

PATIENT

Dolore Quiles

SPECIES

Canine

BREED

Mixed breed

SEX

Female, intact

AGE

7 months

WEIGHT

14.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Biello

INVOICE

15160

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate abdominal distension. The patient presented for a vaccines booster on May 27, 2023. Owner had noted mild abdominal distension but no other abnormalities. Radiographs were done in May 27 and recommended abdominal ultrasound for further evaluation. Currently doing well, No v/s/c/d. Owner has noted a moderate increase in abdominal distension, No murmur noted, and clear lungs.

Abnormal PE/Chem/CBC/UA Results: PE: moderate abdominal distension. Radiographs: added as supporting documents. CBC MPV: 13.9 fL (8.7 - 13.2) CHEM GLOB: 2.2 g/dL (2.3-3.8) Hw Test: Negative
Radiographs: Fluid-filled abdomen, small intestines pushed cranial and dorsally-bladder not visible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Right kidney- see *Other*.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.54 cm at cranial pole) (0.54 cm at caudal pole); 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 region of the right adrenal gland is obscured by the large cystic structure in this area. The gland itself is not seen.

Spleen

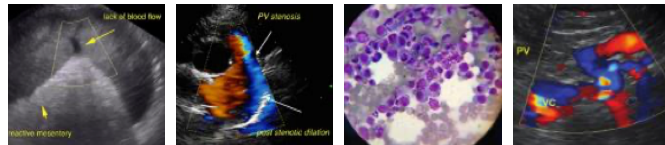
The spleen is normal in size (1.41 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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/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



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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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A portion of the pancreas is obscured by the large cystic structure in the right cranial abdomen. In the visualized portions, no obvious abnormalities are seen.

BREED

Free Abdomen

Mixed breed

Trace free fluid is suspected. 2-3 prominent medial iliac lymph nodes are visualized, the largest measuring 1.26 x 0.55 cm. The nodes are normal in shape and echogenicity.

SEX

Other

Female, intact

In the region of the right kidney, a >11 cm thin-walled cystic structure is visualized. The structure causes peripheral displacement of abdominal organs and extends into the caudal abdomen where it abuts the apex of the urinary bladder. In the caudal abdomen, 2 smaller fluid filled structures are visualized and appear to connect with the larger cystic structure.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the cystic structure in the right cranial abdomen is unclear but is suspected to represent an extremely large right renal cyst with obliteration of the normal architecture. The smaller cystic structures in the caudal abdomen may represent a tortuous, dilated right ureter or may be extensions or septations in the larger cystic structure. A ureteral obstruction (i.e., secondary to stricture, stone, ectopic ureter with kinking of the distal ureter) and a cystic or abscessed right kidney are all considerations.
- Trace ascites.

Secondary Findings:

- The mild medial iliac lymphadenopathy may be secondary to immunologic immaturity, reactive change or less likely, emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal CT scan is recommended for further characterization of the right cystic lesion.
- Also consider a urinalysis with culture and sensitivity to assess for infection.

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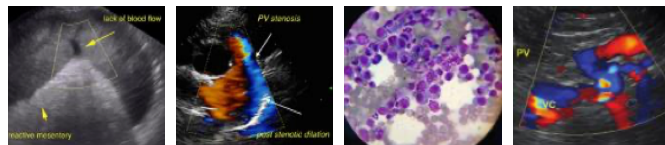
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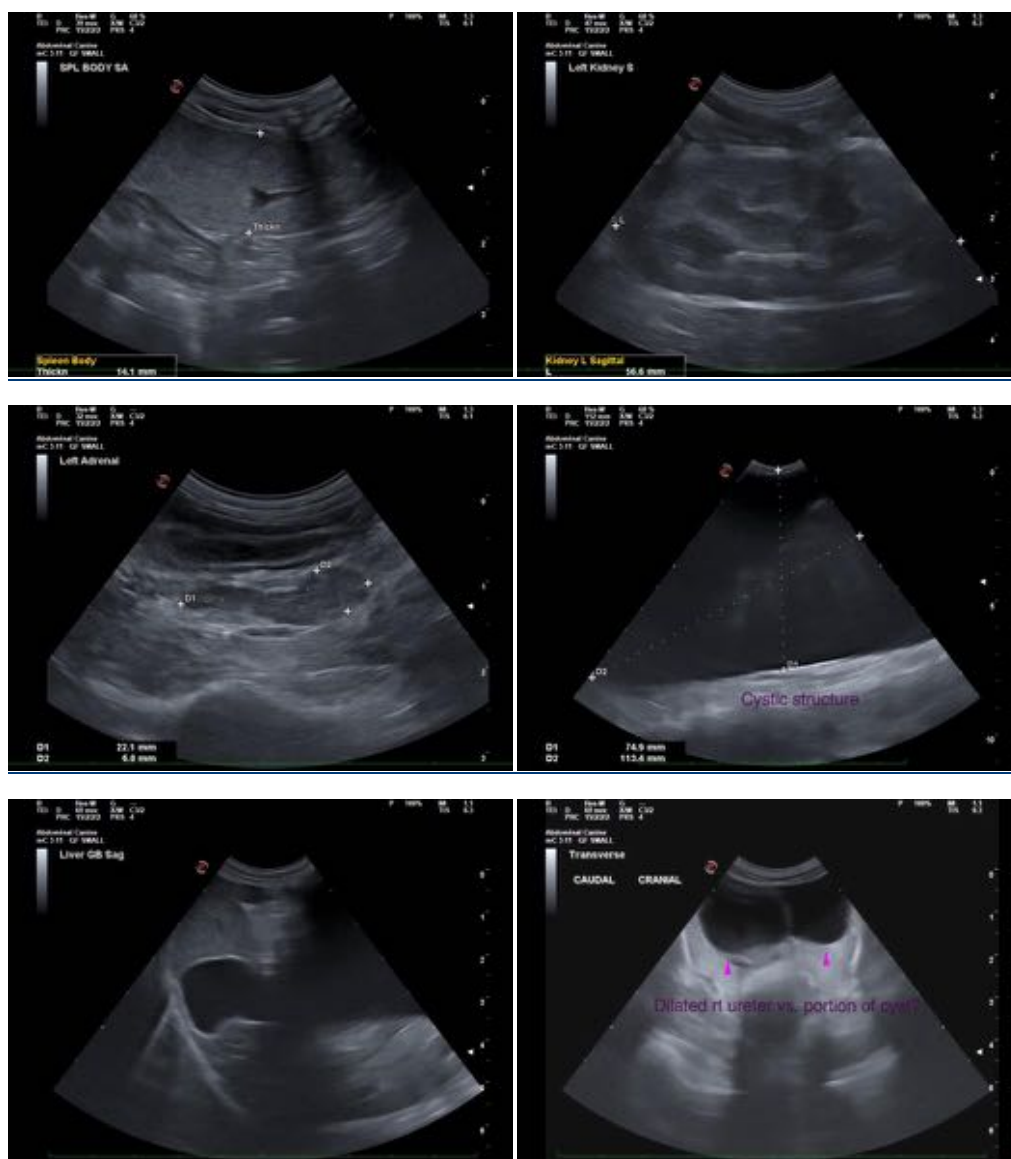
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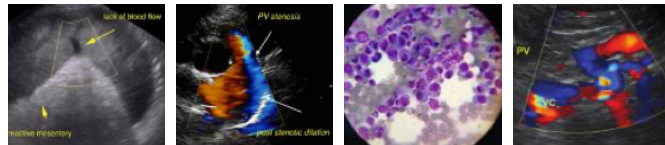
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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