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Clinical Sonography & Telecytology
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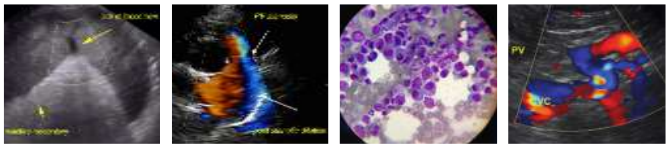

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Negri Ramos Felix

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

14 Years

WEIGHT

41 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dra. Maria Martes

INVOICE

49331

DATE

1-5-22

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate a mass noticed in the mid-abdomen on abdominal radiographs.
Abnormal PE/Chem/CBC/UA Results: PE: lenticular sclerosis OU. mucoid discharge OU yellow discharge AU generalized crusting ulcer at tarsus of left hindlimb firm SQ mass at left flank lymph node vs mass vs fat at inguinal area mass lateral to OD CBC - non regenerative anemia Hct 28.5%, neutrophilia 13.2, lymphopenia 0.87 chemistry - BUN 30, hyperglobulinemia 4.8, elevated ALT 209 and ALP 419 radiographs - soft tissue opacity external to ribs at left flank. OA changes in both femoral heads. mid abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are age-appropriate showing a heterogenous and coarse renal cortex, multiple hyperechoic, wedge-shaped striations with withdrawals of the renal surface, multiple small cortical cysts and a fuzzy corticomedullary transition. Left kidney measures 6.52 cm length, right kidney 6.76 cm. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

The left adrenal gland presents an inhomogeneous mass in its cranial pole measuring 1.65 x 1.32 cm with mild spot-like calcifications.

The right adrenal gland shows similar findings again in the cranial pole with mass formation measuring 1.31 x 0.81 cm.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.43 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images impress with a large amorphous and hyperechoic mass of the right caudate lobe. Liver echogenic texture appears diffusely and mildly hyperechoic and is mildly inhomogeneous. The gallbladder shows a small amount of sludge which is considered as normal.

The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance.

Pancreas

All pancreatic parts and pancreas are inconspicuous.

Free Abdomen

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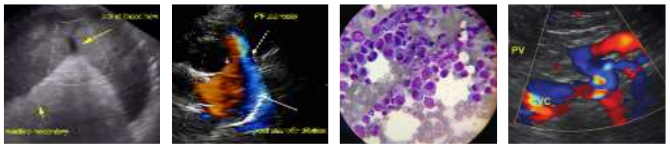

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There is a highly inhomogeneous mass of unknown origin detected in the central abdomen, rounded in shape with diameters of at least 6.04 x 4.95 cm. In the area of the aortic trifurcation a fat-like mass with central calcified areas is present. There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.

ULTRASONOGRAPHIC FINDINGS

Primary

- Highly inhomogeneous mass central abdomen of unknown origin 6.04 x 4.95 cm
- Bilateral adrenal nodule cranial pole with calcifications
- Large hepatic mass right caudate lobe > 3 cm

Secondary

- Age-appropriate nephrosis and hepatopathy
- Lipoma with central calcification at the level of the aortic trifurcation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The origin of the abdominal mass cannot be finally assessed. Size and echotexture indicate an aggressive/malignant mass. This however can be misleading since granuloma may look similar. Possible origins include fat tissue, lymph nodes and vasculature. Paraganglioma is a potential differential diagnosis (FNA/biopsy?).

Both adrenals are suspicious for neoplasia. This often is a bilateral finding. Final assessment (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. I would favor malignant lesions (for example adenocarcinoma). Erosion of the CVC and the phrenicoabdominal vessels is currently not suspected but cannot be fully excluded.

Sonographic findings of the liver are unspecific. The echogenicity of the mass includes differentials such as nodular hyperplasia/regenerate, adenoma, hepatocellular carcinoma and other malignant neoplasia/metastasis. I would rule out abscess formation and hematoma. Metastases are normally presented as multiple target lesions which is not recognized in this case. Diameters of > 3 cm indicate malignancy.
Biopsy/FNA is recommended for final assessment.

The “mass” in the aortic trifurcation shows a fat-like echotexture. Lipoma with central calcification/fat granuloma is likely. Regarding all other results neoplasia in this area is possible as well (metastases/liposarcoma).

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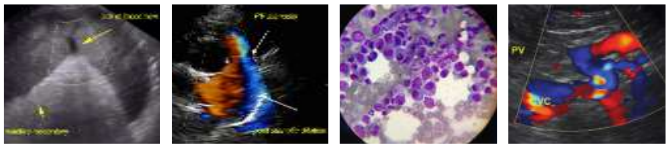

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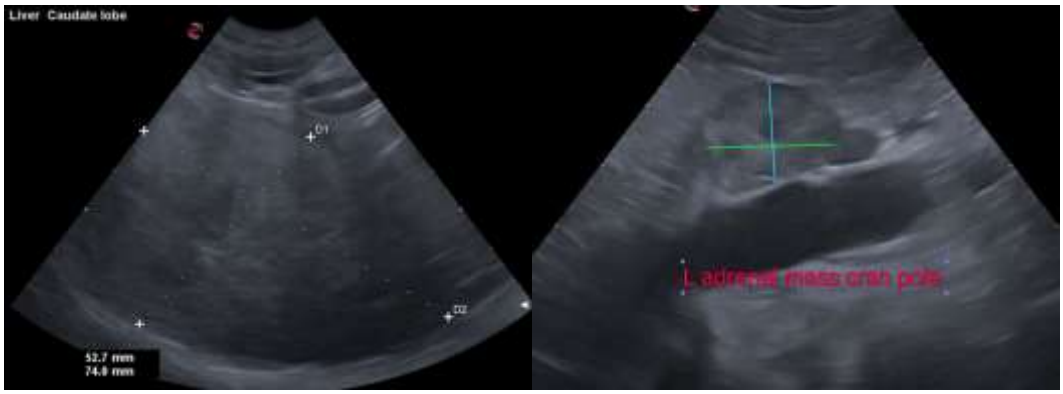

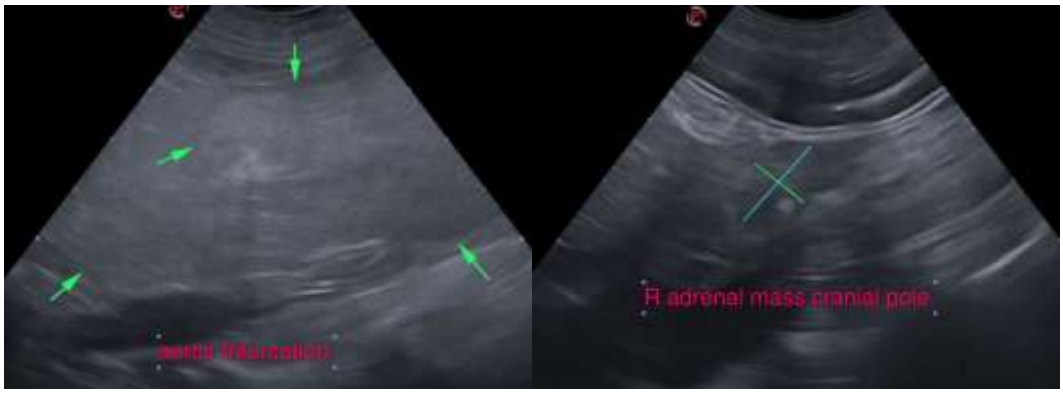

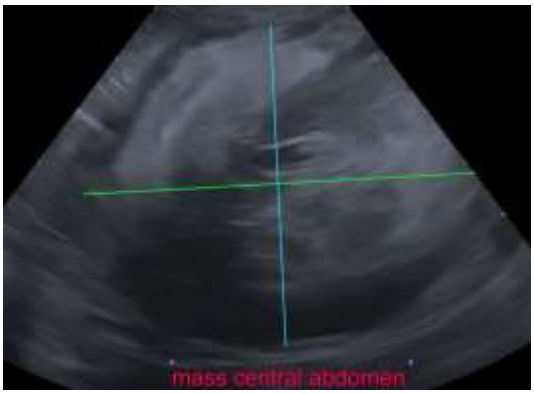

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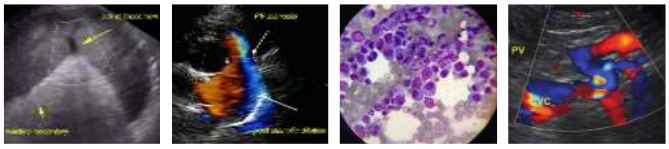

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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