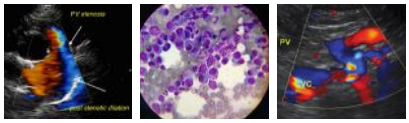
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/20/23

PATIENT

Frosty Waybright

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

3/1/10

WEIGHT

15.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Franchini

INVOICE

21218

PRESENTING CLINICAL SIGNS

History: Pet presented for vomiting and diarrhea, lethargy and not eating starting yesterday. Painful on abdominal palpation/back end. Pet had been in for routine exam and vaccines on 1/27 and senior BW was done which revealed moderately elevated glucose, proteins, ALT and ALKP and elevated Ca at 12.1.

Current Medications: Cerenia injection, gabapentin 100 mg TID
Radiographs: hepatomegaly and loss of detail in mid, dorsal abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Declined.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in 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. Multiple, too numerous to count, small cortical cysts are noted bilaterally. Additionally, in the left kidney, primarily encompassing the caudal aspect of the kidney, there is a 5.0 cm x 6.0+ cm markedly heterogenous, irregular, hypoechoic, partially cavitated mass. The left kidney measures 5.08 cm. The right kidney measures 4.97 cm.

Adrenal Glands

Left adrenal gland is unable to be well visualized in these images due to concurrent pathology in the area combined with patient discomfort.

Right adrenal gland is normal in size (2.35 cm long x 0.85 cm at cranial pole and 0.82 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 enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Gastrointestinal
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.

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.

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

Pancreas
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.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A heterogenous, partially cavitated left kidney mass. This is concerning for infiltrative neoplasia, given the loss of normal architecture. A benign complicated cyst, abscess, hematoma, etc. can't be ruled out but is considered less likely.
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild 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.

Secondary Findings

- Additional age-related renal changes with multiple bilateral cortical cysts

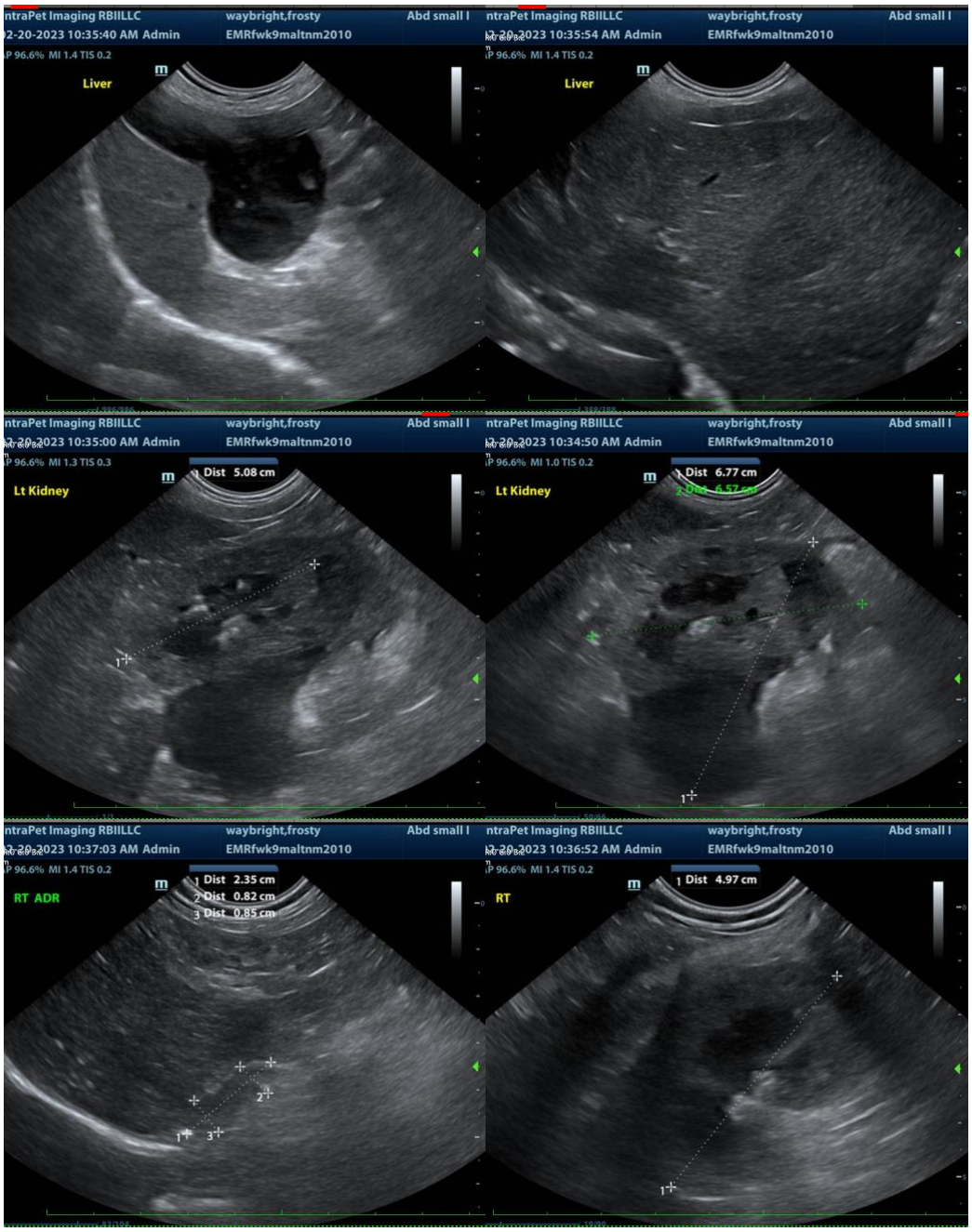
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

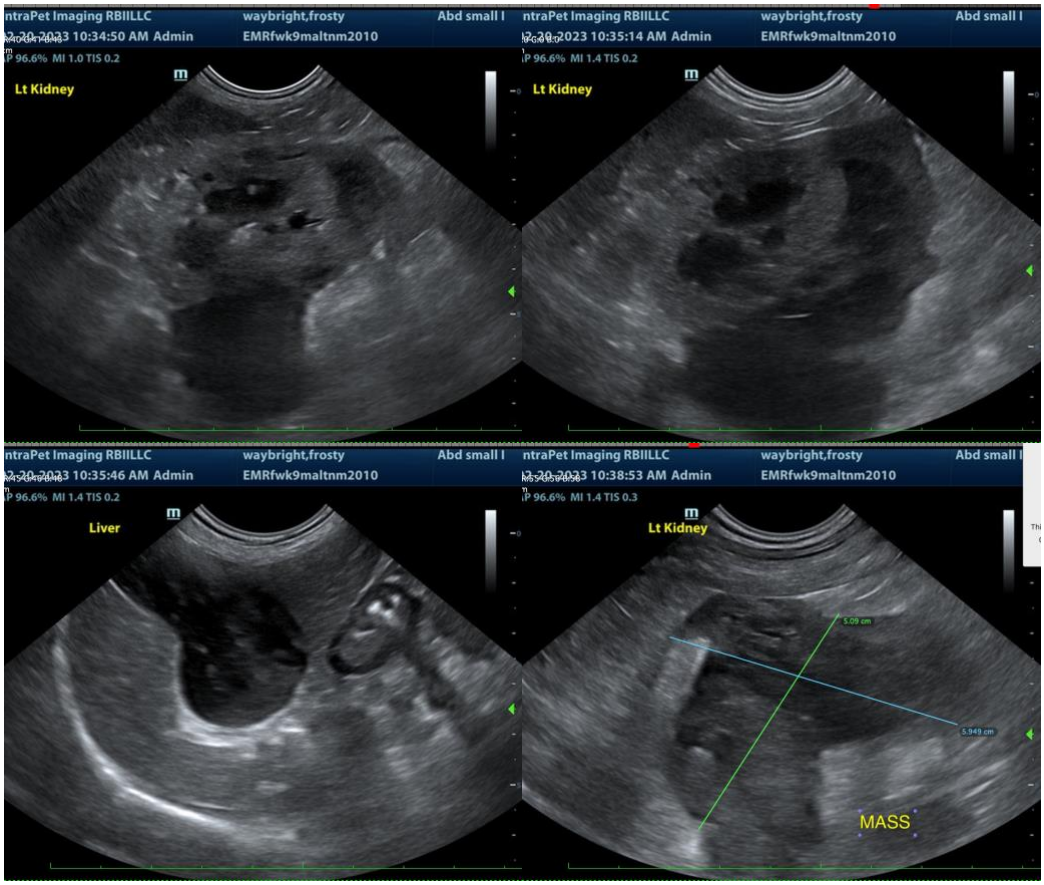
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the left kidney mass, for both cytology, as well as culture and sensitivity, pending cytology results is recommended, if patients coagulation status is appropriate.

The reported hypercalcemia is likely related to this patients kidney mass, however, pending results of the

kidney mass work up, further evaluation of the hypercalcemia may additionally be warranted in the form of a malignancy panel to include PTH, PTHrP and ionized calcium.





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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