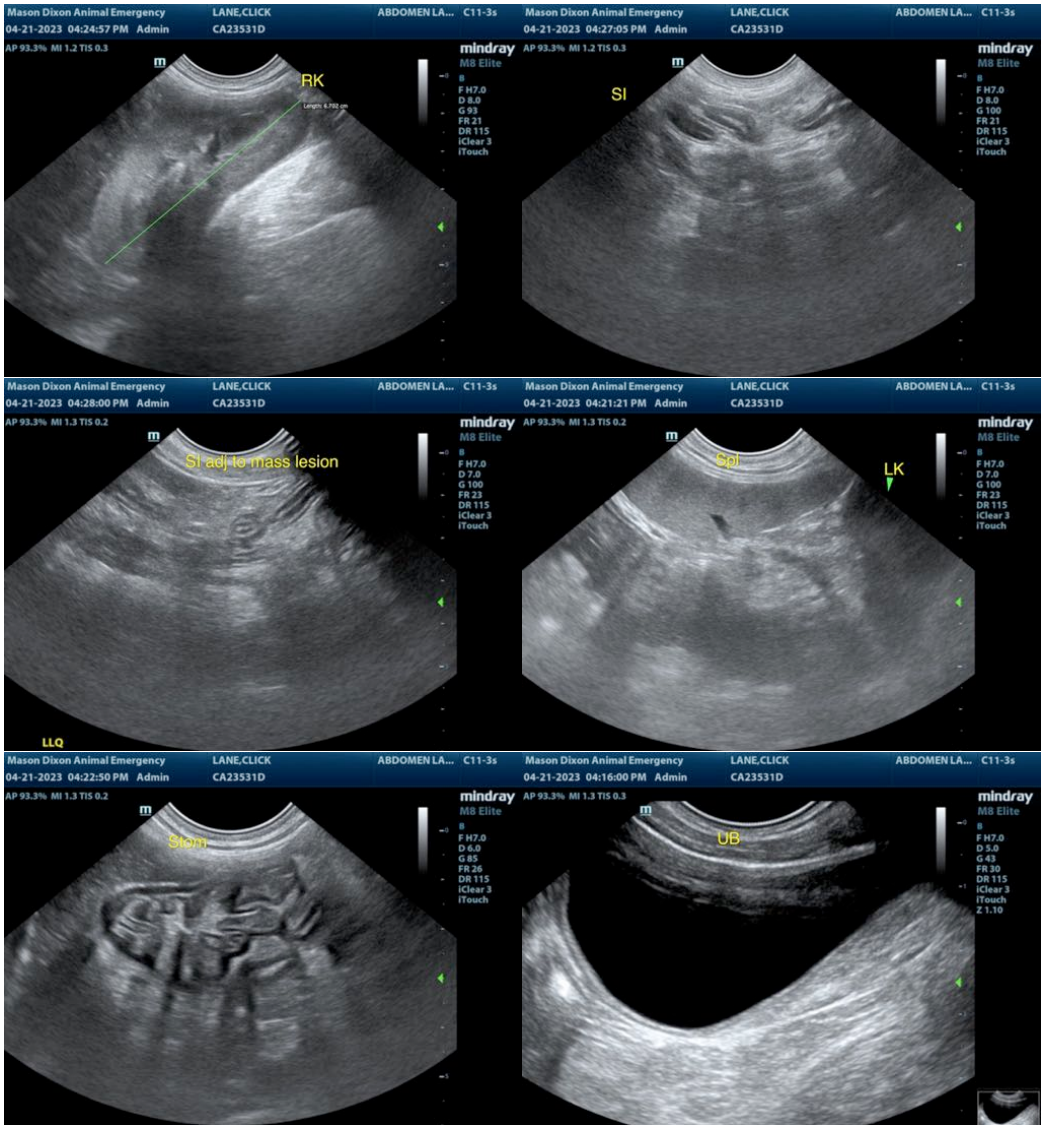

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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