

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Red Jacobs-Halousek
SPECIES Canine
BREED Standard Poodle
SEX Neutered Male
AGE 6 Years
WEIGHT 31 kg

History: Patient presented to ER on 10/10/21 for evaluation of acute vocalization. Patient typically runs ~ 3 miles alongside a bike for exercise and was actively engaged in the run today. No known trauma. P has been ED normally, no V or D Client has noticed brown urine for ~ 2 weeks, but no obvious pollakiuria, stranguria or hematuria No current meds PPH: had a small altercation with a coyote ~ 2 weeks ago, small puncture wounds on the abdominal wall and tail; has appeared to heal normally (DVM evaluation and care provided at the time).

Abnormal PE/Chem/CBC/UA Results:Physical: Mild paraspinal discomfort at the TL junction. Soft abdomen, no tympany. Tacky mm's and mild halitosis. Patient urinated cloudy, brown urine Blood work: CBC: WNL WBC-- 6080/uL HCT: 50% CHEM: -- ALB: 4.2 g/dl (increased) -- Tbili: 2.7 g/dl (increased) BUN and creat WNL UA (cysto): USG: 1.032, pH; 9, significant pyuria, significant hematuria, proteinuria, and TNTC cocci on slide Lepto snap test: NEG Urine C/S: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (8.55 cm in length); normal shape smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. Moderate pyelectasia is present, measuring 1.28 cm in the longitudinal plain. The proximal ureter is slightly dilated, measuring 0.51 cm in diameter. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney is enlarged (12.11 cm in length) and severely hydronephrotic. There is complete obliteration of the normal internal renal architecture with only a thin rim of cortex remaining. The right ureter is severely and diffusely dilated (up to 7.59 cm in diameter). Within the ureteral lumen, a 5.33 cm x 3.24 cm ill-defined aggregation of echogenic debris is observed. The mesentery effacing the serosal surface in this region is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.45 cm at caudal pole) (1.58 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 mildly enlarged in size (1.73 cm at cranial pole) (1.18 cm at caudal pole) (3.86 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 subjectively enlarged with swollen peripheral margins and a folded contour. The parenchyma is diffusely mottled in appearance. No distinct focal lesions are observed. Splenic

INTERPRETED BY

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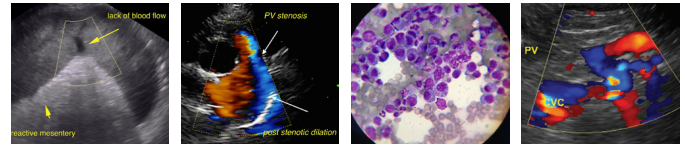
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PATIENT vasculature is normal with no evidence of thrombosis. The spleen measures 2.78 cm.

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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

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.

BREED

Standard Poodle

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 (xxx cm) 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.

SEX

Neutered Male

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.

AGE

6 Years

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right ureteral obstruction, possibly due to an abscess, thrombus or tumor (less likely) with subsequent severe right hydroureter and hydronephrosis.
- Moderate Left pyelectasia, mild left proximal hydroureter
- The splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis or infiltrative neoplasia (i.e., round cell tumor)
- The trace ascites is likely secondary to right renal/ureteral pathology

Secondary Findings

- Mild right adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended to assess cardiopulmonary status, particularly in light of the splenic findings.
- If there is no evidence of pulmonary metastatic disease and if the splenic cytology results reveal

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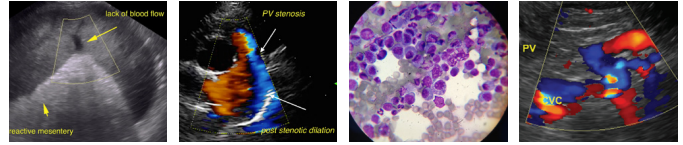
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benign pathology, referral to a board-certified veterinary surgeon is recommended to discuss right nephrectomy, as the right kidney is likely non-functional and a source of infection.

- An abdominal CT scan may be useful in presurgical planning.

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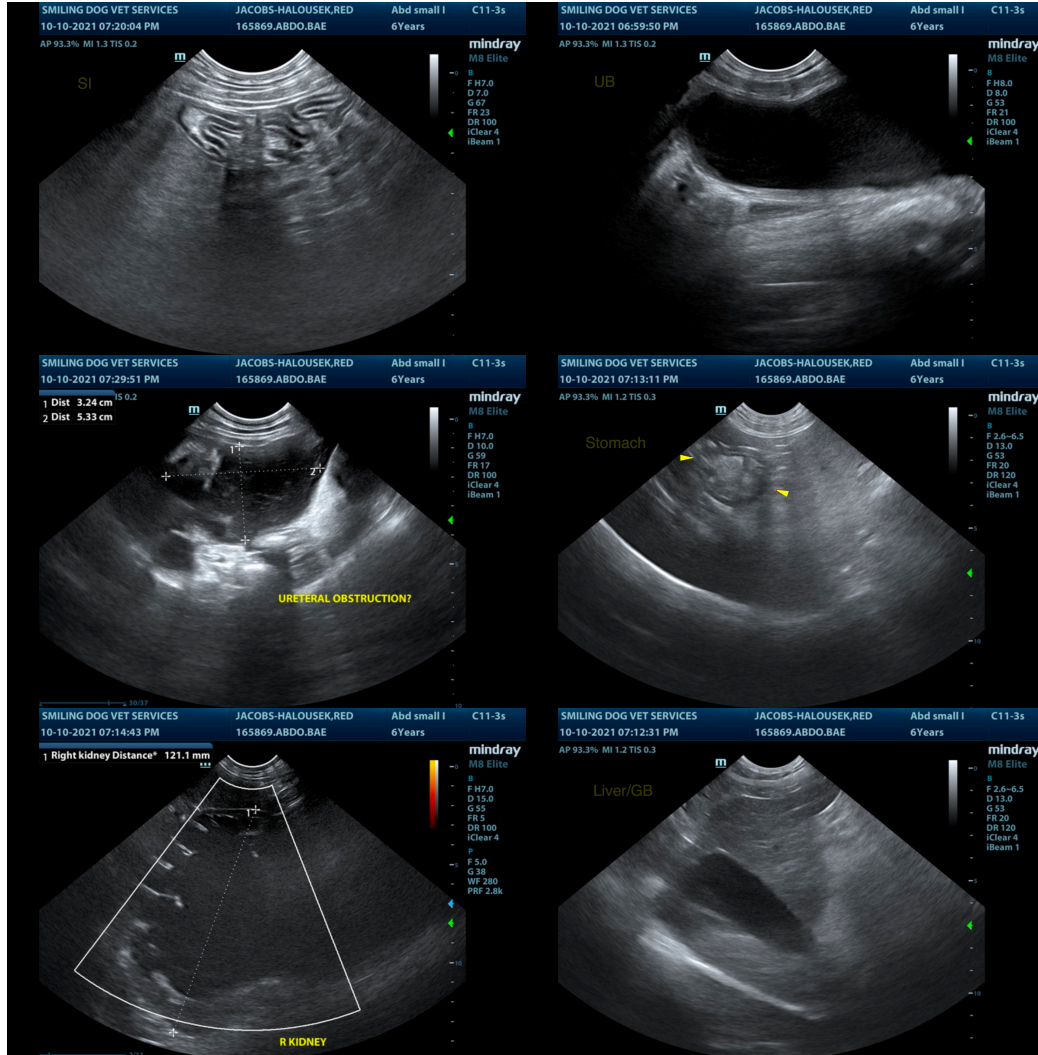
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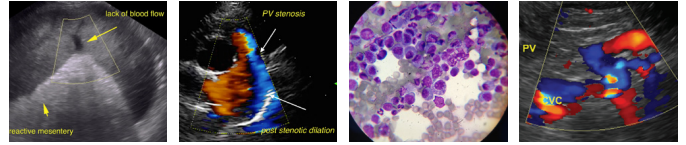
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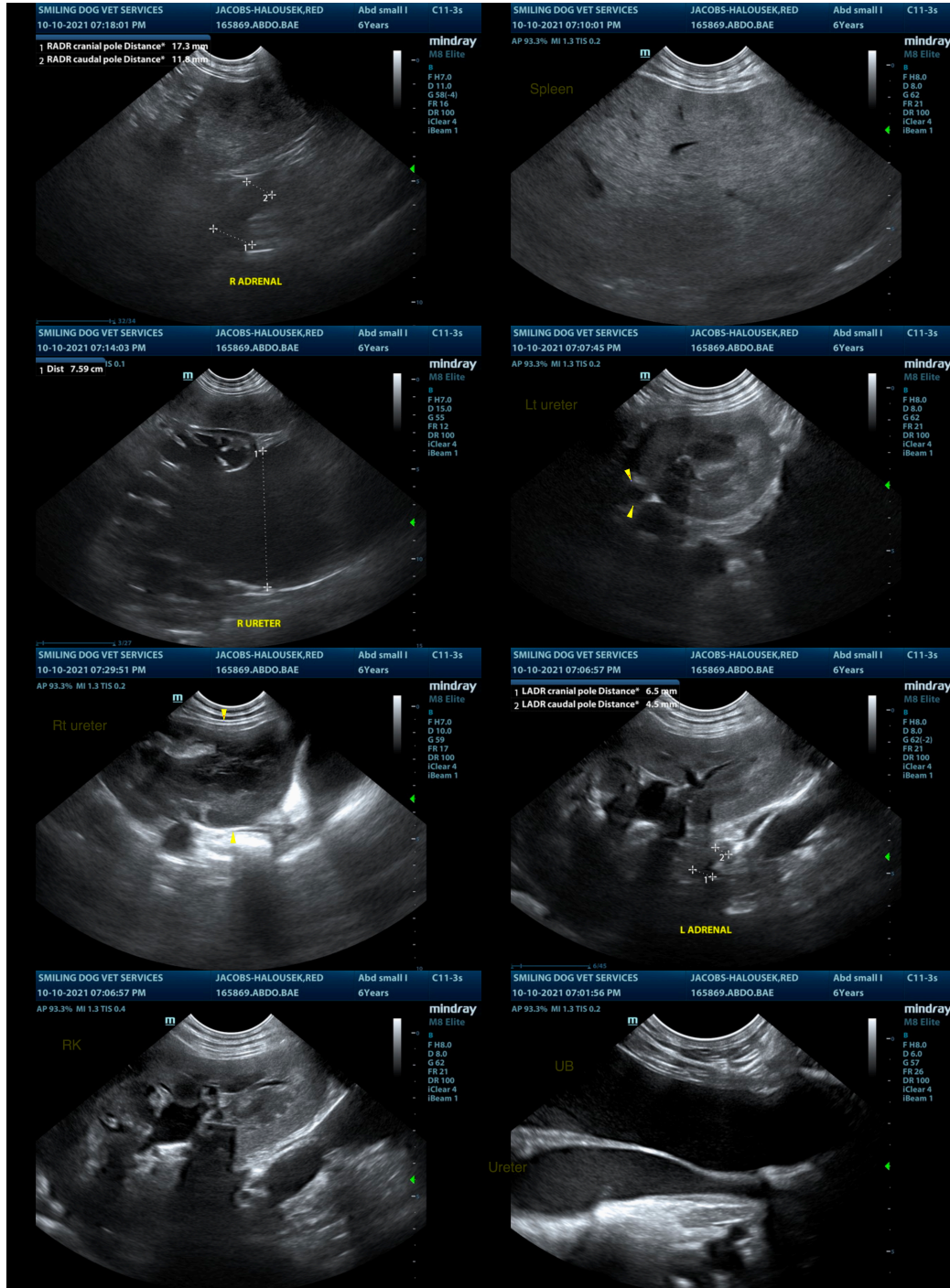
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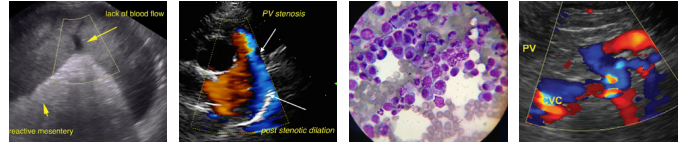
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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