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Clinical Sonography & Telecytology
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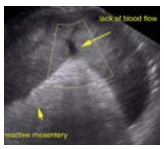
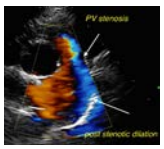
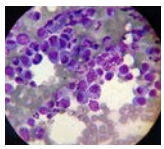
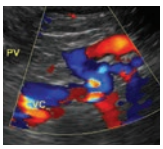

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1-800-838-4268 info@sonopath.com

PATIENT
Bailey Kirkeby

SPECIES
Canine

BREED
Terrier X

SEX
Spayed Female

AGE
14 Years

WEIGHT
22.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Gallick

HOSPITAL NAME
Magnolia Springs VC

REFERRING VET
Dr. Aldrich

INVOICE
43418

DATE
12/13/22

PRESENTING CLINICAL SIGNS

Presented on 12/10 for urinating blood, no change in behavior, doing well otherwise. No UTI present. Platelets mildly decreased Kidney values increased

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. Some of the debris settled along the dorsal wall appears strand-like and potentially adhered to the wall, and irregular tissue versus debris cannot be definitively ruled out. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney measures 5.2 cm. A thin rim of renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. Additionally, hydroureter is noted with a dilated proximal ureter of 1.3 cm, decreasing down to 0.60 cm dilated, with dilation ending at a 2-2.5 cm heterogeneous mass that appears to encompass the ureter. The ureter cannot be traced beyond the mass in these images.

Adrenal Glands

The caudal pole of the right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. The cranial pole is unable to be well visualized. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized in these images.

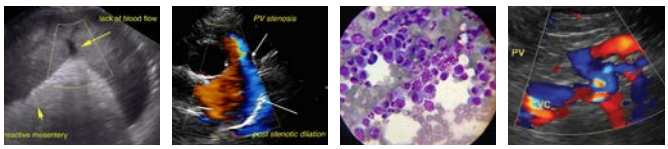
Spleen

The 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). A 2.5 cm heterogeneous, primarily cavitated/anechoic nodule/mass is noted at the head/cranial aspect of the spleen, resulting in a capsular bulge. Splenic vasculature appears normal.

Liver

The 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris (moderate). The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

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.

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.

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

Pancreas

The 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Hydronephrosis of the left kidney with concurrent hydroureter to the level of a discrete heterogeneous nodule/mass that appears to involve the ureter. The mass is concerning for infiltrative neoplasia. Benign inflammatory change secondary to infection, mineral, stricture with hyperreactive tissue surrounding it, etc. can't be ruled out but is considered much less likely.

- **Urinary bladder debris** – Consistent with blood clots, given the patient's history. However, irregular tissue primarily along the dorsal wall cannot be definitively ruled out.

- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

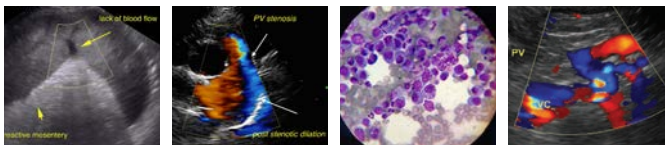
SECONDARY FINDINGS

- **Moderate gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of both the described ureteral lesion/mass as well as the splenic nodule could be considered if patient's coagulation status is appropriate. However, given the uncertainty and the origin



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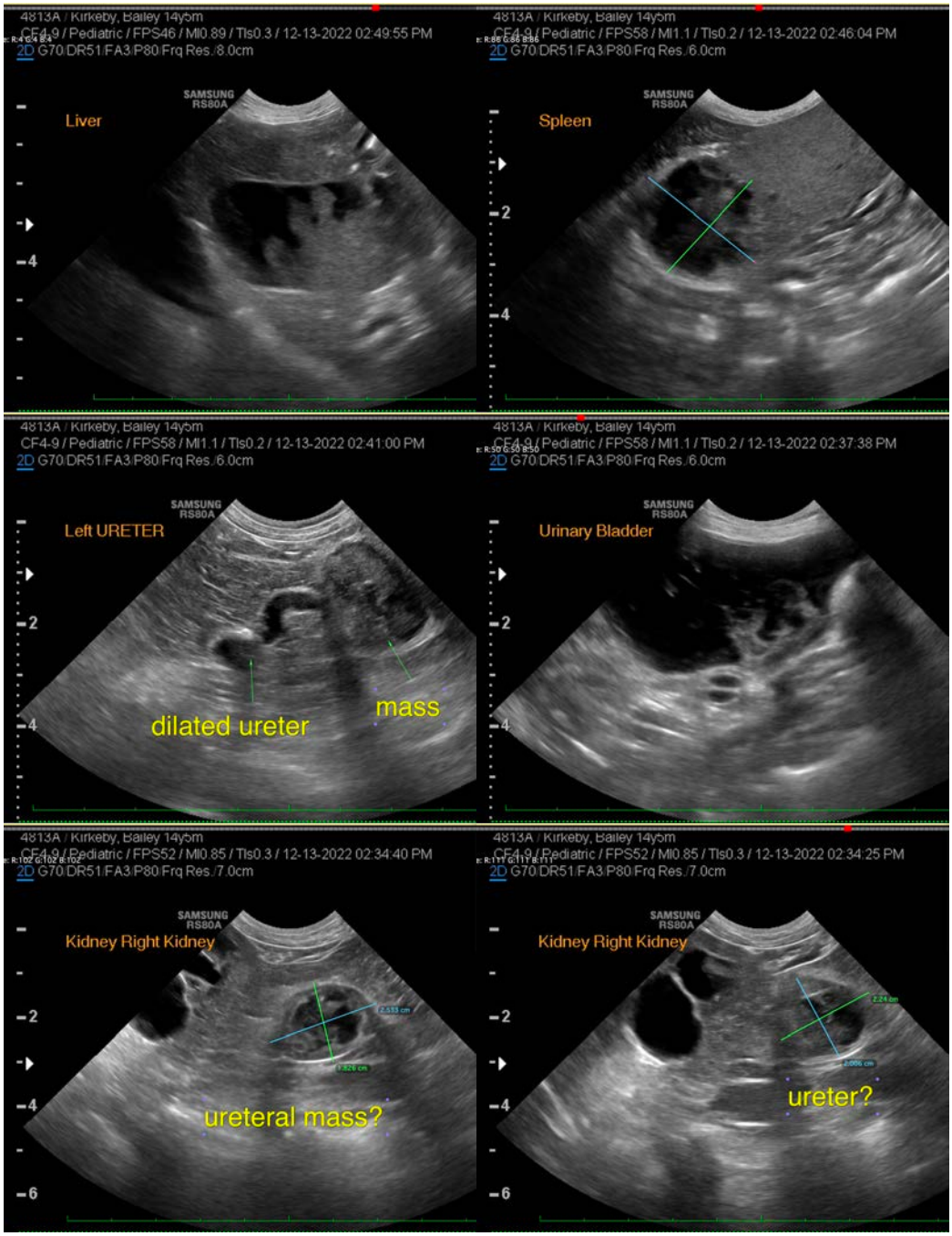
of the ureteral lesion, an abdominal CT scan may help provide additional information prior to more invasive diagnostics.

**The images of the dilated ureter and the suspected ureteral mass were submitted labeled “right”, but I believe they are “left”.



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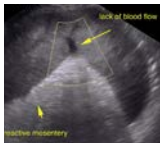
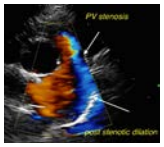
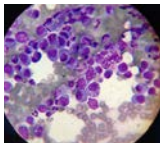
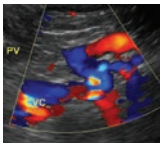

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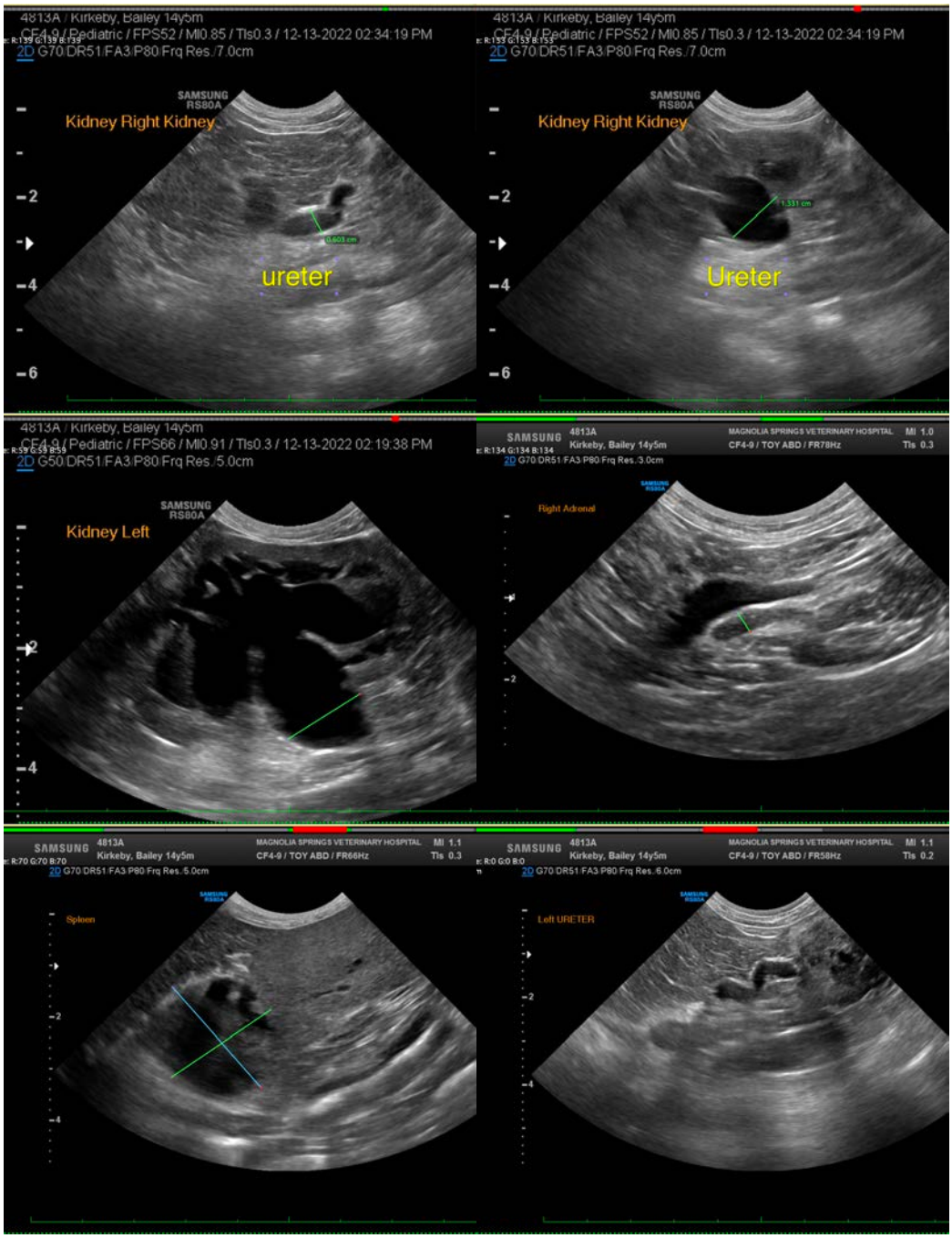

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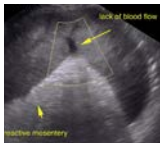
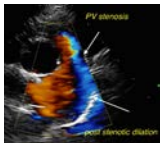
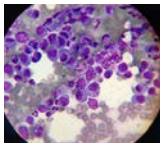
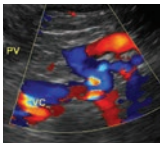

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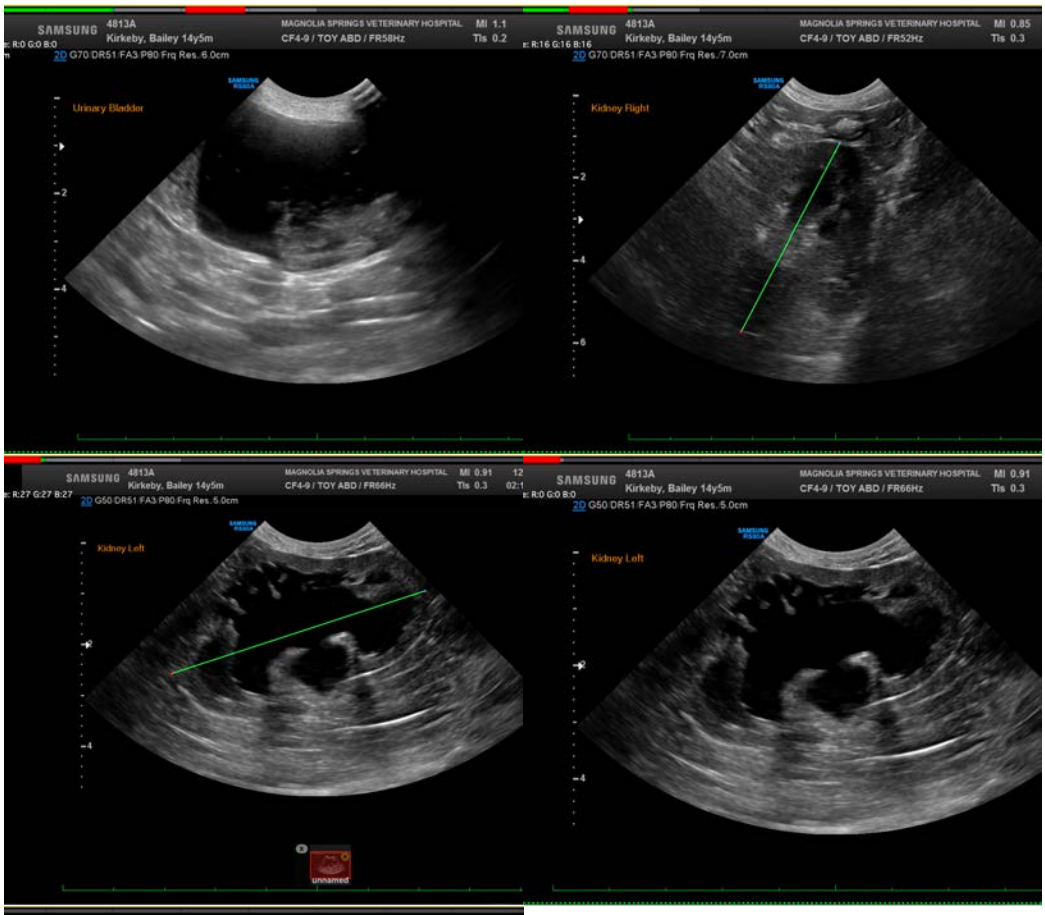

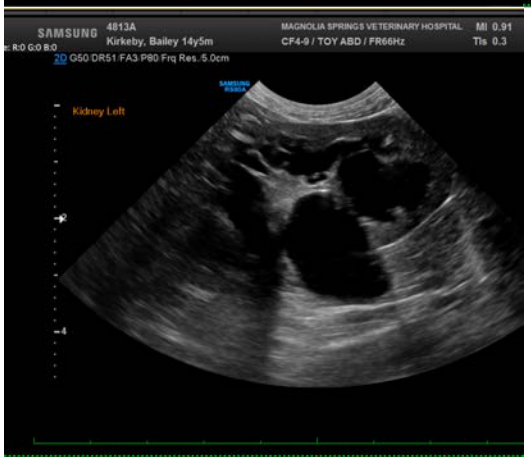

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com