



PATIENT

Della Mae Watt

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

11

WEIGHT

44.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alistair Westcott
DVM

REFERRING VET

Dr. Westcott

INVOICE

11023ag

DATE

07/03/2022

PRESENTING CLINICAL SIGNS

History: Has had a reduced appetite and energy levels. There has been some reflux regurgitation and some episodes of labored breathing with intermittent, non productive coughing. There has been a change in the sound of the bark signifying potential laryngeal involvement.

Abnormal PE/Chem/CBC/UA Results: Blood work summary: Acute inflammation Moderate elevation in ALP and ALT Mild elevation in T bilirubin Thoracic radiographs: There is a concern for partial collapse/consolidation of the right middle lung lobe. Potentially some mild pleural effusion.

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 8.2 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.9 cm width at the cranial pole.

Spleen

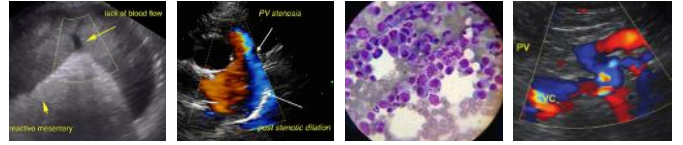
The spleen exhibited normal to possible mild enlargement with generalized parenchymal heterogeneity and intermittent nondisruptive hyperechoic splenic nodules, an example measuring 0.70 cm. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

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. A solitary non disruptive uniform hyperechoic intraparenchymal nodule was present measuring 1.5 cm in diameter. 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 congealed hyperechoic mildly shadowing debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented primarily intact wall layering with a normal wall layer ratio. Mild thickened pyloric wall exhibiting intact wall layering was present with the pyloric wall measuring up to 1.2 cm in width. 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 small intestinal wall measured 0.47 cm in width.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

An unspecified ill defined primarily hypoechoic to nonhomogeneous mass lesion was present in the mid left abdomen cranial to the right kidney and medial to the caudal spleen measuring approximately 5 cm in diameter. Peripheral nonuniform hyperechoic mesentery and potential for scant regional peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Unspecified mid left abdominal mass with regional peritonitis
- Splenic myelolipomas-benign
- Hepatic parenchymal remodeling with solitary nodule-nodule consistent with probable benign lipogranuloma
- Inspissated hyperechoic gallbladder debris-possible emerging nonobstructive cholelith
- Intact yet mildly thickened pylorus walls-suspect mild pyloric gastritis
- Mild age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the unspecified abdominal mass may include neoplasia, consolidated abscess, necrosis or necrotic granuloma, or other with potential for left pancreatic omental or lymphatic origin considered most probable. The mass did not appear to involve or originate from the left kidney, left adrenal gland, caudal spleen or the GI tract. Assuming normal clotting status an ultrasound guided FNA of the mass for screening cytology +/- C/S if clinically indicated may be considered.

Correlation with reported concurrent pulmonary pathology and potential for pleural effusion analysis is suggested.

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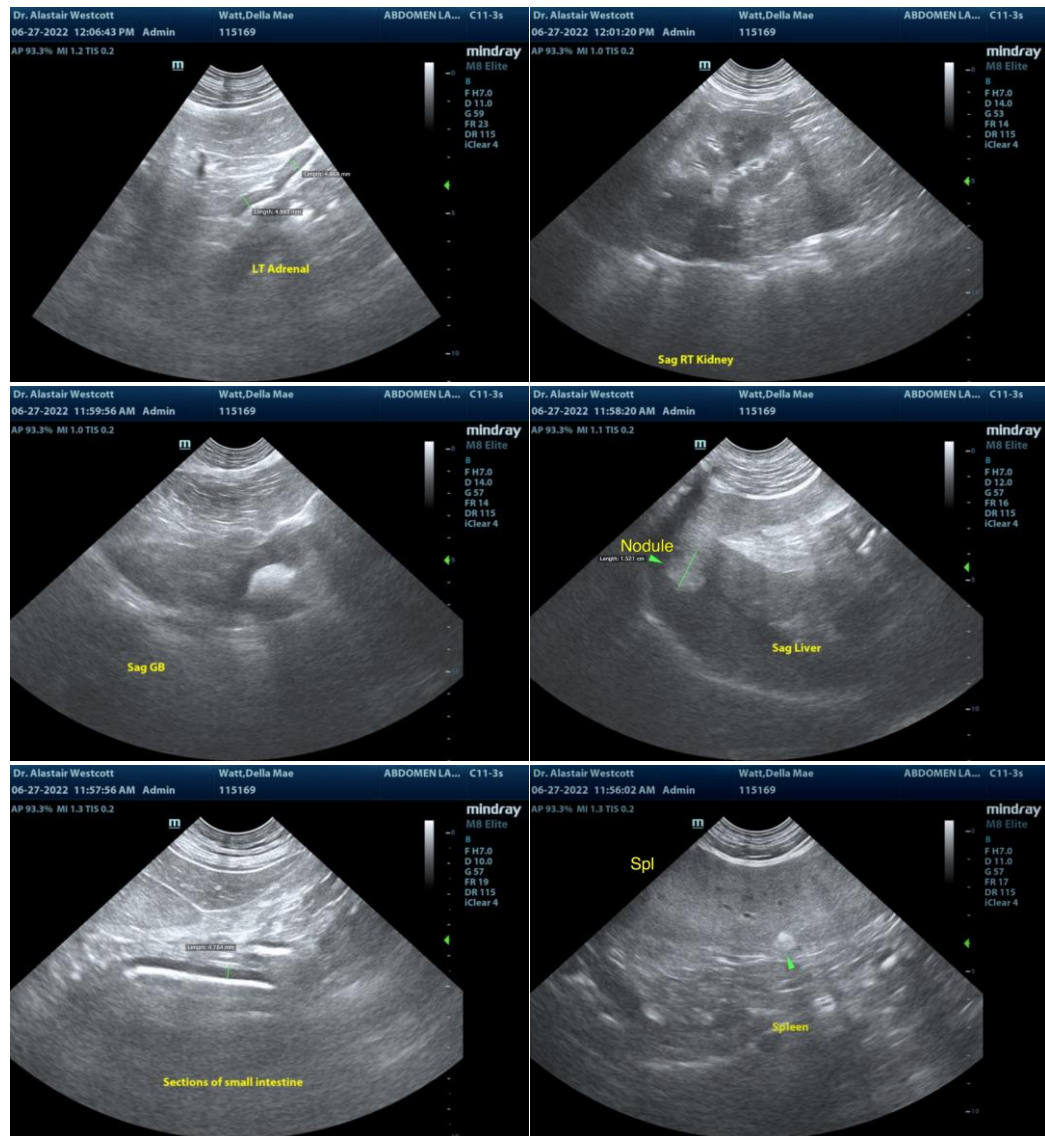
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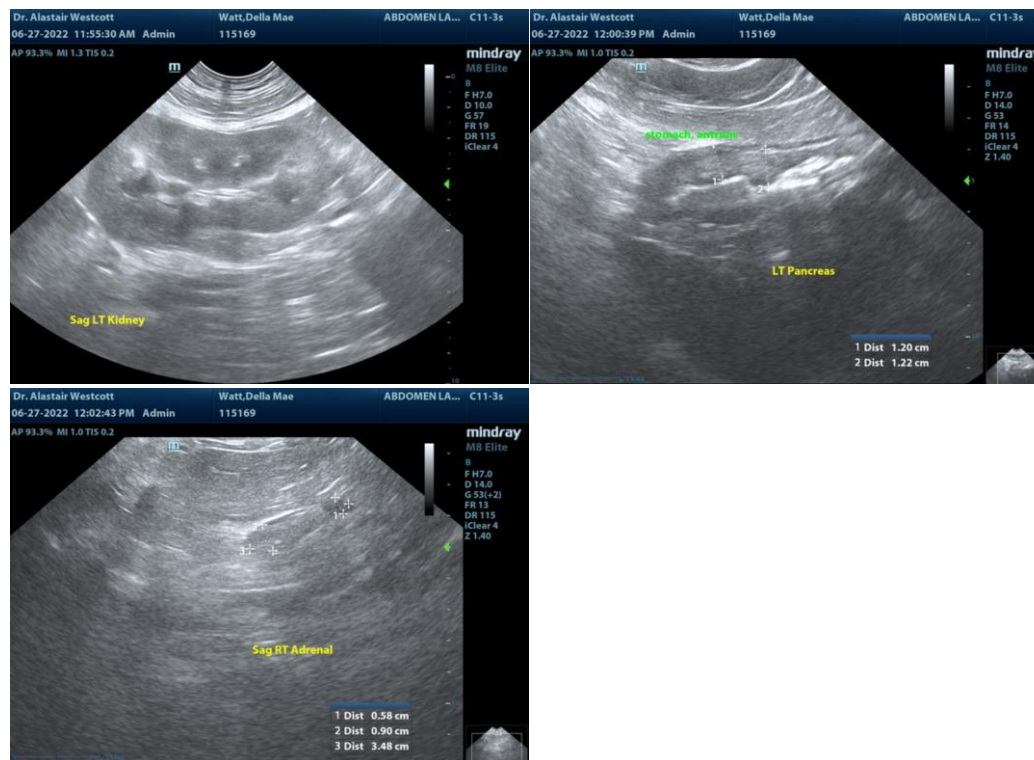
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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