

PATIENT PRESENTING CLINICAL SIGNS

Baileys Collado

History: Presented to evaluate a mass in the abdomen that was noticed when taking thoracic radiographs for cardiac evaluation. Patient was presented for recheck after syncope episode. He is a cardiac patient that is on pimobendan, enalapril and furosemide. EKG did not reveal pathologic arrhythmias. Chemistry showed azotemia; therefore, enalapril dose was reduced to enalapril 2.5 mg 1/2 tablet SID per cardiologist recommendations. Pimobendan was increased to 2.5 mg 1 tablet BID. Radiographs at the time showed recurring pulmonary edema so furosemide was increased to 20 mg 1/2 tablet TID. Abdominal radiographs showed a mass effect on mid lateral abdomen.

SPECIES

Canine

BREED

Mix

Abnormal PE/Chem/CBC/UA Results: PE: Grade V/VI heart murmur, lenticular sclerosis OU and severe calculus accumulation radiographs - improved pulmonary edema. soft tissue opacity on right side (VD) and mid abdomen (lateral) cbc - leukocytosis 20k, neutrophilia 16k, monocytosis 1.44k chemistry - azotemia with creatinine 2.3, bun 40

SEX

Male Neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

11 years

The urinary bladder is mildly distended with anechoic urine The wall is thickened (up to 0.36 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

12.6 lb

The prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

The left kidney presented normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is moderate pyelectasia (0.38 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is enlarged. A >6 cm cyst is arising from the caudal pole. The cyst has a mostly thin rim, with occasional thickening and irregularity. A scant amount of echogenic debris is observed within the cystic structure. The lesion causes disruption of the normal renal architecture at the mid-to-caudal aspect. At the cranial aspect of the kidney, the renal contours are curvilinear. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Mild to moderate pyelectasia is present (0.31 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.49 cm at caudal pole) (1.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.42 cm at caudal pole) (1.71 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

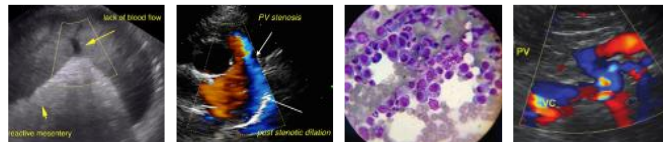
Dr. Maria Martes

INVOICE

10224

DATE

1/27/22



PATIENT vasculature is normal.

Baileys Collado

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

Canine

BREED

Mix

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

SEX

Male Neutered

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

AGE

11 years

Pancreas

A portion of the pancreas is obscured by the right renal cyst. The left limb is visible and is normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

WEIGHT

12.6 lb

Free Abdomen

There is no evidence of free fluid. A 0.98 cm sublumber lymph node is visualized.

INTERPRETED BY

Andrea Nicastrò,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large right renal cyst, likely cortical in origin. A renal abscess cannot be completely excluded but is considered less likely. Minor degenerative renal changes and pyelectasia are present bilaterally.

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

Secondary Findings

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with clinical findings is recommended.
- The prominent sublumber lymph node is likely reactive, with a lower possibility of emerging neoplasia.

HOSPITAL NAME

Paseos Veterinary
Center

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Maria Martes

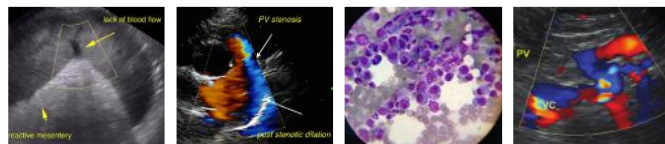
- Supportive care for chronic renal failure is recommended, including symptomatic treatment and fluid therapy as needed. Also consider a baseline blood pressure measurement, urine culture and sensitivity and UPC (if proteinuria is present).
- A fine-needle aspirate of the renal cyst with submission of the fluid for cytology and culture and sensitivity can be considered, particularly if there is concern for infection. However, these diagnostics may be of low yield.

INVOICE

10224

DATE

1/27/22



PATIENT

Baileys Collado

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

12.6 lb

INTERPRETED BY

Andrea Nicastrò,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

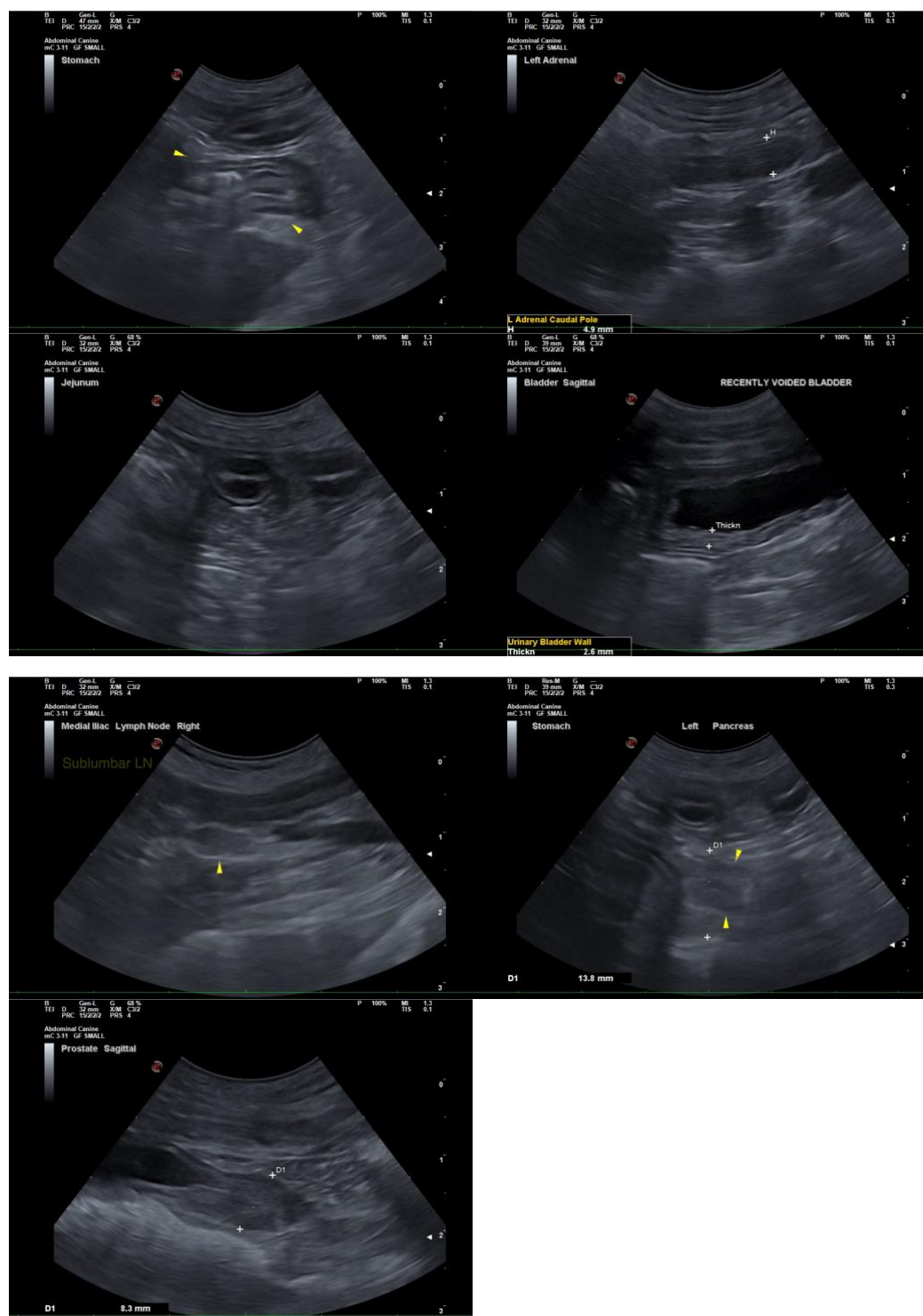
Dr. Maria Martes

INVOICE

10224

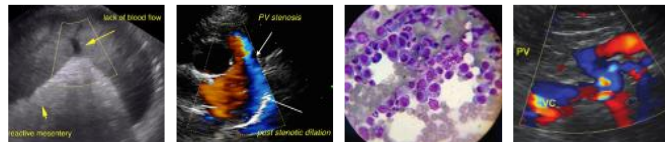
DATE

1/27/22



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



PATIENT

can be of any further assistance, please contact me.

Baileys Collado

Andrea Nicastrò, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

12.6 lb

INTERPRETED BY

Andrea Nicastrò,
DVM, Diplomate
ACVIM (*Small Animal
Internal Medicine*)

**IMAGING
PERFORMED BY**

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Maria Martes

INVOICE

10224

DATE

1/27/22