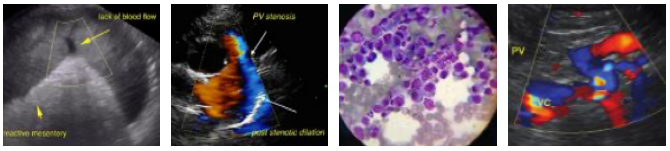

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PATIENT
Jack Ratliff

SPECIES
Canine

BREED
Cocker spaniel mix

SEX
Male, neutered

AGE
15 Yrs.

WEIGHT
29.4 lbs.

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

IMAGING PERFORMED BY
Dr. Jo Goodman

HOSPITAL NAME
Evandale-Blue Ash PH

REFERRING VET
Dr. Jo Goodman

INVOICE
13202

DATE
4/12/22

PRESENTING CLINICAL SIGNS

History: Approximately 1 week hx of teeth chattering and abdominal pain. HX of one renal cyst, on right kidney, 2 years ago that was ~2cm. HX of kidney stones dx 2014.
Abnormal PE/Chem/CBC/UA Results: 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 lumen is moderately distended with anechoic urine. 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 (5.39 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. Several cortical cysts are visualized, the largest measuring 1.22 cm in diameter. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is enlarged (9.09 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A 3.1 cm cortical cyst is observed at the cranial pole. A 5.9 cm slightly septated cortical cyst is observed at the caudal pole. A moderate amount of echogenic retroperitoneal fluid is observed adjacent to this caudal cyst. The mesentery in this region is hyperechoic. Both cysts are causing capsular expansion. A scant amount of echogenic debris is observed in the caudal cyst. A few smaller cortical cysts are also present. There is trace pyelectasia. There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.62 cm at caudal pole) (1.79 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.

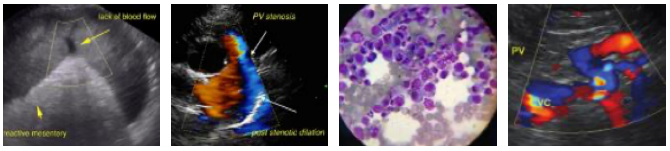
The right adrenal gland is normal size (0.95 cm at cranial pole) (0.60 cm at caudal pole) (2.19 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.15 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is mottled in appearance with a few small, ill-defined hypoechoic nodules. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance with a few



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irregular hyperechoic nodules seen throughout the organ. Several intrahepatic biliary stones are visualized. Hepatic vasculature is 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. A small to moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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.

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

Retroperitoneal fluid is present adjacent to the right kidney. The mesentery in this region is hyperechoic. . A 1.26 x 0.74 cm cystic lymph node is observed in the left mid-abdomen, just caudal to the left renal artery. 1-2 prominent mesenteric lymph nodes are also seen, the largest measuring 1.76 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral age-related renal changes with cortical cysts. The cyst at the caudal pole of the right kidney is large with possible rupture into the retroperitoneal space and subsequent retroperitonitis.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris/sand, incidental.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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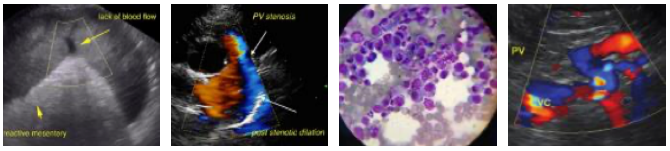

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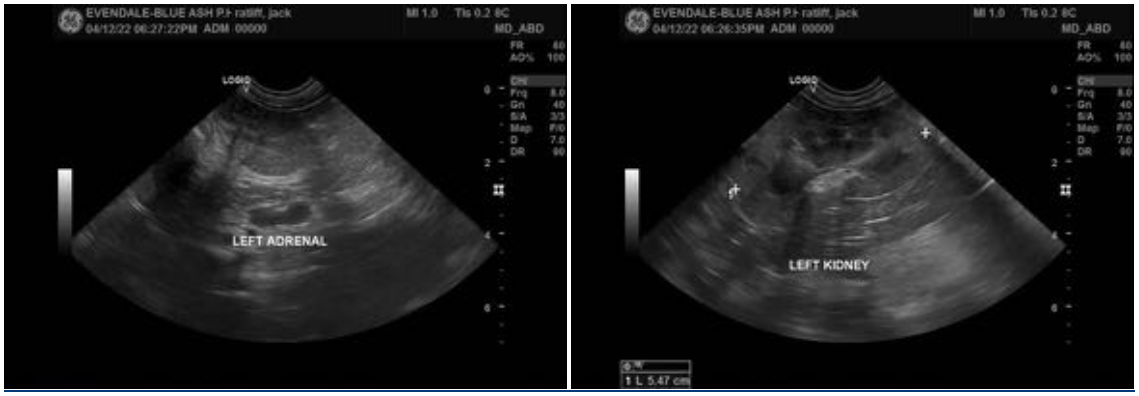
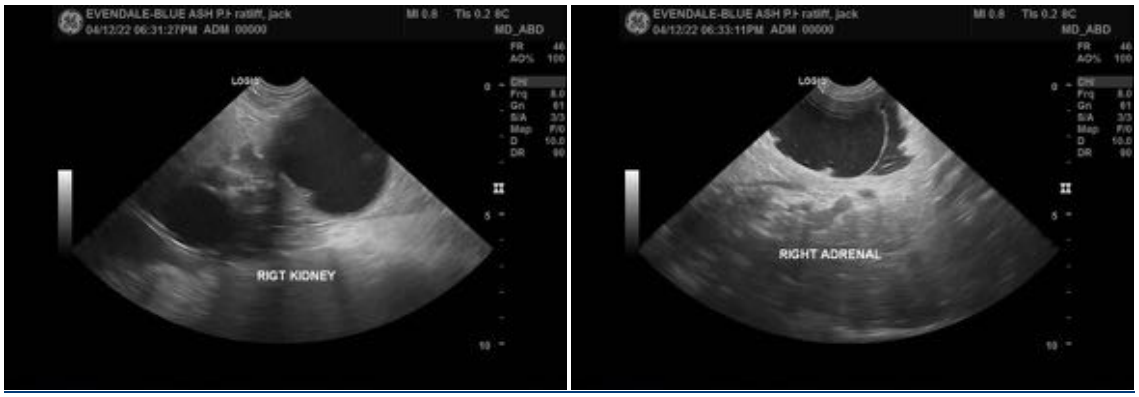
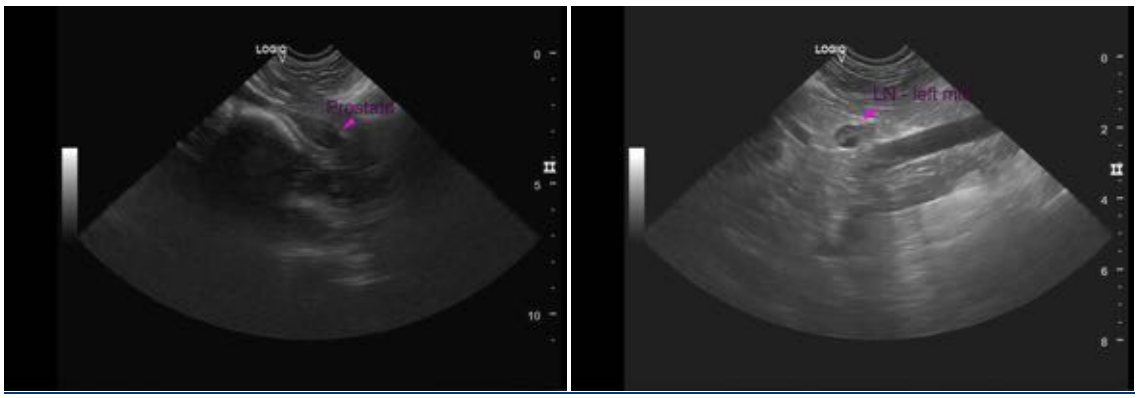
- Fine needle aspirate of the retroperitoneal fluid for fluid analysis, cytology and aerobic/anaerobic cultures is recommended.
- A urine culture and sensitivity can also be considered.
- While awaiting test results, initiation of broad-spectrum antibiotics as well as pain medication is recommended.
- Ultrasound-guided drainage of the large right renal cyst can be considered. However, this may result in hematuria and will likely quickly refill with fluid.







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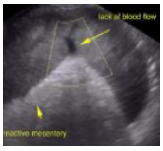
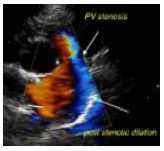
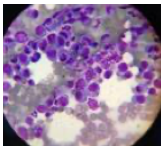
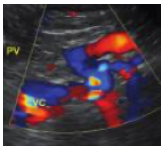

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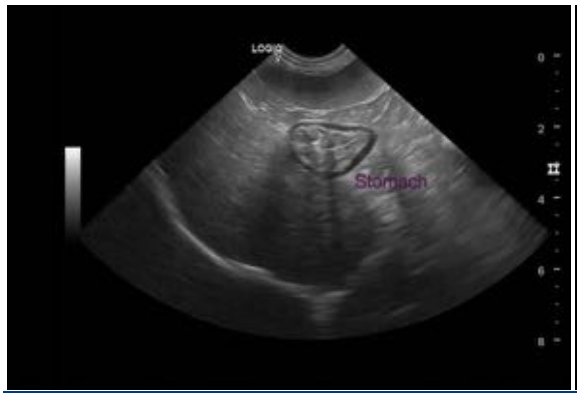

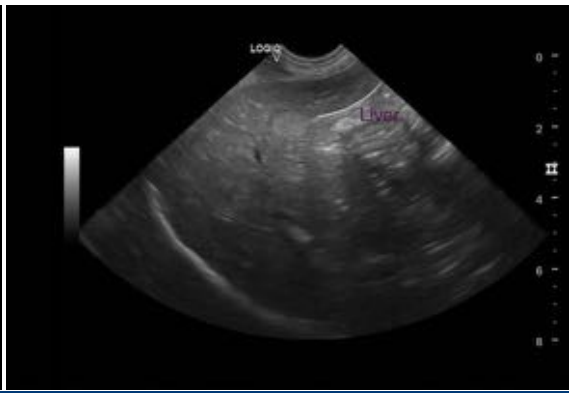

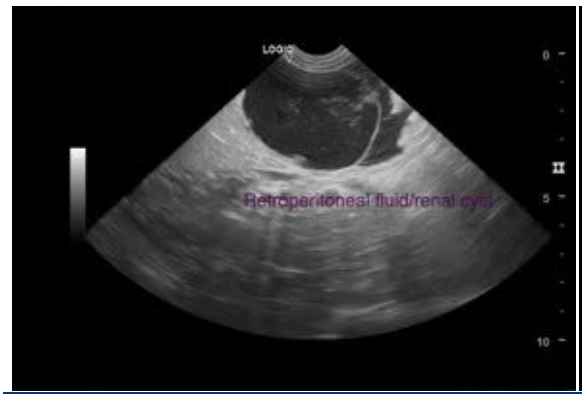

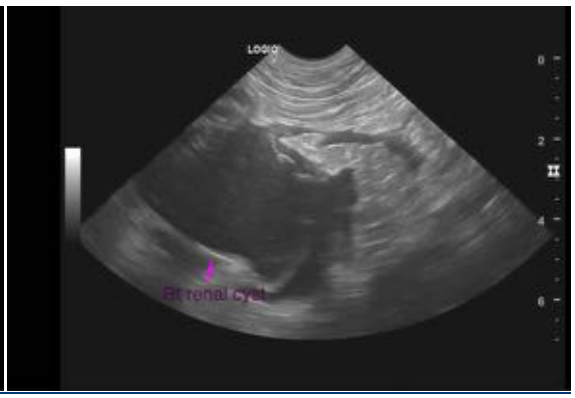

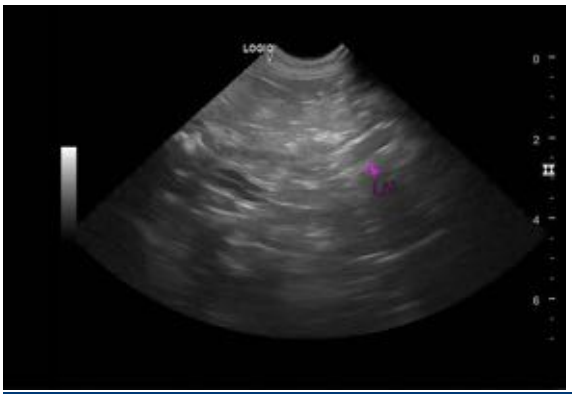

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com