SonoPath
Clinical Sonography & Telecytology
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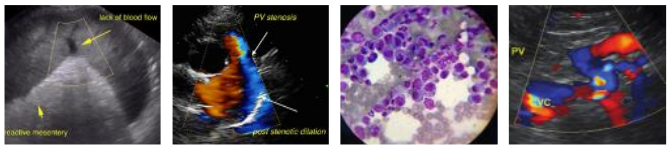

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Reilly Leonhardt

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8.5 Lbs.

WEIGHT

67 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

N/A

INVOICE

DATE

PRESENTING CLINICAL SIGNS

History: stranguria, mass caudal to bladder(?); wt loss. On buprenorphine and enrofloxacin
Abnormal PE/Chem/CBC/UA Results: ALKP 716

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended. a urinary catheter is in place. The wall is mildly thickened (up to 0.40 cm) and irregular. No cystic calculi are observed. The region of the trigone and the proximal urethra appear normal. See also *Other* category.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction. See also *Other* category.

The left kidney presented normal size (7.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.58 cm at caudal pole) (2.54 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 (1.96 cm at cranial pole) (0.61 cm at caudal pole) (3.00 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 (1.75 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 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.

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.

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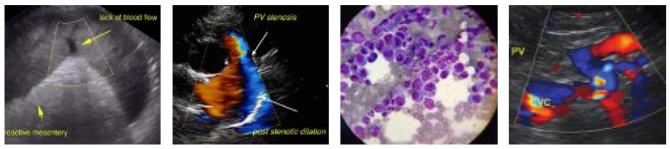

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Gastrointestinal

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.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several prominent to enlarged irregular hypoechoic lymph nodes are observed at the aortic trifurcation, the largest measuring 2.46 cm in length. Surrounding mesentery is hyperechoic.

Other

A 3.80 cm x 2.72 cm ill-defined echogenic structure with hyperechoic to mineralized foci is observed caudal to the urinary bladder in the region of the proximal urethra.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

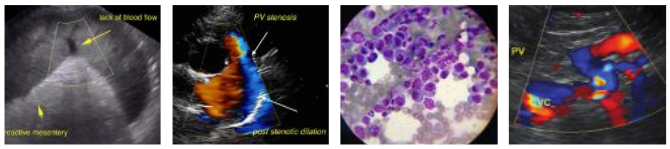
- The caudal abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia. Regional peritonitis is present.
- The urinary bladder wall changes could be consistent with cystitis or may be somewhat artifactual due to lack of luminal distention. Infiltrative neoplasia is possible but considered less likely.
- The origin of the echogenic tissue/mass in the caudal abdomen is unclear. It may be arising from the urethra, prostate or surrounding soft tissue structures. Differentials include, inflammatory tissue, tumor, artifact, granuloma, other.

Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients clinical signs, the following diagnostics are recommended:
    1. Urine culture and sensitivity (i.e., a catheterized urine sample)
    2. Urine BRAF test, to further assess for lower urinary tract neoplasia
    3. Fine needle aspirate of the caudal abdominal lymph nodes, if accessible and if clotting status is appropriate.



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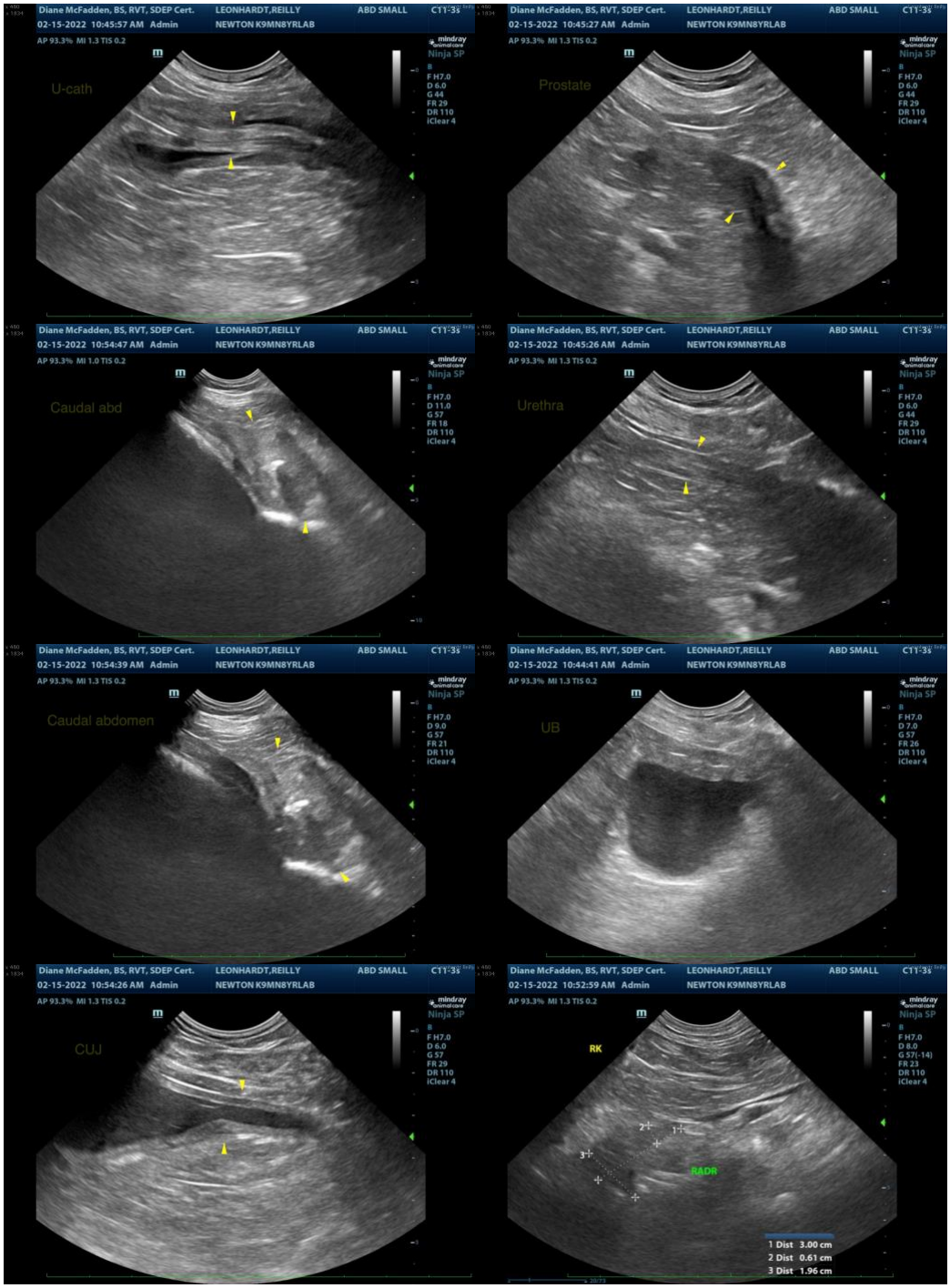
4. Consider and abdominal/pelvic CT scan, to further evaluate the caudal abdominal tissues.

5. Three-view thoracic radiographs should be performed prior to anesthetic event.



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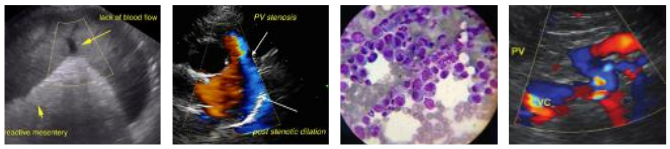

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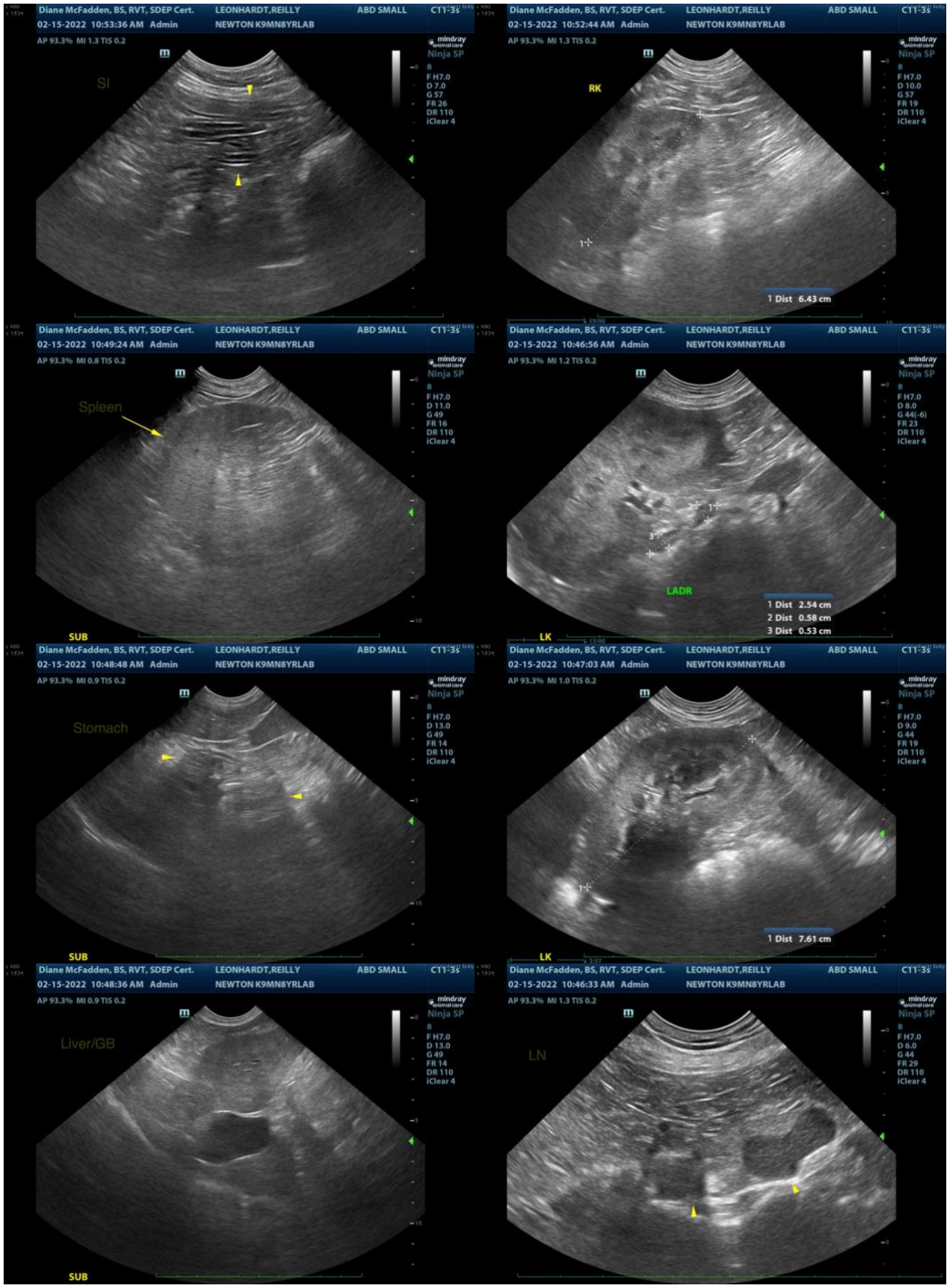

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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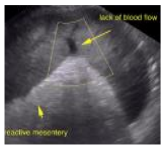

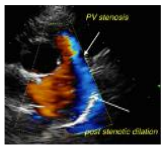

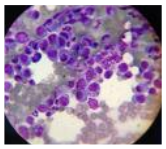
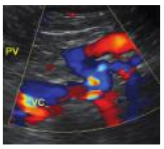

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