



PATIENT PRESENTING CLINICAL SIGNS

Boo Sandhar Urinating bloody urine, normal abd palpation, normal prostate on exam meds: apoquel, clavamox, fortiflora

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

16 Years

WEIGHT

8 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Dogar

INVOICE

44829

DATE

2/8/23

Abnormal PE/Chem/CBC/UA Results: BW RESULTS: slightly elevated SDMA, UREA and ALKP UA RESULTS: Struvite crystals, High WBC's, 1+ Glucose and 3+ proteins Radiographic Findings radiographs; no obvious bladder stones; bladder overlapping stool, questionable opacity cranial to bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

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

The right kidney measures 4.47 cm, with some normal architecture at the caudal pole. However, the cranial pole of the kidney is replaced by a 2.5 cm x 3.5 cm heterogeneous, shape-distorting, partly cavitated mass.

The left kidney is overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortex 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 4.09 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.78 cm long x 1.24 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

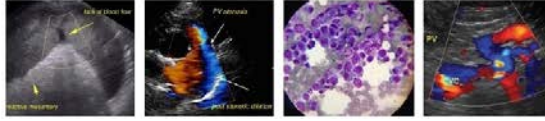
The left adrenal gland is normal in size (1.83 cm long x 0.52 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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). At least two "target lesions" are noted, including a 1.0 cm hyperechoic nodule with a hypoechoic rim near the head of the spleen, resulting in a capsular bulge, and a 2nd similar appearing nodule measuring 0.50 cm x 0.70 cm in the mid body. Splenic vasculature appears normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. 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 with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.
Boo Sandhar	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	
Shih Tzu	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	
Neutered Male	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
AGE	
16 Years	<i>Pancreas</i>
WEIGHT	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.
8 kg	
INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Kelly Reschny	<ul style="list-style-type: none"> • Right kidney mass – most concerning for infiltrative neoplasia such as primary renal carcinoma versus round cell neoplasia versus other. A benign cyst, abscess, hematoma, etc. is possible but considered far less likely. • Similarly, the splenic nodules could represent benign lesions, including cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc. However, given the “target lesion” appearance as well as the multiple nodules, metastatic disease is the top differential.
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Governors Road AH	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.
REFERRING VET	
Dr. Dogar	Fine needle aspirates of both the right kidney mass and the splenic nodules are recommended if patient’s coagulation status is appropriate.
INVOICE	
44829	Ultimately, a right nephrectomy may be recommended. However, ruling out metastatic disease to the spleen would be recommended first, if possible.
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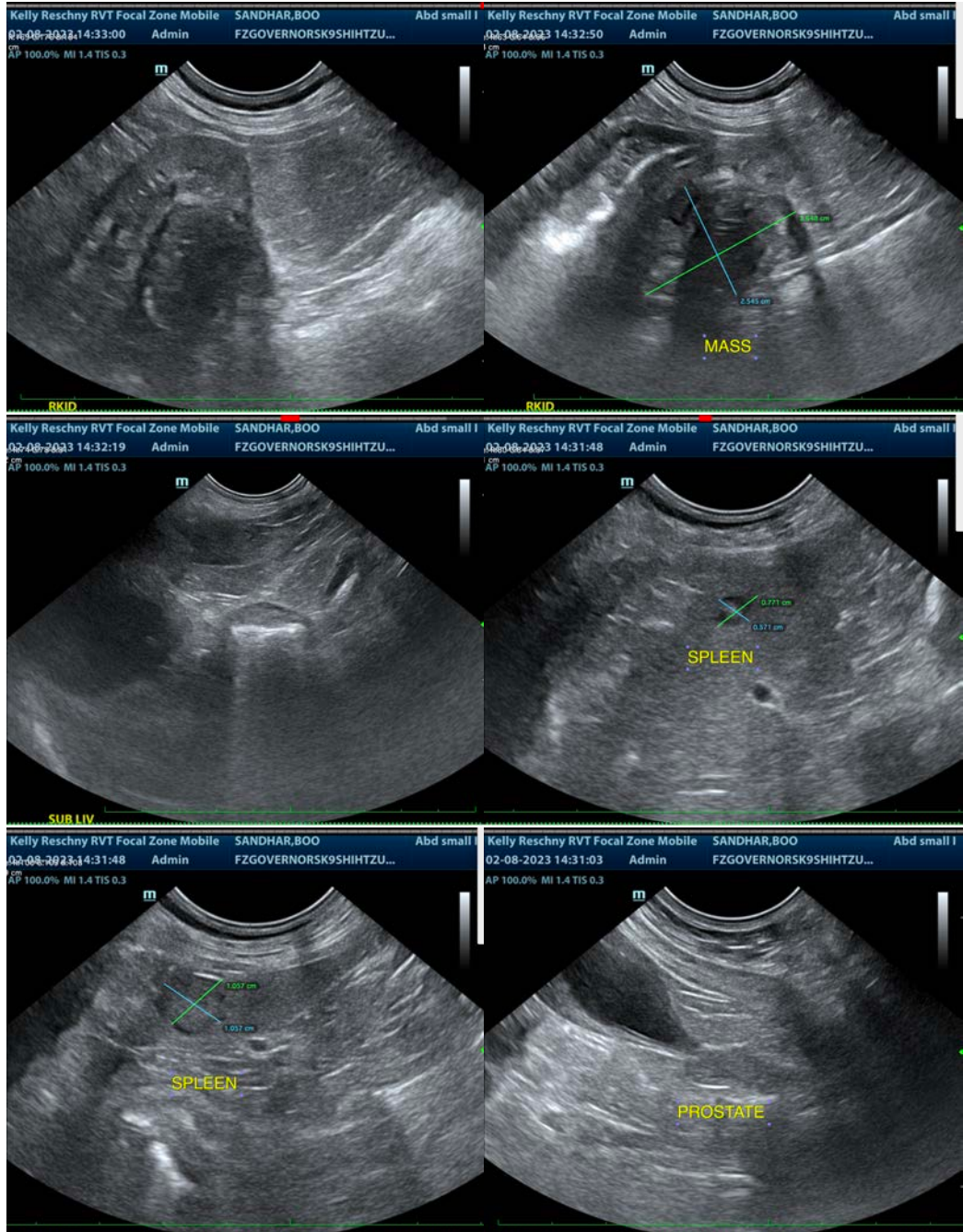
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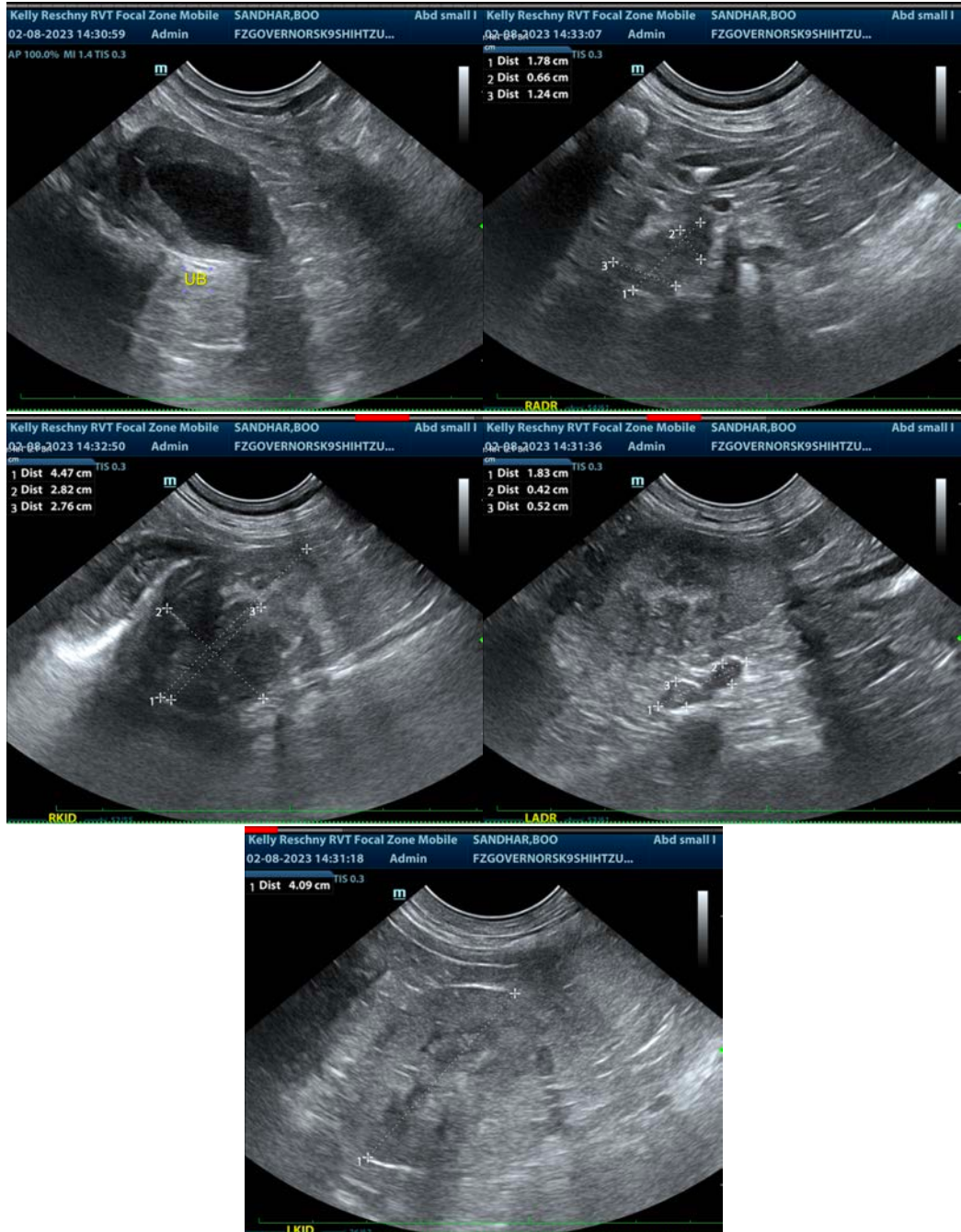
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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