



PATIENT PRESENTING CLINICAL SIGNS

Bazinga Bihl

History of lethargic behavior and one episode of vomiting and some soft stool. Patient was recently at a rehab vet a few weeks ago and diagnosed with a disc issue so he has been on a muscle relaxant (unknown what type) and Gabapentin for the last few weeks so they weren't show if lethargy is from this or not. PE: abdominal distention, no murmur, pink memb, no other abnormalities Current Medications Gabapentin Radiographic Findings Concern for loss of serosal detail and possible ascities. Primary Question/Differential to Be Answered in This Exam Presence of free fluid? Source of fluid?

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

8 Years

WEIGHT

39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Hello Vet for Pets LLC

REFERRING VET

Dr. Kastella

INVOICE

23642

DATE

7/27/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted. Aortic trifurcation was normal.

Normal size was 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. Mild lateral asymmetrical capsule contour and suspect lateral cortical infarct was noted in the right kidney. The left kidney measured 5.9 cm in length. The right kidney measured 5.9 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 2.4 cm in length x 0.53 cm width 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 2.5 cm in length x 0.36 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with primarily finely textured homogenous parenchyma. Intermittent, mildly expansive nonhomogenous splenic nodules were noted, resulting in subtle splenic capsule distortion. An example measured 1.0 cm in diameter.

Liver

The liver revealed mild generalized enlargement, maintained symmetrical capsule contour and normal vascular volume. No evidence of congestive criteria. Primarily uniform hepatic parenchyma was noted, exhibiting intermittent similar appearing, nonhomogenous, mildly expansive intraparenchymal nodules. An example of liver nodule measured 1.7 cm in diameter.

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

Gastrointestinal



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The stomach presented overtly normal and intact visualized wall layering. The stomach appeared to be mild to moderately gas distended with retained nonshadowing ingesta/chyme present in the area of the antrum and pylorus. No evidence of mechanical pyloric outflow obstruction.

SPECIES

Canine

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 pancreas was not definitively visualized owing to increased peripancreatic omental artifact.

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Free Abdomen

A spherical, potentially encapsulated nonhomogenous hypoechoic mass lesion was noted in the cranial abdomen within the area of the caudal mid to right and caudate liver, stomach and pancreas, measuring approximately 5.0 cm in diameter. Regional, mid to cranial abdominal hyperechoic omentum and moderate volume, mildly echogenic, peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Unspecified nonhomogenous, hypoechoic spherical mass lesion in the cranial abdomen in the area of the caudal right to caudate liver, pancreas and stomach.
- Associated mid to cranial abdominal peritonitis with moderate volume mildly echogenic peritoneal effusion.
- Nonspecific yet suspicious hepatosplenic intraparenchymal nodules.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Secondary Findings

- Suspect lateral right kidney cortical infarct.

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Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the unspecified mass may include unspecified neoplasia, abscess, necrotic granuloma, or other with associated peritonitis. Coagulation profile is recommended. If no evidence of underlying coagulopathy, further assessment may include abdominocentesis or effusion analysis cytology +/- culture and sensitivity and FNA cytology +/- culture and sensitivity of the unspecified mass and accessible hepatosplenic nodule. Three view chest radiographs are recommended if not done.

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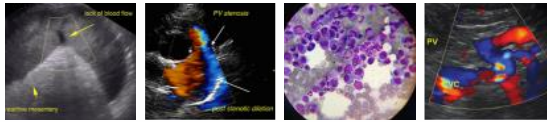
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If no evidence of thoracic pathology, and pending additional diagnostics, further clarification may include, ideally, abdominal CT for further assessment, potential surgical planning, and assessment for non-sonographically evident metastasis vs exploratory laparotomy with gross inspection of the mass, potential for biopsy or resection, hepatic biopsy +/- splenectomy. Prognosis is extremely guarded.



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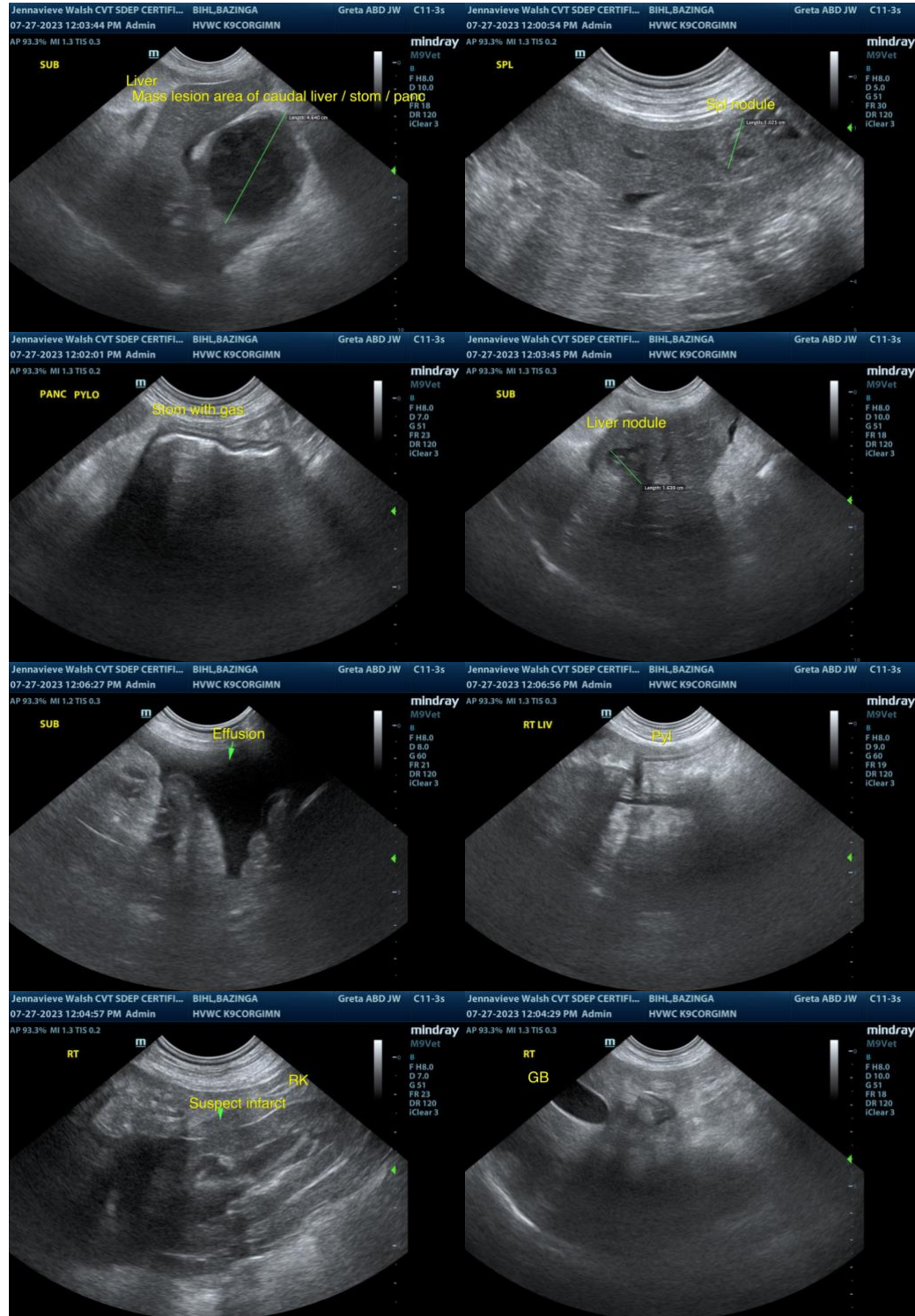
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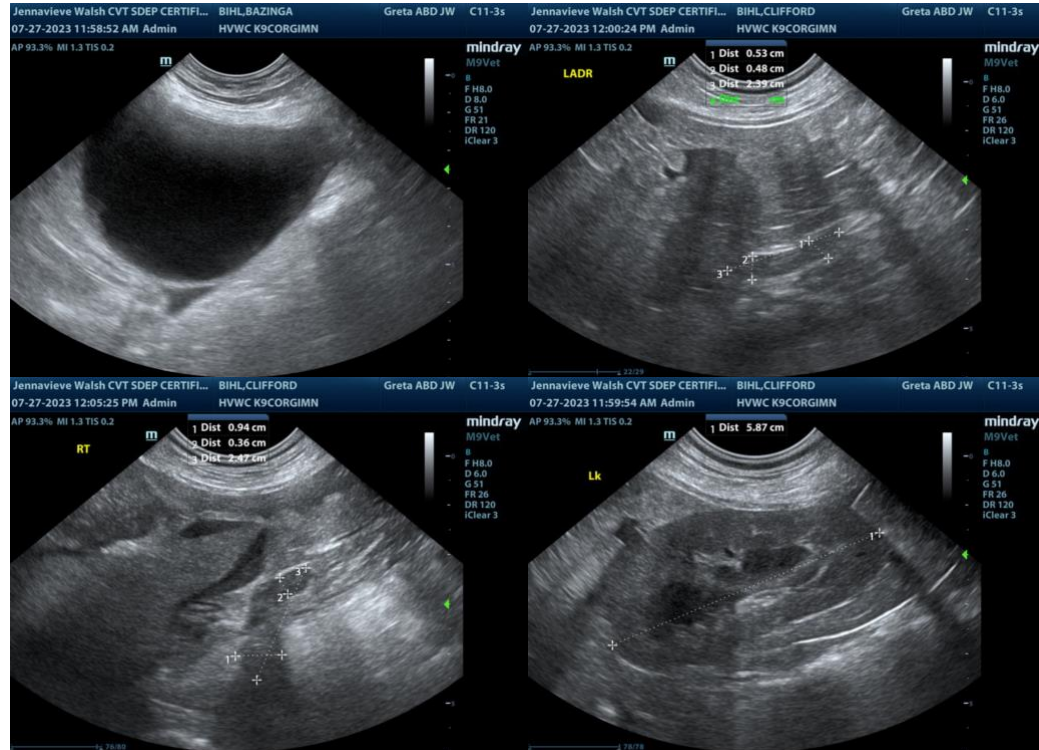
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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