

**PATIENT**

Bernie Hill

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

6yr

WEIGHT

10lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Fishbaugher

INVOICE

11227ag

DATE

07/29/2022

PRESENTING CLINICAL SIGNS

History: Enlargement of an abdominal mass that was stated to be a hernia via ISU surgery service in May 2022. Owner also came in due to groomer telling her lymph nodes were swollen and kidneys were hard. Owner has noted he seems to be taking longer to urinate in the morning but may just be due to him being distracted.

Abnormal PE/Chem/CBC/UA Results: No enlarged lymph nodes were palpated and kidneys felt to be normal on abdominal palpation. Urine sample collected, pH=9, and small amount of blood in urine via dipstick but stream seemed normal, seemed comfortable while urinating, no crystals in urine. Mass on abdominal wall appears to be larger in size (approximately 30mm in diameter compared to 10mm when at ISU). Still eating, drinking, defecating normal. On radiograph, the mass appears to be localized to outside of abdominal wall.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with focal areas of potentially adhered luminal mineral. 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 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. Bilateral pinpoint medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width at the caudal pole and 1.0 cm length.

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

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 with mild dependent mildly hyperechoic luminal debris. The cystic and common bile ducts were normal.

**PATIENT*****Gastrointestinal***

Bernie Hill

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably shadowing ingesta with no signs of ileus, obstruction or foreign material.

SPECIES

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.

Canine

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

BREED***Pancreas***

Shih Tzu

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.

SEX***Free Abdomen***

MN

A solitary spherical solid to mildly non-homogeneous mass measuring approximately 6 cm in diameter was present in the subjective subcutaneous space in the ventral abdomen. The mass appeared to impinge upon the associated regional ventral body wall.

AGE

6yr

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

10lb

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Mild hyperechoic gallbladder debris likely incidental
- Solid subcutaneous mass ventral abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the abdominal subcutaneous mass was not consistent with a hernia however cannot be definitively excluded. Assuming normal clotting status a FNA of the mass could be considered for screening cytology. Exploratory surgery of the mass with potential resection and gross inspection of the associated ventral abdominal wall would be reasonable. No evidence of intra-abdominal neoplastic criteria was observed.

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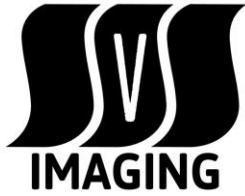
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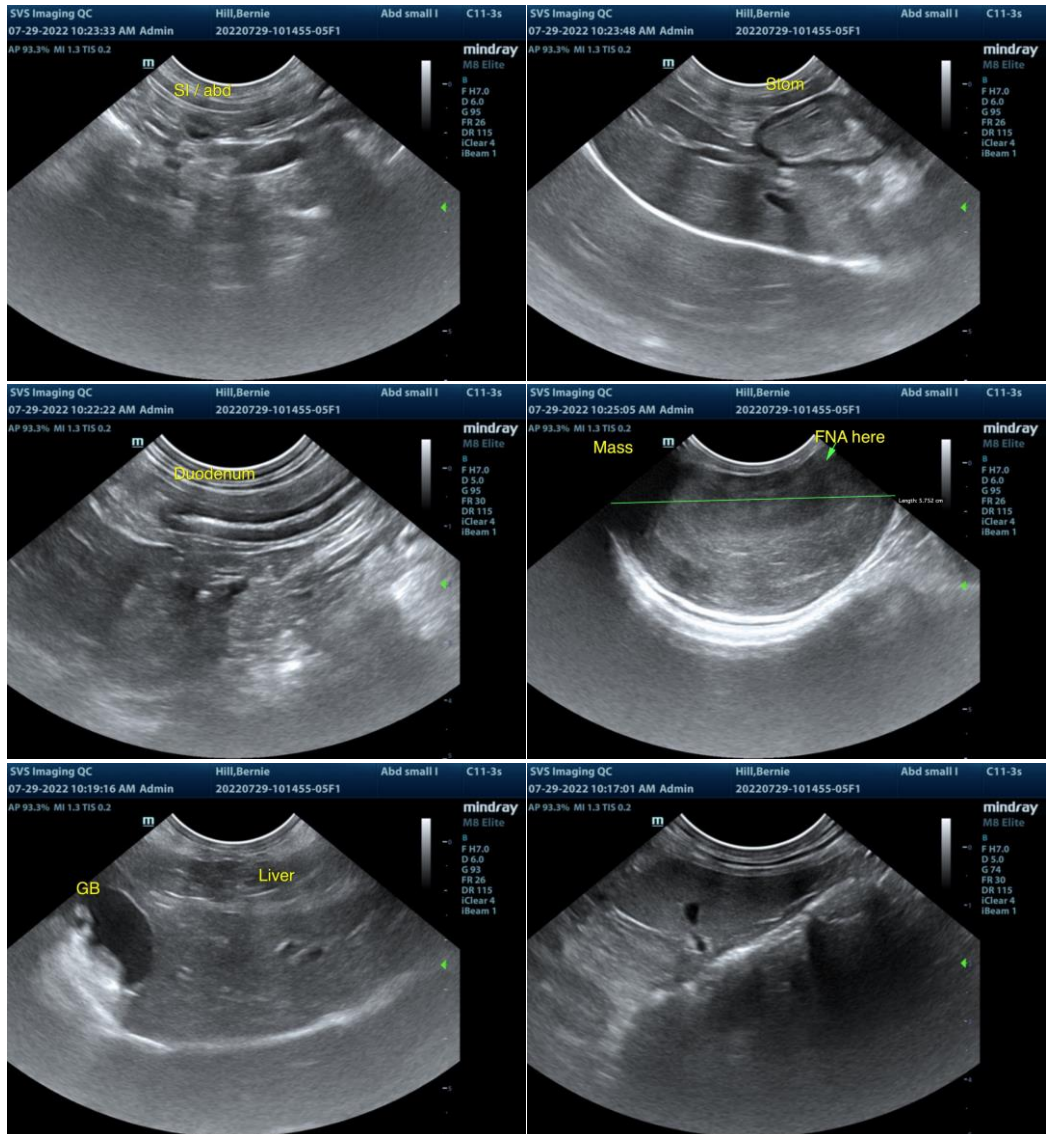
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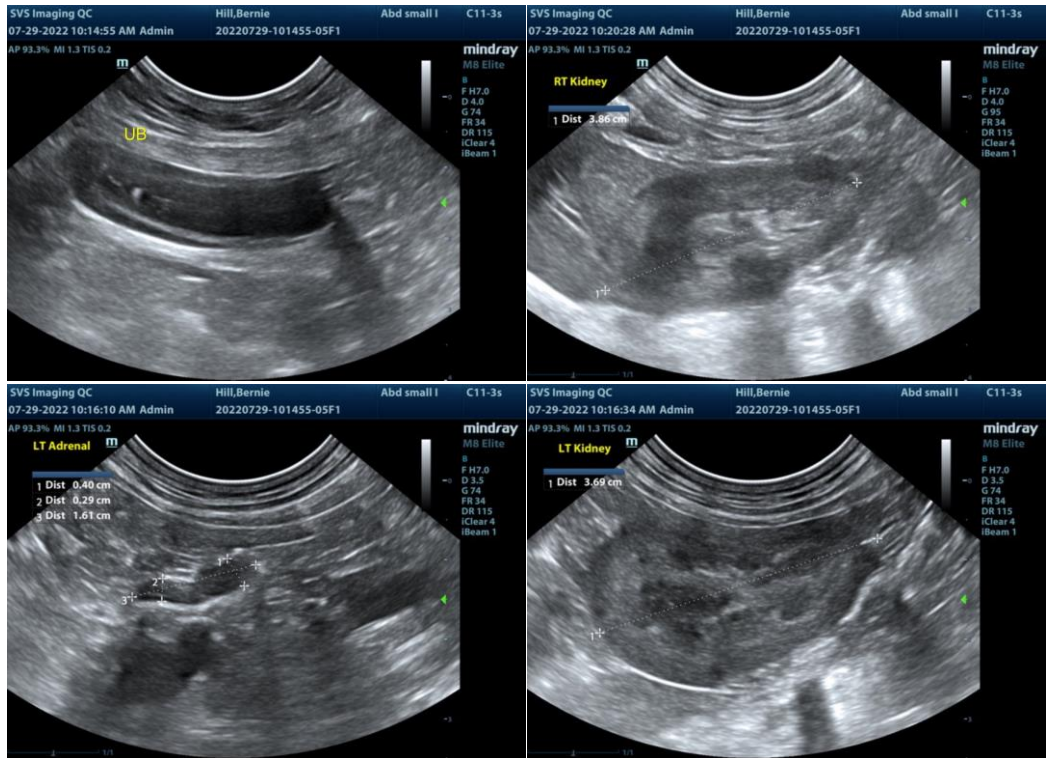
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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