



PATIENT

Brody Horrigan

SPECIES

Canine

BREED

Golden retriever

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

76 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Emily Messner

HOSPITAL NAME

TotalBond VH Bethel

REFERRING VET

Dr. Peter Rowan

INVOICE

12689

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: Brody is an 8yr, MN, Golden Retriever with a 2 month history of a constant desire to drink water and polyuria. O reports he will seek out water and drink his water bowl dry. There were no significant findings on chemistry and CBC. We have performed two urinalysis and urine cultures with no significant findings other than isosthenuria. On first of the morning USG, the report was 1.021. The Lepto urine PCR was negative. We trialed two antibiotics on two occasions for UTI and the owner reports Brody did better and after about a week off the abx the symptoms return.

4DX negative, Lepto PCR on blood and urine negative, urine sediments inactive, urine culture in November was negative.

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 lumen is moderately distended. A scant 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 cm, are normal.

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and normal size (0.62 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized. See also *Other*.

Spleen

The spleen is normal in size (1.69 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



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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other*.

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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/not seen.

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Gastrointestinal

The gastric lumen is moderately gas distended. 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. No obstructive disease is noted.

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Pancreas

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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. See also *Other*.

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Free Abdomen

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

Other

A >9 cm well circumscribed heterogeneous mass is observed in the right cranial quadrant.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass in the right cranial quadrant, the origin of which is unclear. It may be arising from liver, pancreas, right adrenal gland, mesentery, other. It is unclear whether the mass is associated with the patient's clinical signs. If the mass is adrenal in origin, it may represent a functional tumor, which could cause PU/PD. However, it is possible that the PU/PD may be a separate, concurrent issue.
- The trace ascites is likely secondary to the abdominal mass.

Secondary Findings:

- Minor age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal and submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning.

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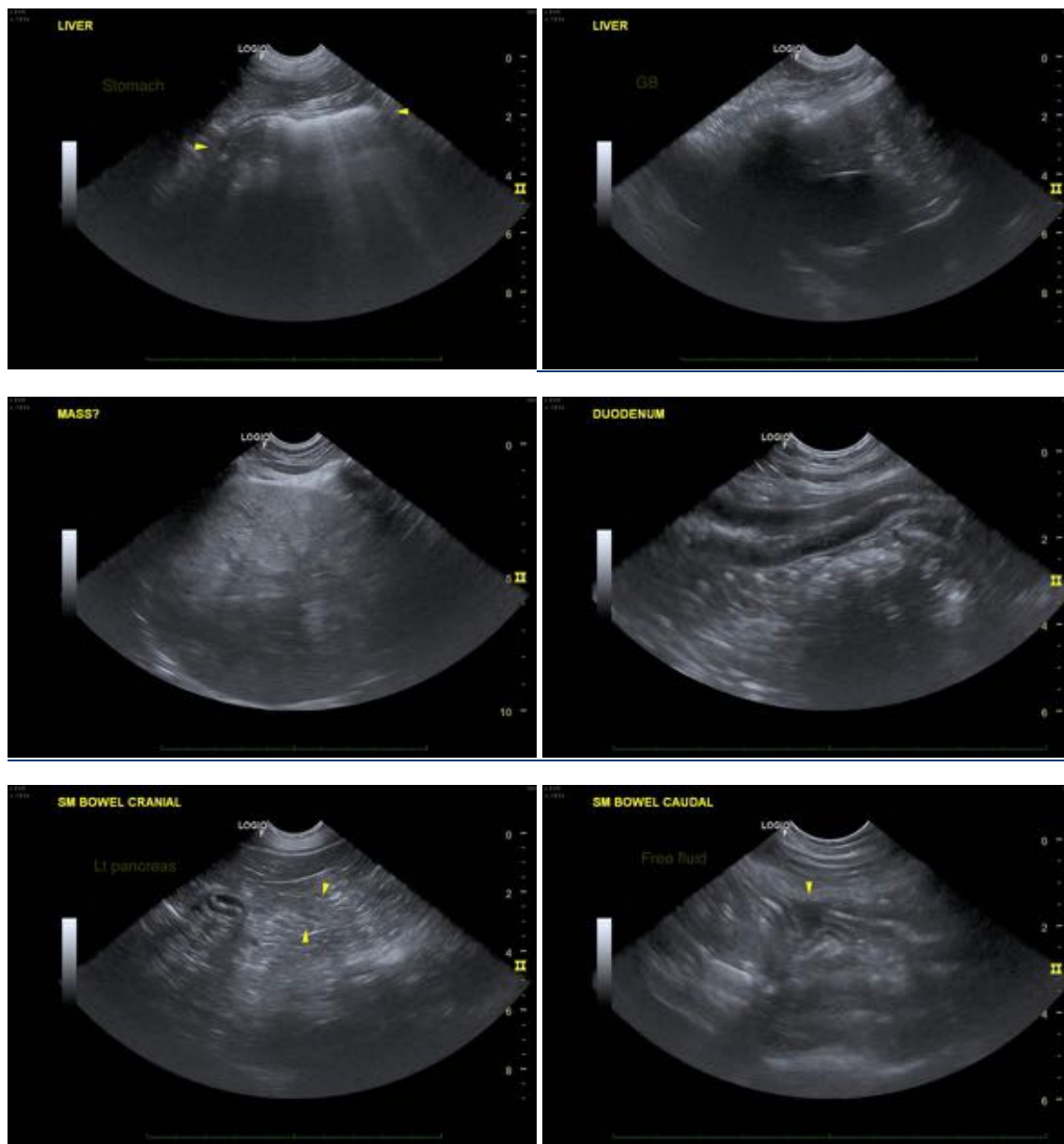
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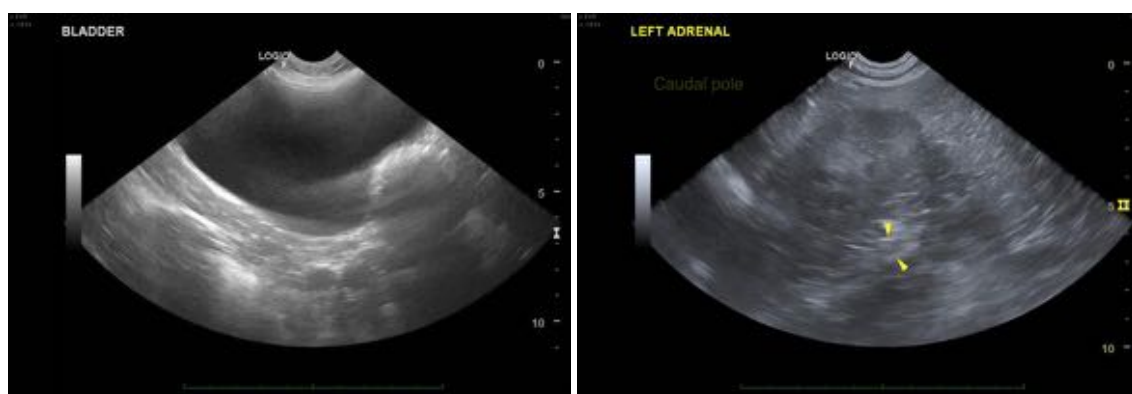
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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