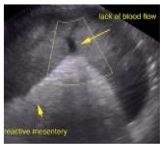
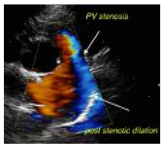
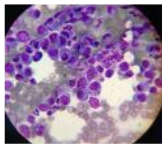
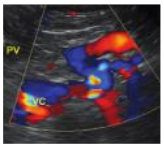
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Rubi Phillips

SPECIES

Canine

BREED

Chihuahua X

SEX

FS

AGE

5 years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Sidhu

INVOICE

17083

DATE

6/13/23

PRESENTING CLINICAL SIGNS

urinating in bed while sleeping, getting worse. UA unremarkable, palpable abdominal mass on PE Abnormal PE/Chem/CBC/UA Results: UA and CBC unremarkable. abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size with normal tone and no evidence of urinary bladder overdistention. Mild anechoic urine was present with no evidence of lumen sediment, mineral, or calculi. Full evaluation of the urinary bladder wall was limited owing to lack of urine distention, yet no evidence of urinary bladder tumors or overt cystitis criteria. The urethra exhibited overtly normal structure and tone to a depth of 3.0 cm.

No overt evidence of medial iliac or sublumbar lymphadenopathy.

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 4.6 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 0.44 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 0.39 cm width at the caudal pole.

Spleen

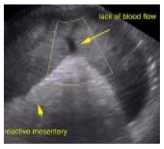
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

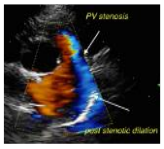
Liver/ Gallbladder

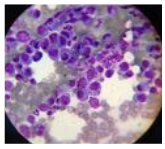
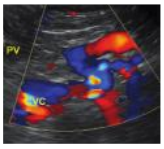
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild dependent to non-dependent nonorganized gallbladder sediment. No evidence of inflammatory criteria was noted. 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.

The visualized colon, specifically the distal descending colon and area of the colorectum, exhibited overtly normal wall layering. Formed fecal matter was subjectively present in the descending colon. Overt evidence of colon overdistention was not obvious.

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

An unspecified, nonhomogeneous mass lesion was noted in the subjective caudal abdomen in the area of the distal descending colon and subjectively craniodorsal to the urinary bladder. The mass lesion measured ~4.0 cm in diameter. Subtle evidence of surrounding hyperechoic omentum / tissue was noted.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous subjective caudal abdominal mass in area of craniodorsal urinary bladder and distal descending colon - granuloma, consolidated abscess, neoplasia, or other possible, with uterine remnant or potential lymphatic origin considered most probable
- Nondistended sonographically unremarkable urinary bladder
- Overtly normal visualized distal descending colon / colorectum
- Mild gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the mass with pending cytology +/- C/S if clinically indicated is suggested. The mass did not overtly appear to originate or obviously involve the urinary bladder or distal descending colon / colorectum, although potential adherence to these areas cannot be definitively excluded.

Pending cytology and assuming no evidence of pathology on three view chest radiographs, abdominal CT for further clarification and potential surgical planning vs. exploratory laparotomy with gross inspection of the mass and potential for biopsy or resection could be considered. A thorough muscular/skeletal and neurological examination is suggested to assess for or rule out concurrent pathology as a potential contributing factor. Nocturnal enuresis could be an alternative consideration in this patient.

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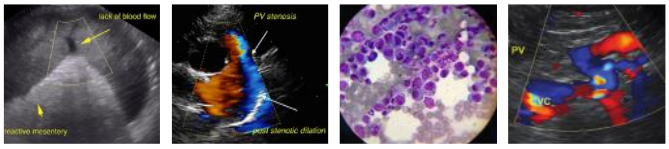

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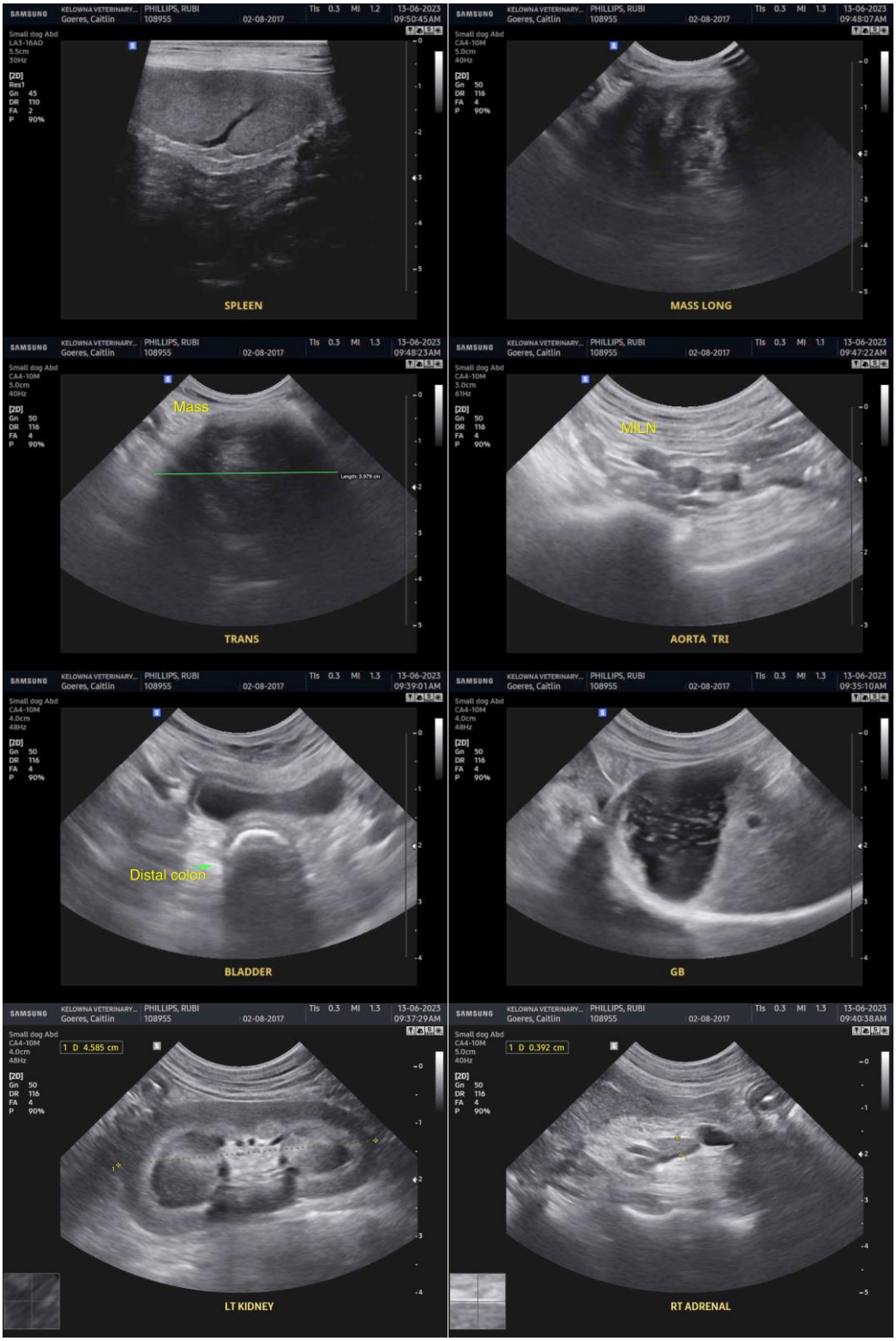

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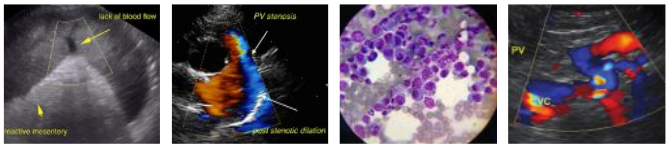

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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