



PATIENT PRESENTING CLINICAL SIGNS

Tony Shyta High FAS dog not seen since 2019. P was seen at ER in December for "hard abdomen". Workup included AXR which showed urolithiasis. Presenting today for follow-up exam under sedation. Abnormal PE/Chem/CBC/UA Results: Previous labs and rads included. Sending out new labs including urine culture and coag panel today. P was fully sedated for this. Abdominal palpation: discomfort and firm lesion over LHS abdomen. Suspect hydronephrosis secondary to urolithiasis. Prostatomegaly.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

American Eskimo

Urinary System

Urinary bladder is moderately distended with anechoic contents. Small calculi exhibiting distal acoustic shadowing are present along the gravity dependent inner wall of the lumen urinary bladder. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Intact Male

The prostate is symmetrically enlarged (4.5 cm thick) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted.

AGE

11.5 Years

The left kidney is normal in size (7.0 cm). The caudal pole of the left kidney is deformed by a 6.0 cm mass that contains a thick, hyperechoic, irregular wall surrounding anechoic fluid that contains echogenic debris and septations. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

33 Pounds

The right kidney is normal in size (6.3 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Right adrenal gland is normal in size (2.9 cm long x 0.92 cm at cranial pole and 0.75 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Back Bay Vet Clinic

The left adrenal gland is unable to be visualized due to the pathology from the mass in the area.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Sorbo

Liver

INVOICE NUMBER

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Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A round, isoechoic, solid, homogeneous 2.0 cm mass is noted in the mid caudal liver. Visible vasculature appears normal.

DATE

1/13/22



PATIENT Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Tony Shyta

Gastrointestinal

SPECIES The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Canine

BREED

American Eskimo

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SEX

Intact Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

11.5 Years

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

WEIGHT

33 Pounds

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder cystic calculi
- Thick, walled off, fluid-filled mass that appears to be associated with the caudal pole of the left kidney – Rule outs include a complicated cyst versus a hematoma versus abscess versus infiltrative neoplasia/tumor.
- Benign prostatic hyperplasia with cysts – Prostatic findings are most consistent with benign prostatic hyperplasia and concurrent benign prostatic cysts.
- Cystoliths
- Heterogenous liver with a discreet focal area in the mid liver that appears to be an early mass – Rule outs include benign nodular hyperplasia versus infiltrative hepatic neoplasia, round cell neoplasia, or metastatic neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

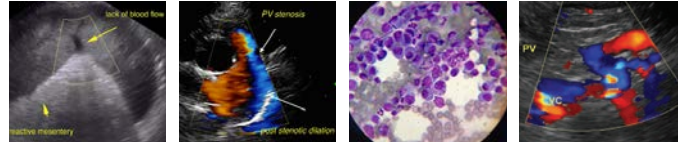
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Recommendations include a urinalysis and urine culture if not already evaluated, followed by a fine needle aspirate of the mass off of the caudal pole of the left kidney for cytology and culture if patient's coagulation status is appropriate. Other recommendations include a fine needle aspirate of the liver including the mid liver nodule if patient's coagulation status is appropriate.

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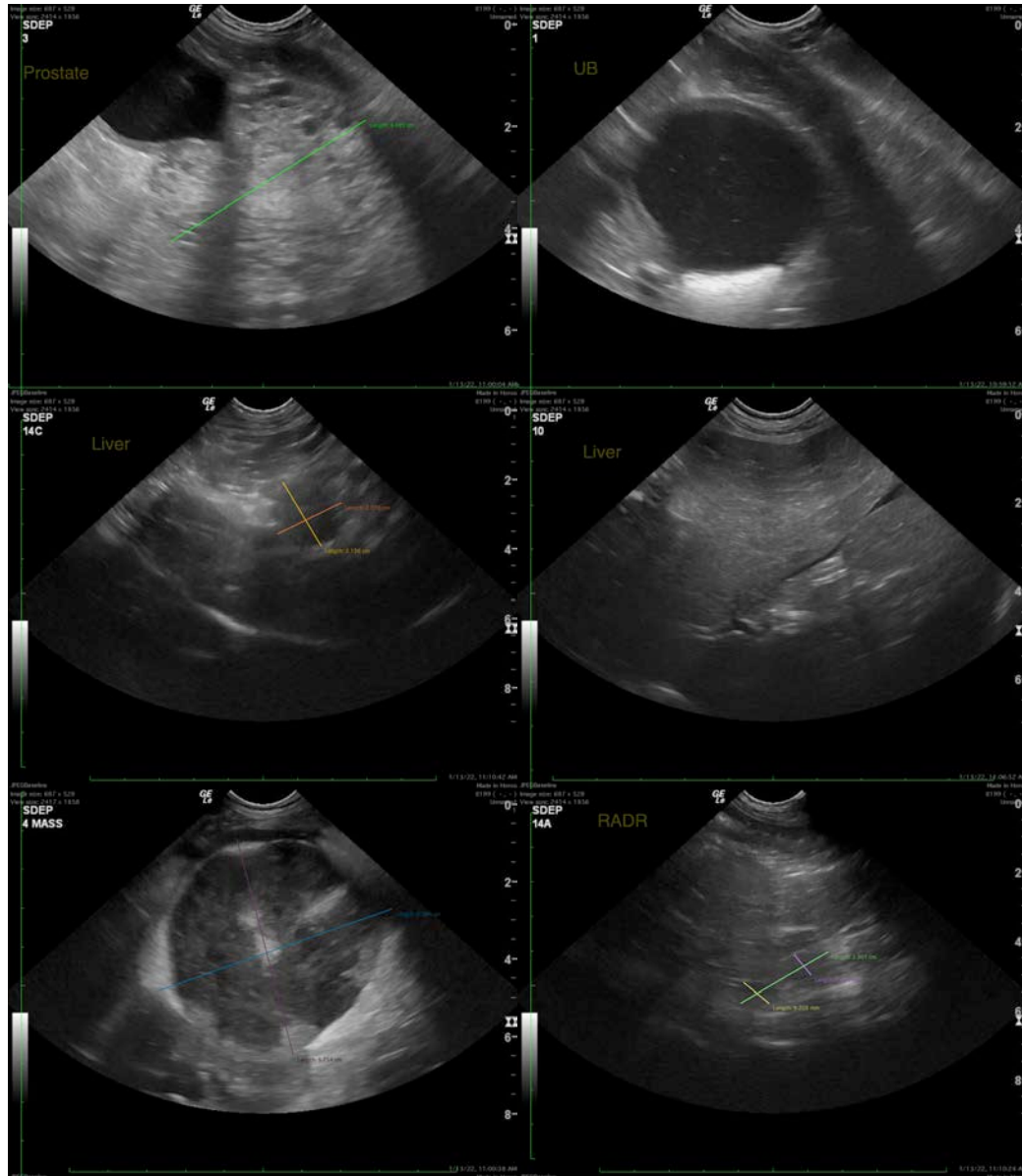
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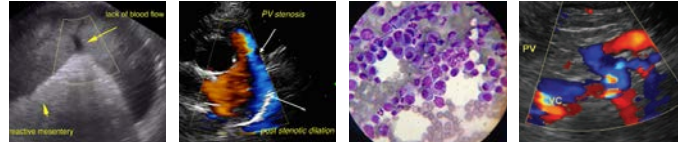
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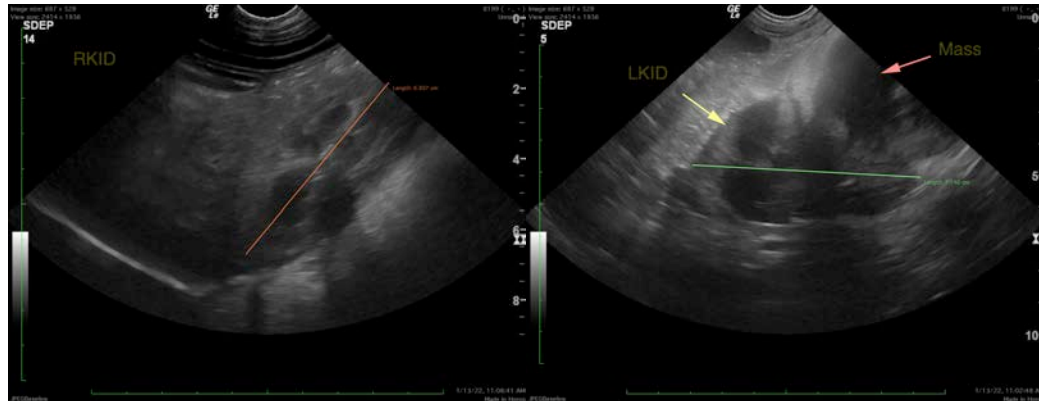
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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