



PATIENT

Boo Bear Ross

SPECIES

Canine

BREED

Mix

SEX

Male

AGE

14

WEIGHT

16kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. De. Cordon

INVOICE

11081ag

DATE

07/10/2022

PRESENTING CLINICAL SIGNS

Acutely lethargic

2. Continues to eat/drink

3. Possible linear gastric FB r/o toothpick (in the environment)

4. Hypercalcemia with mild hyperglobulinemia r/o neoplasia vs. parathyroid disease vs. other

5. Hematuria - r/o due to cysto vs. other

Abnormal PE/Chem/CBC/UA Results

Complete Blood Count - WNL

Chemistry - mild hypercalcemia, mild hyperglobulinemia; amylase elevated, lipase too high to read; hypernatremia

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 was 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 5.4 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology. The residual prostate measured 0.9 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 1.8 cm length. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent mildly hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact yet mildly prominent 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 ventral gastric body wall measured 0.63 cm in width.

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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 small intestinal wall measured 0.37 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The area of the pancreas base and right pancreatic limb exhibited mild prominent size with nonhomogeneous to mixed echogenic parenchyma. A primarily uniform spherical appearing nonhomogeneous mass exhibiting a focal cystic lesion was present in the area of the caudal right pancreatic limb medial to the right kidney measuring approximately 4.5 cm. Mild nonuniform hyperechoic mesentery was present.

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Free Abdomen

No evidence of significant lymphadenopathy was present although minor isoechoic to hypoechoic lymphadenopathy in the area of the mass is possible. No peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Non-homogeneous right pancreas with mass lesion in area of caudal right pancreatic limb, surrounding mild hyperechoic/reactive omentum
- Sonographically unremarkable GI tract, potential minor gastritis - the possible linear gastric object was not definitively visualized yet a small object may be difficult to visualize owing to gas, no signs of SI mechanical / metabolic ileus
- Secondary: mild chronic renal changes, benign spleen nodules (myelolipomas), mild GB debris (non mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mass lesion in the area of the right pancreatic limb likely pancreatic origin given location slightly medial to the RK and in light of elevated pancreatic parameters. Non pancreatic origin ie lymphatic, omental, other considered less likely. Neoplasia, inflammation, consolidated abscess, granuloma, necrosis possible. Neoplasia is favored although not definitive. FNA of the mass lesion is required for further assessment.

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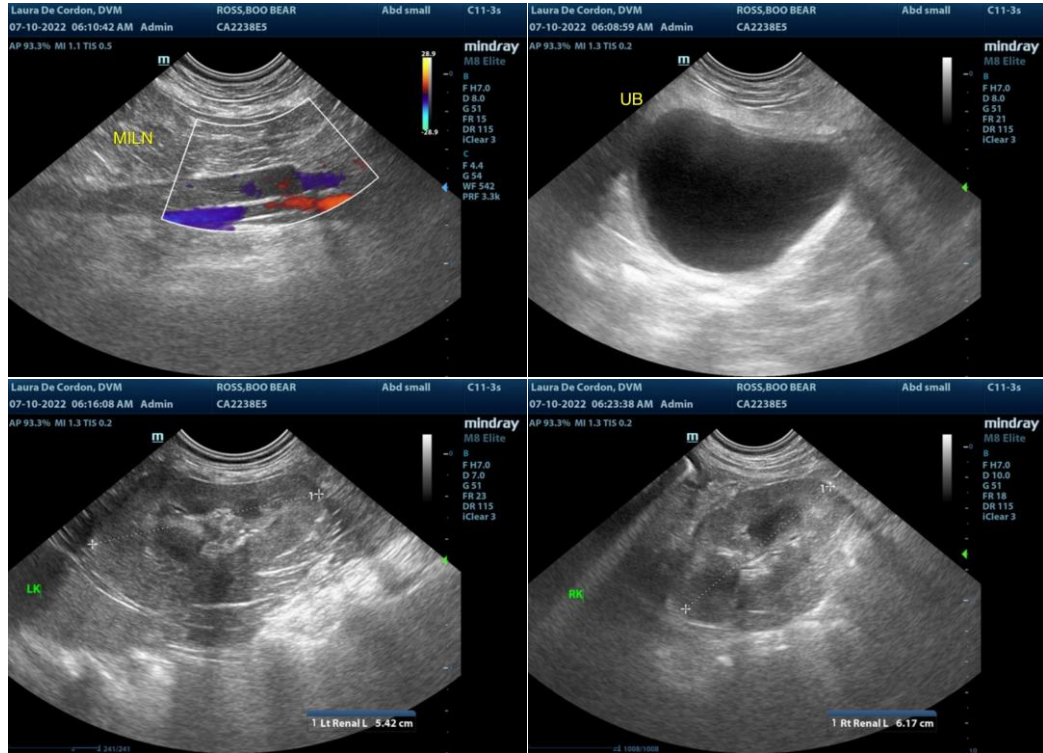
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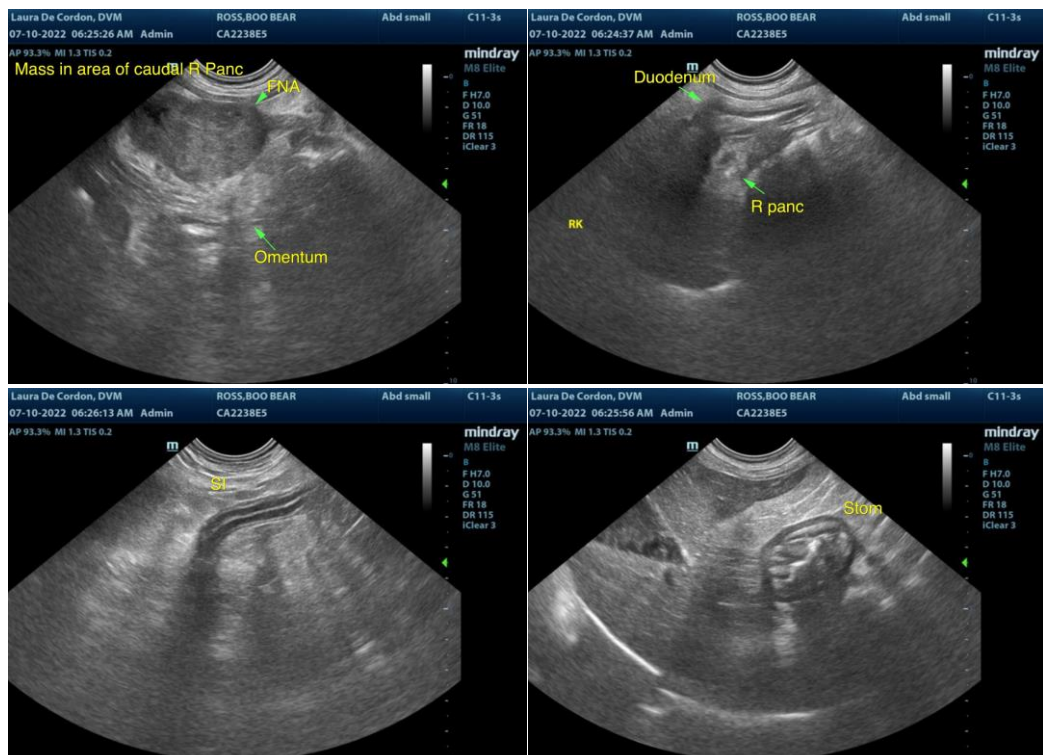
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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