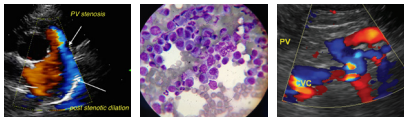
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/20/22

PATIENT

Cobi Webbert

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

2/16/15

WEIGHT

90 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Owens

INVOICE

37029

PRESENTING CLINICAL SIGNS

Seen 4-18-22 for vomiting, anorexia. Rads showed decreased serosal detail and possible mass effect in retroperitoneal space, FAST scan showed some sort of mass/lesion on left kidney.

Current Medications: Cerenia and SQ fluids given 4/18, Rx Amoxicillin 500 mg 2 PO BID Rx 4/18 due to owner reported stranguria, bladder was empty in hospital so could not get sample.
Lab Results: Stress leukogram 4/18, bloodwork otherwise unremarkable
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (6.91 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 is normal in size (8.02 cm) It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. However, there are two cystic heterogeneous lesion, one in the cranial pole measuring 3.2 cm and one in the caudal pole measuring 3.2 cm that appear to communicate through the pelvis. The pelvis is mildly dilated and markedly hyperechoic. Scant perinephric free fluid and hyperechoic mesentery are appreciated.

Adrenal Glands

The right adrenal gland is normal in size (2.7 cm long x 1.0 cm at the cranial pole and 1.0 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 (2.46 cm long x 0.86 cm at the cranial pole and 0.97 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. 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.

The 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.

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

Hypoechoic mesenteric lymphadenopathy is appreciated with the largest lymph node measuring 2.0 cm thick.

PRIMARY FINDINGS

- Heterogeneous, cystic left kidney lesions combined with renal pelvic changes – most consistent with pyelonephritis caused by or related to complicated infected renal cysts or abscesses, or infiltrative neoplasia.

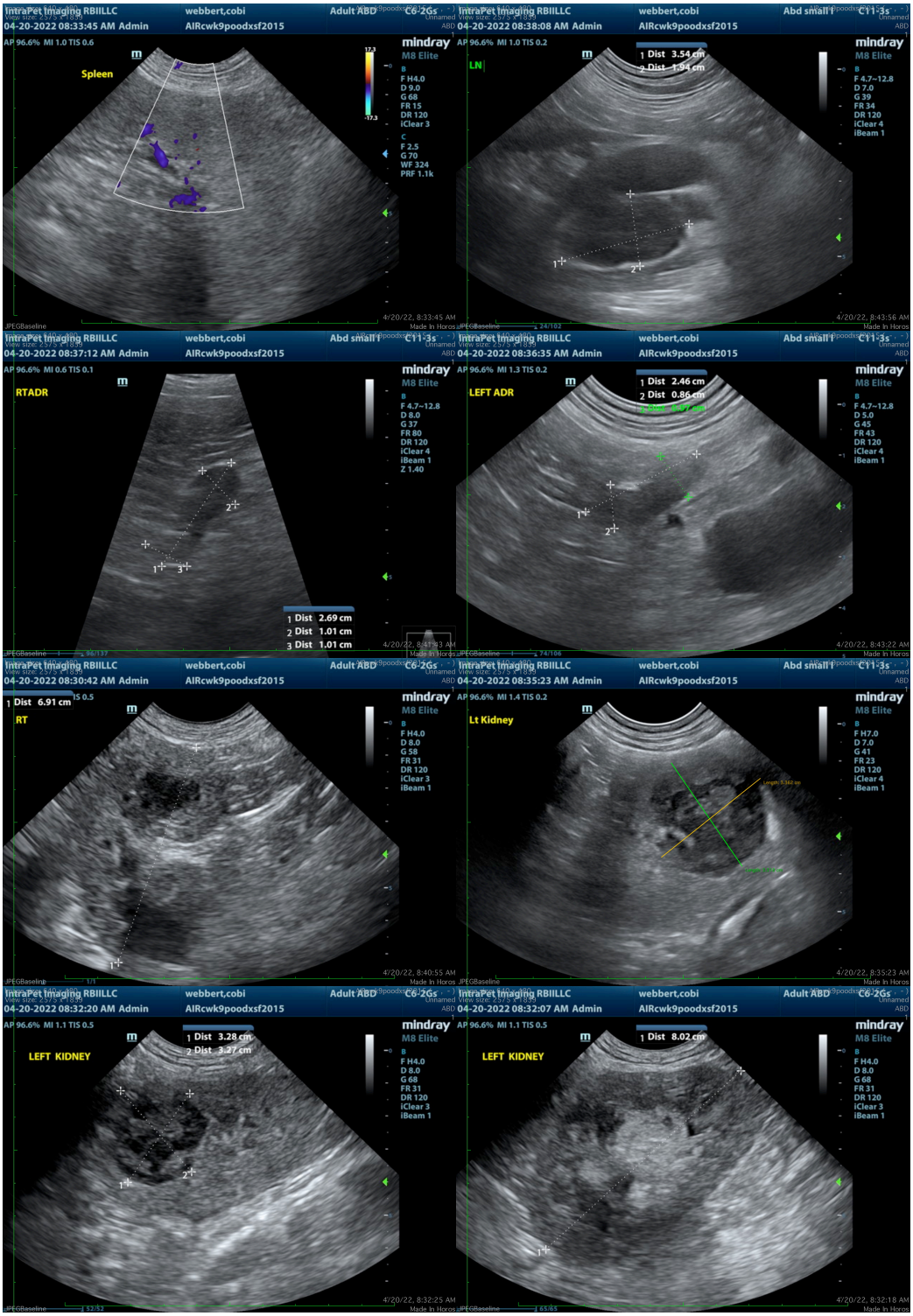
SECONDARY FINDINGS

- Mesenteric lymphadenopathy with both infiltrative neoplasia and reactive nodes being differentials.

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidney lesions present here could be benign but infected renal cysts or abscesses. Therefore, supportive care and empirical antibiotics, etc. (as is already in place) could be continued with monitoring for improvement. However, given the complicated heterogeneous appearance of the lesion combined with the concurrent lymphadenopathy and splenomegaly, infiltrative neoplasia is a concern, and a fine needle aspirate of the left kidney lesions as well as the spleen and mesenteric lymph nodes are recommended if patient's coagulation status is appropriate. 3-view thoracic radiographs for further evaluation of possible metastatic disease are also recommended if not recently evaluated. If an aspirate of the kidney is performed, recommendations for the samples include both cytology as well as culture.


IntraPet Imaging RBIILLC
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AIRcwk9poodxsf2015
Spleen
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Abd small I
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AIRcwk9poodxsf2015
LN
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2 Dist 1.34 cm
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M8 Elite
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Abd small I
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RTADR
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3 Dist 1.01 cm
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M8 Elite
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Abd small I
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LEFT ADR
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2 Dist 0.86 cm
mindray
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Adult ABD
C6-2Gs
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AIRcwk9poodxsf2015
RT
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LEFT KIDNEY
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2 Dist 3.27 cm
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M8 Elite
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Adult ABD
C6-2Gs
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AIRcwk9poodxsf2015
LEFT KIDNEY
1 Dist 8.02 cm
mindray
M8 Elite

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
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