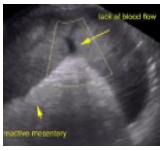
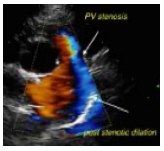
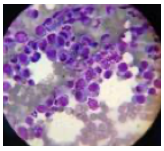
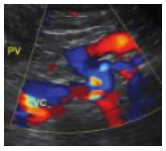
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Yadi Sawyer

SPECIES
Canine

BREED
Australian sepherd mix

SEX
Female, spayed

AGE
9 Yrs.

WEIGHT
152.5 lbs.

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

IMAGING PERFORMED BY
Dr. Beard

HOSPITAL NAME
Animal Care VC

REFERRING VET
Dr. Hartman

INVOICE
14512

DATE
1/25/23

PRESENTING CLINICAL SIGNS

History: Chronic "constipation" and urinary incont. Started maybe one month ago.
Abnormal PE/Chem/CBC/UA Results: Over distended urinary bladder. Perianal dermatitis. CBC neutrophilic leukocytosis. Chemistry hyperglycemia, azotemia, and increase in SAP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is over distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (9.04 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.51 cm in the longitudinal plane). There is evidence of proximal hydroureter. No nephroliths or infarcts are seen. Renal vasculature appears normal.

The right kidney is subjectively normal size with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hydronephrosis is present (2.84 cm in the longitudinal plane). There is no evidence of proximal hydroureter. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.80 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 vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

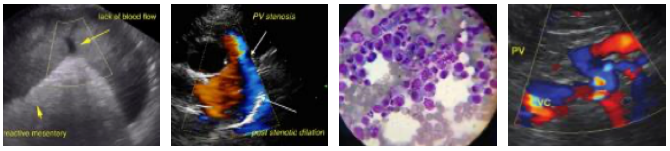
Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen



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There is no obvious evidence of free fluid.

Lymph Nodes

See *Other*

Other

Caudodorsal to the urinary bladder, a >13 cm heterogeneous cavitated mass is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cavitated mass in the caudodorsal abdomen, the origin of which is unclear. It may be arising from mesentery/soft tissues, colon, urinary tract, lymph node, other. Neoplasia (i.e., hemangiosarcoma, other) is suspected. However, a large septated abscess cannot be excluded. The mass appears to be causing distal ureteral obstruction with subsequent bilateral hydronephrosis and hydroureter. Bilateral chronic renal changes are also present.
- The urinary bladder overdistention is likely secondary to compression of the urethra by the caudal abdominal mass with subsequent partial outflow obstruction.

Secondary Findings:

- The hepatic parenchymal changes are non-specific and may be secondary to a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, infiltrative neoplasia or other hepatopathies are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To better characterize the caudal abdominal mass, consider an abdominal/pelvic CT scan. Consultation with a board-certified surgeon is also recommended.

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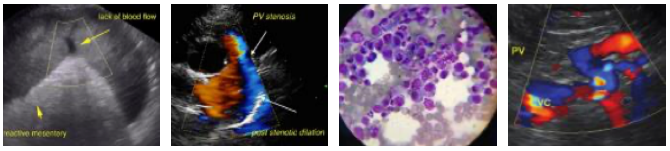

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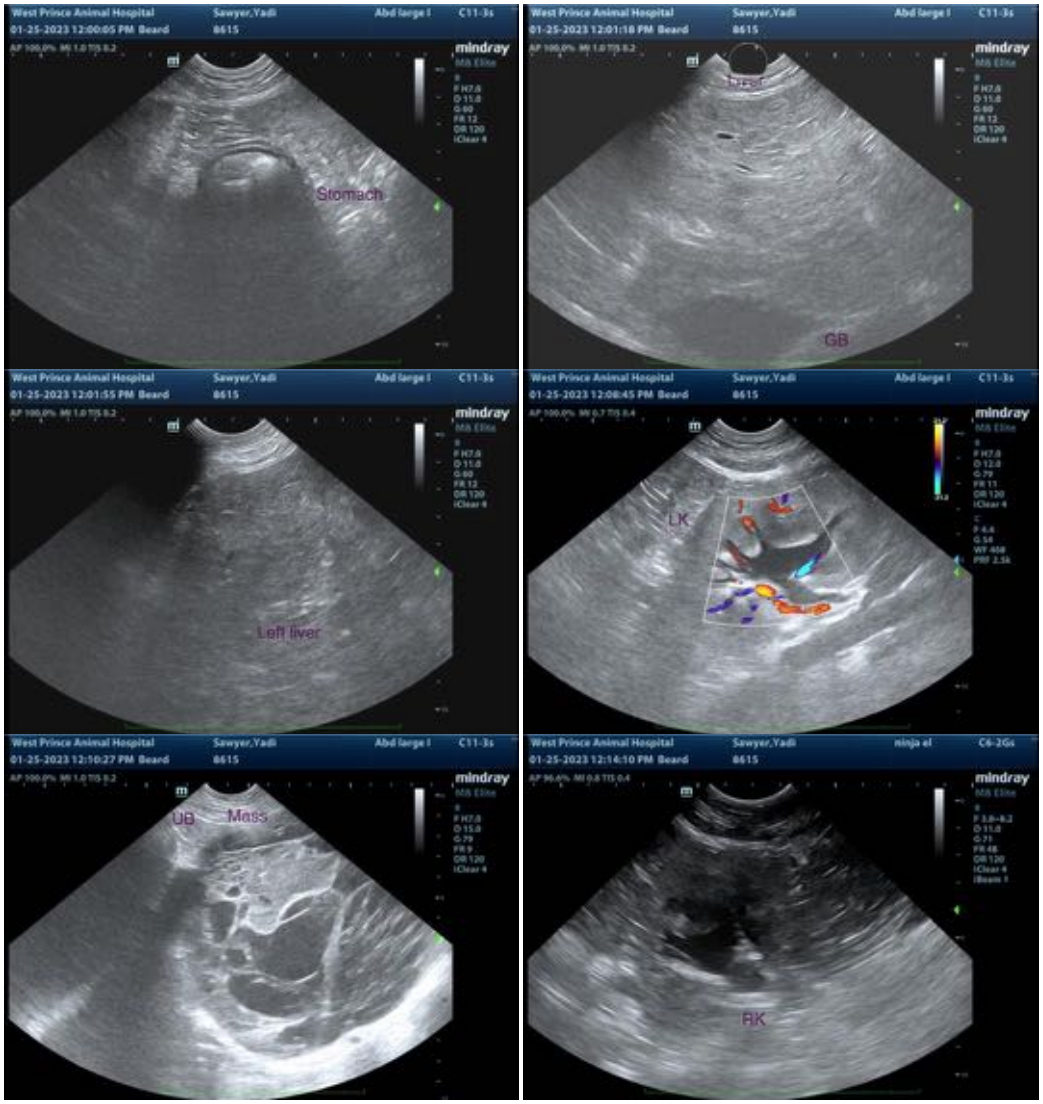

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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