



**PATIENT**

Bear Hudson

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Neutered Male

**AGE**

12 Years 2 Months

**WEIGHT**

52.2

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Nathaniel Stanglein

**INVOICE**

20860

**DATE**

1/30/23

**PRESENTING CLINICAL SIGNS**

History: Long history of alopecia and presumed sebaceous adenitis, seen for weight loss and heavy breathing on 11/30/22, rads at that time concerning for an abdominal mass ventrally displacing colon-some vomiting noted then with a little blood. Slab fracture noted at that time and given ABs, BW was normal then and owner elects to try steroids for upper airways and possible neoplasia. AUS declined then.... 1/18/23 P seen again now with oral mass around 309/310 with some blood, concern for neoplasia> abscess. Owner considering dental/oral biopsy but rec AUS first to assess if abdominal mass/neoplasia before doing something invasive... Current meds: Clindamycin and tramadol

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 11/30/22 wnl, Rads done 11/30/22 chest clear but concern for renal mass ventrally displacing colon.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.47 cm thick). Mucosa is hyperechoic and irregular. No masses or calculi are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 8.97 cm. The right kidney measures 8.67 cm. Multiple, too numerous to count, tiny cortical cysts are noted bilaterally.

**Adrenal Glands**

Left adrenal gland is normal in size (2.53 cm long x 0.85 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.83 cm long x 0.78 cm at cranial pole and 0.96 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**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.

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



**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.

Bear Hudson

**Gastrointestinal**

**SPECIES**

The visible stomach wall is normal in thickness 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

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The visible small intestines are normal in wall thickness and layering. 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.

Poodle

**SEX**

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Neutered Male

**Pancreas**

**AGE**

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

12 Years 2 Months

**Free Abdomen**

**WEIGHT**

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

52.2

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Age-related kidney changes with multiple small cortical cysts noted bilaterally

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is no visible evidence of an intrabdominal mass in these images at this time. The described kidney cysts are likely a benign aging incidental changes and should be interpreted in combination with any supporting evidence of chronic kidney disease from the lab work, etc.

Jessica Green

**HOSPITAL NAME**

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Stanglein VC

**REFERRING VET**

Otherwise, further evaluation/therapy of the reported oral lesion/dental disease is recommended, as is reportedly planned.

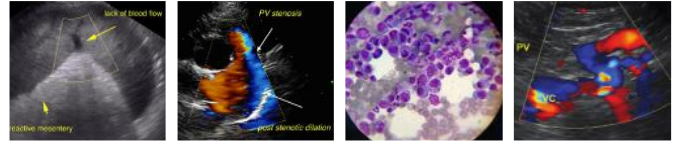
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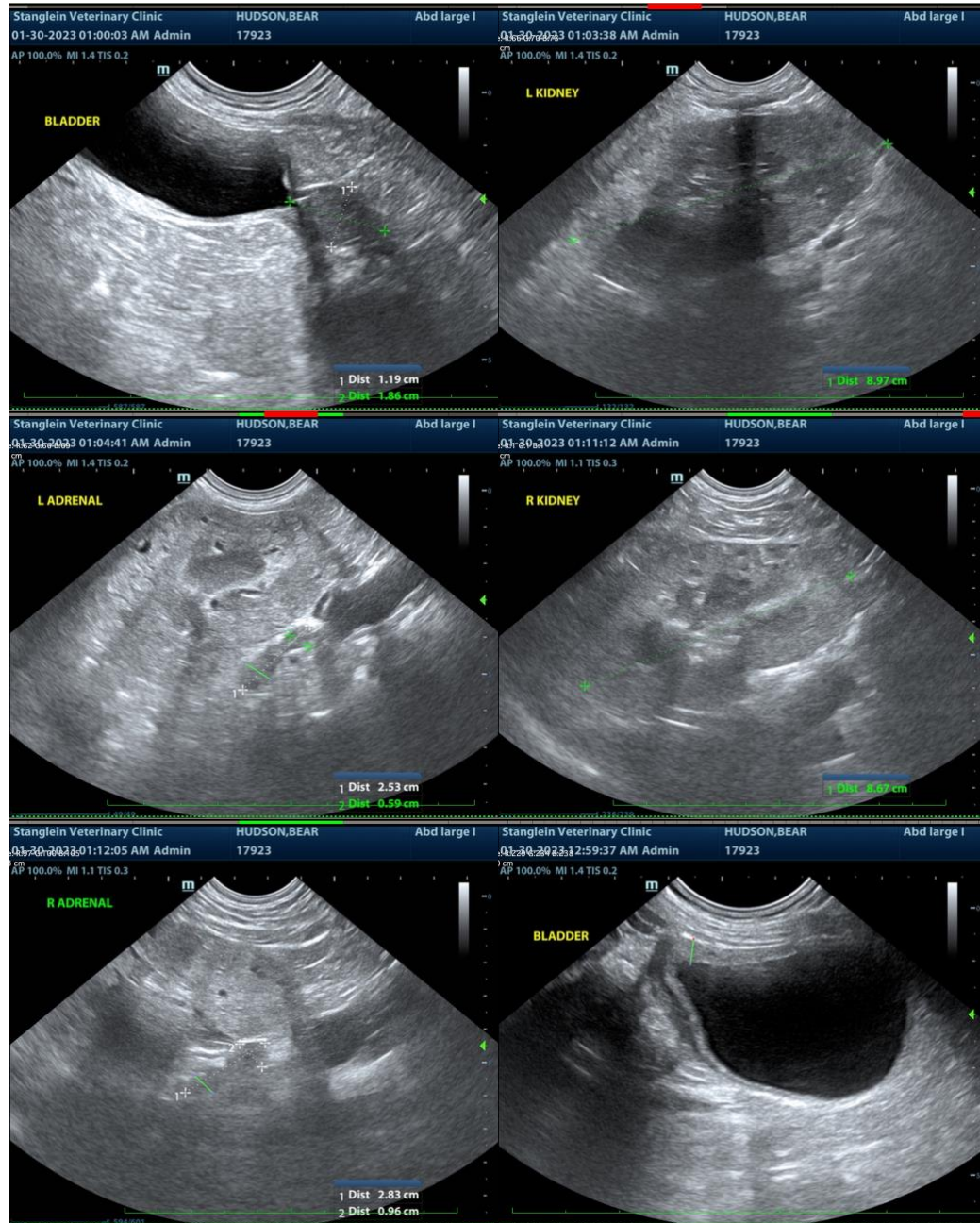
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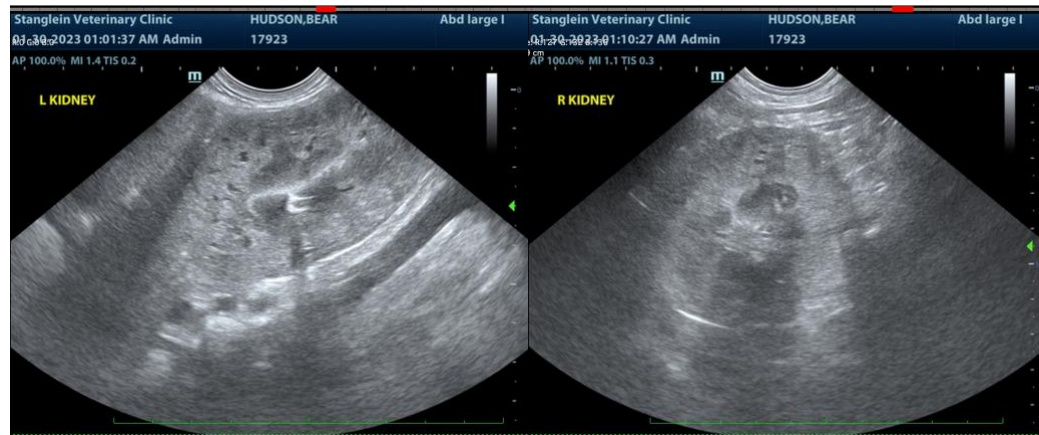
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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