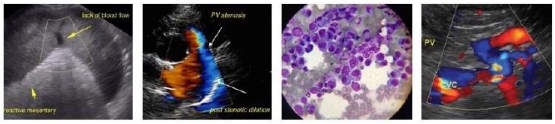


PATIENT

Millie Vanderkoele

SPECIES

Canine

BREED

Portugese Water Dog

SEX

FS

AGE

12 years

WEIGHT

62 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Wilson Mobile Vet Services

REFERRING VET

Dr. Wilson

INVOICE

14055

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Presented ~ 5 days ago with history of vomiting and diarrhea. On exam felt pot bellied/doughy abdomen. Possibly fluid wave but not convincing, soft abdomen. Previous ultrasound had revealed a fat/cyst like mass that was thought to be attached to body wall; unable to FNA because nothing palpable externally so owner opted to wait. Xrays on Friday revealed a large mass in the caudal abdomen with strange radiodensity. Cerenia daily.

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 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. Intermittent small cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.8 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 2.6 cm length x 0.77 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 2.0 cm length x 0.92 cm width at the caudal pole.

Spleen

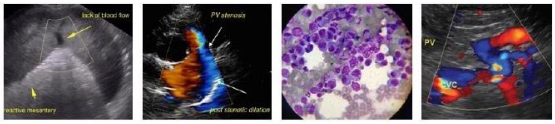
The spleen was displaced cranially owing to the large intraabdominal mass. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus 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.



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The small Intestine appeared to be displaced cranially owing to the large intraabdominal mass. 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

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

No overt lymphadenopathy was present.

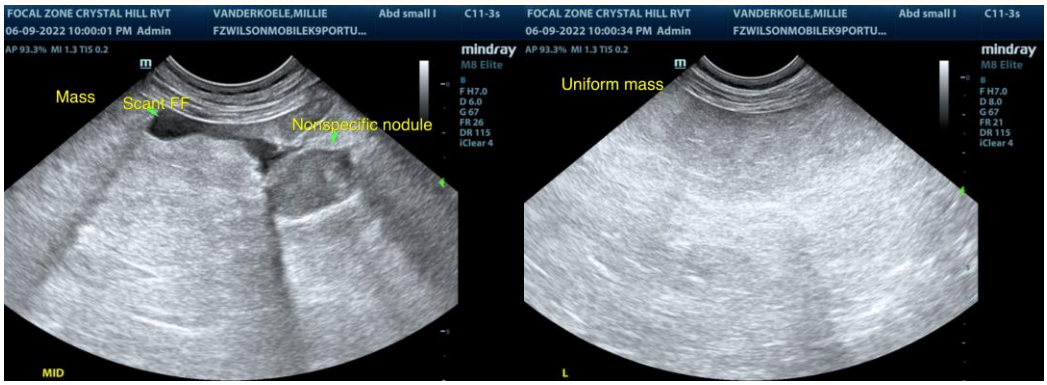
Large primarily uniform to mild inhomogeneous occupying the majority of the mid to caudal abdomen was present. The mass measured at least 12.0 cm in diameter, but larger as the entire mass would not fit into a single viewing window. Intermittent nonspecific well-demarcated spherical, mildly nonhomogeneous nodules were noted within the mass. An example measured 2.0 cm in diameter. Potential for small pockets of scant intra-mass free fluid to potential atypical cyst vs. minor regional peritoneal free fluid.

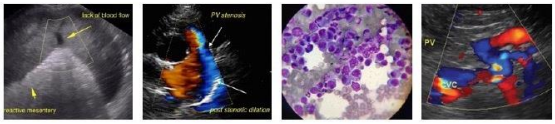
ULTRASONOGRAPHIC FINDINGS

- Large primarily uniform to focally nodular intraabdominal mass- likely large mesenteric lipoma, potential for alternative etiologies such as liposarcoma or other considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intraabdominal mass is recommended for screening cytology. The mass did not appear to be associated with the spleen, liver, bilateral kidneys, or originate from the gastrointestinal tract.





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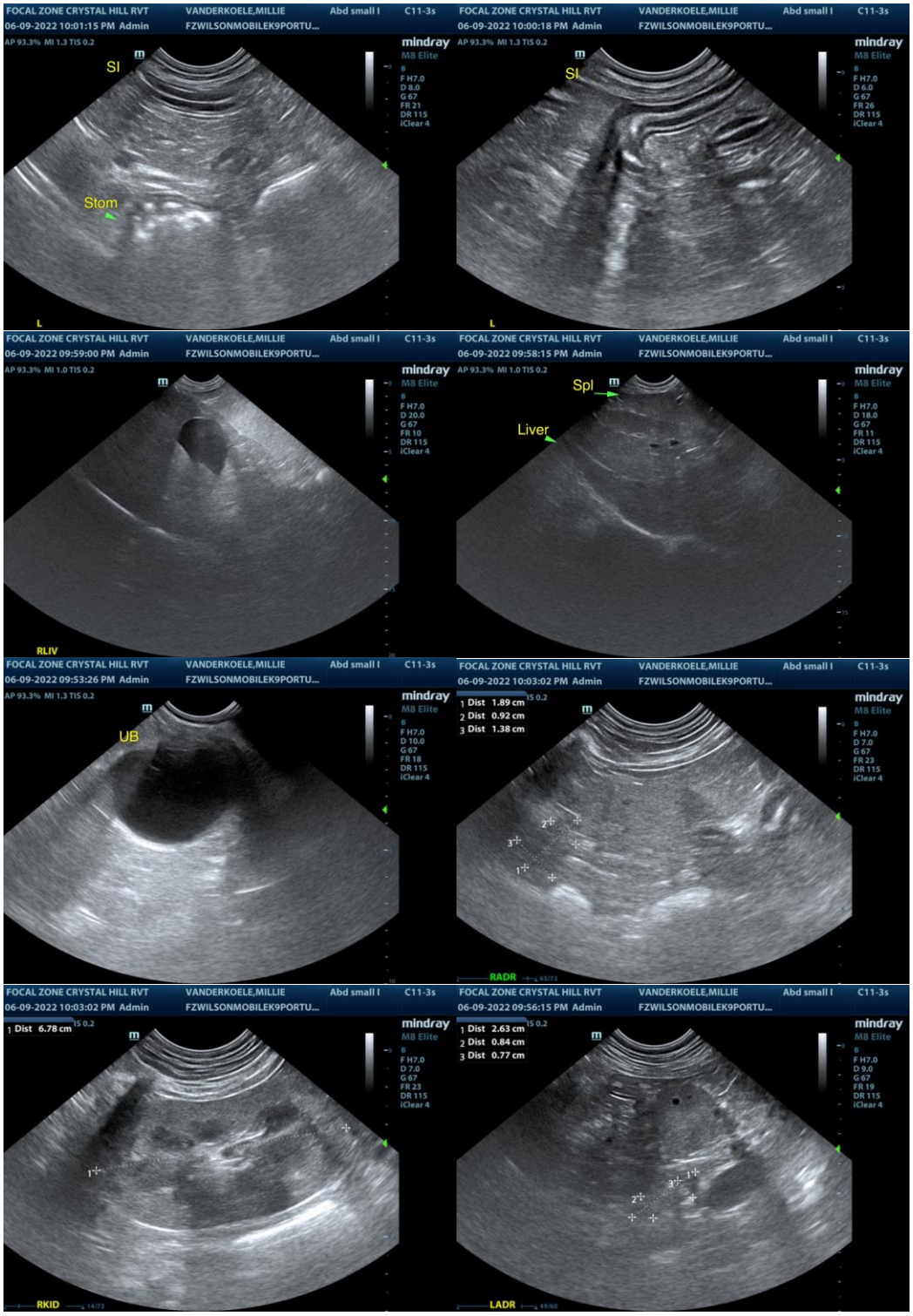

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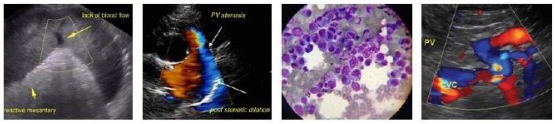

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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