



PATIENT

Genie Barr

SPECIES

Canine

BREED

Lab Ret

SEX

FS

AGE

9

WEIGHT

30kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Glamorgan Animal
Clinic

REFERRING VET

Dr. Tan

INVOICE

13413ag

DATE

04/04/2023

PRESENTING CLINICAL SIGNS

Has a 2 cm diameter lump at the dorsal commissure of the vulva on the left side. Mass is about 3 cm in diameter. Litter mate had a similar mass that was a mast cell tumour and metastasized to internal organs. Met check. Patient given short term GA for scan.

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

A focal, mildly prominent medial iliac lymph node was present measuring 1.1 cm x 0.4 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.59 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 0.59 cm width at the caudal pole and 0.60 cm width at the cranial pole.

Spleen

The spleen exhibited mild enlargement and generalized subtle parenchyma heterogeneity. No masses or nodules. 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. The mild splenomegaly may be incidental, patient variant or secondary to short term anesthesia.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and minor echogenic to particulate debris. 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.

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 was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild non-specific splenomegaly.
- Minor hepatic parenchyma remodeling.
- Mild age related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a mild geriatric abdomen with no overt evidence of significant abdominal visceral pathology. No obvious evidence of intra-abdominal metastasis. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology may be considered for further assessment given concern for cutaneous MCT. Sonographic monitoring of the abdominal cavity based on oncology recommendations is recommended.

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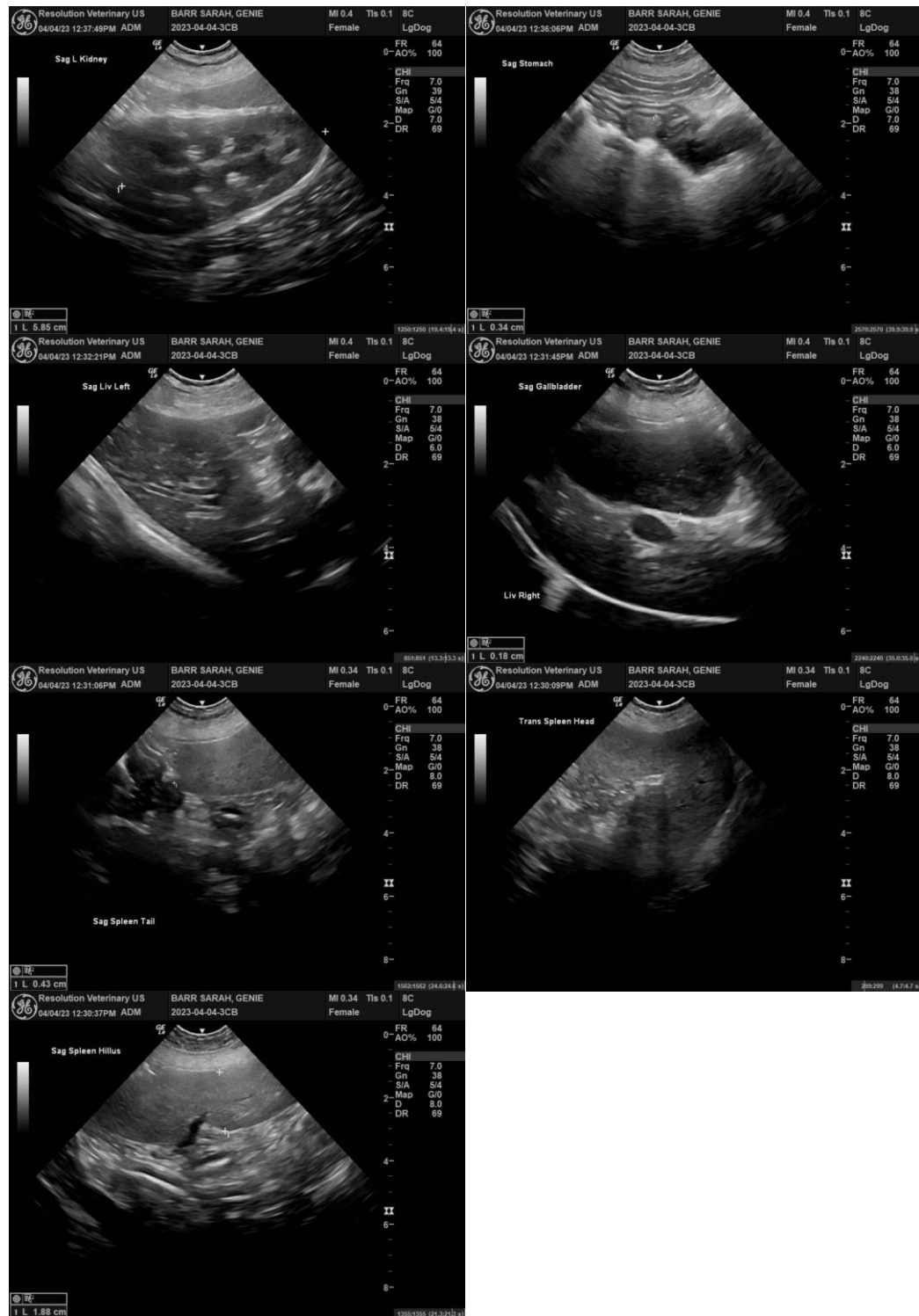
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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