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Clinical Sonography & Telecytology
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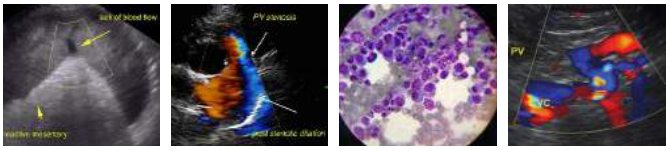


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Callie Paczolt

SPECIES
Canine

BREED
Labrador

SEX
Female Spayed

AGE
9 years

WEIGHT
80.4 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Hartwick

INVOICE
11893kk

DATE
9/24/21

PRESENTING CLINICAL SIGNS

History: Patient presents for progressive azotemia, leukocytosis. No response to Baytril. History of lameness right front - confirmed DJD elbows on radiographs = lameness intermittent. Current meds: Tramadol and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: 8/1/21: BUN 27, creat. 1.8, WBC 22.5, neutrophilia, T4 1.6. 9/5/21: BUN 35, creat. 2.3, WBC 29, HCT 35%. U/A: pH 6, sed=neg, urine C/S no growth, USG 1.015.

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 left kidney is normal size (6.40 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. Moderate pyelectasia is present (0.57 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.54 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is small in size (0.51 cm at cranial pole) (0.35 cm at caudal pole) (2.05 cm in length) with a flattened contour. 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 evaluated. No obvious pathology is observed.

Spleen

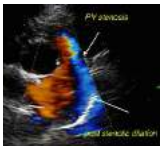
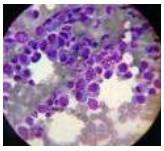
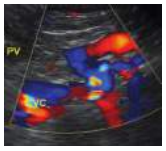
The mid to caudal aspect of the spleen is subjectively normal in size with normal curvilinear peripheral contours and homogeneous parenchyma. Splenic vasculature at the hilus appears normal. At the cranial aspect, there is a suspected hypoechoic mass-effect resulting in capsular expansion. See also "Other" category.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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.

Pancreas

See "Other" category.

Free Abdomen

Trace free fluid is observed.

Lymph Nodes

See "Other" category.

Other

A > 10 cm hypoechoic to heterogeneous, irregular, vascular mass is observed in the cranial to mid-abdominal region. The mesentery surrounding the mass is hyperechoic.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial to mid-abdominal mass, the origin of which is unclear. It may be arising from or invading into spleen or may be of pancreatic, lymph node, mesenteric, or hepatic origin. Regional peritonitis is present.

Secondary Findings:

- Bilateral, age-related renal changes with left pyelectasia.
- The small left adrenal gland may be a normal variant for this patient or may represent atrophy (i.e., secondary to hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the abdominal mass is recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider an abdominal exploratory with mass removal or de-bulking. An abdominal CT scan would be useful in pre-surgical planning, particularly in helping to determine the origin of the mass. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications.

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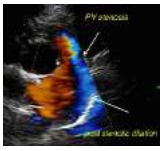
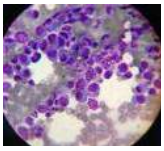
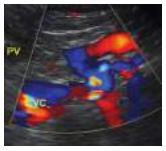

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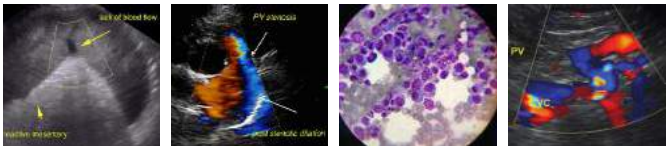

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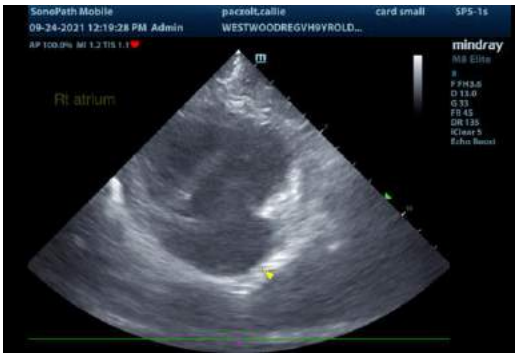

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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