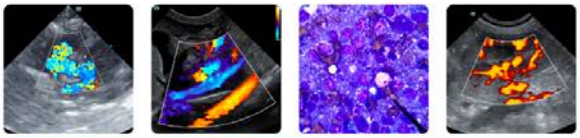


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Violet Smith

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

13 Years

WEIGHT

25.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Ancaster

REFERRING VET

Dr. David-Steele

INVOICE

75012

DATE

5/7/26

PRESENTING CLINICAL SIGNS

PD, PU, and stranguria. Abdominal: The patient was very tense on abdominal palpation, making a full assessment difficult. Palpation of the cranial abdomen in the region of the bladder elicited a painful response (grumbling). A firm mass, approximately 2.5 inches in diameter, was palpated on the right side of the abdomen. Urogenital: Discomfort was noted on palpation of the bladder. New heart murmur (Grade 2/6) -The rhythm was regular with no arrhythmias detected. Pulses were assessed as good and strong. The HR was noted to be approximately 50 BPM Current Medications: Aventi Kidney; Credelio Plus; Thyro Tabs

Abnormal PE/Chem/CBC/UA Results: u/a - confirmed uti - rods, rbc, wbc's; proteinuria; elevated creatinine labs attached.

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 (0.90 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is normal size at 5.98 cm. Right kidney is normal size at 6.29 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.92 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is small (flattened contour), measuring 0.53 cm at the cranial pole and 0.44 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

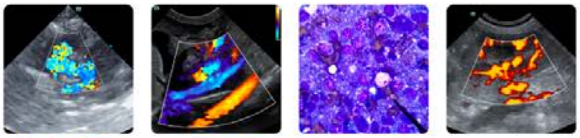
Spleen

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). 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.

Gallbladder is moderately distended with anechoic bile as well as 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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

Pancreas

The pancreas that is observed 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 visible free peritoneal effusion noted in these images.

In the left mid to cranial abdomen is an approximately 4.2 cm x 5.0 cm homogeneous, hypoechoic mass of unknown origin.

Additionally, in the caudal abdomen, in the area of the trifurcation, there is an intravascular density measuring approximately 0.80 cm thick x 4.2 cm long, concerning for a clot/thrombus, although the specific vessel is difficult to identify.

ULTRASONOGRAPHIC FINDINGS

- The left mid to cranial abdominal mass is of unknown origin. Differentials include spleen, potentially pancreas, lymph node, even potentially adrenal gland, although I believe I see both adrenal glands normally, versus other.
- A caudal abdominal great vessel thrombus is suspected.
- Mild bilateral chronic kidney disease changes primarily characterized by several small chronic infarcts.
- 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.
- Flat left adrenal gland – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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- 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

If patient has a urinary tract infection as mentioned in history ("rods" in urinalysis), then the urinary tract infection is likely at least in part responsible for the patient's reported clinical signs, and treatment is recommended.

The changes described above are of unknown if any relation to patient's reported clinical signs but warrant further investigation.

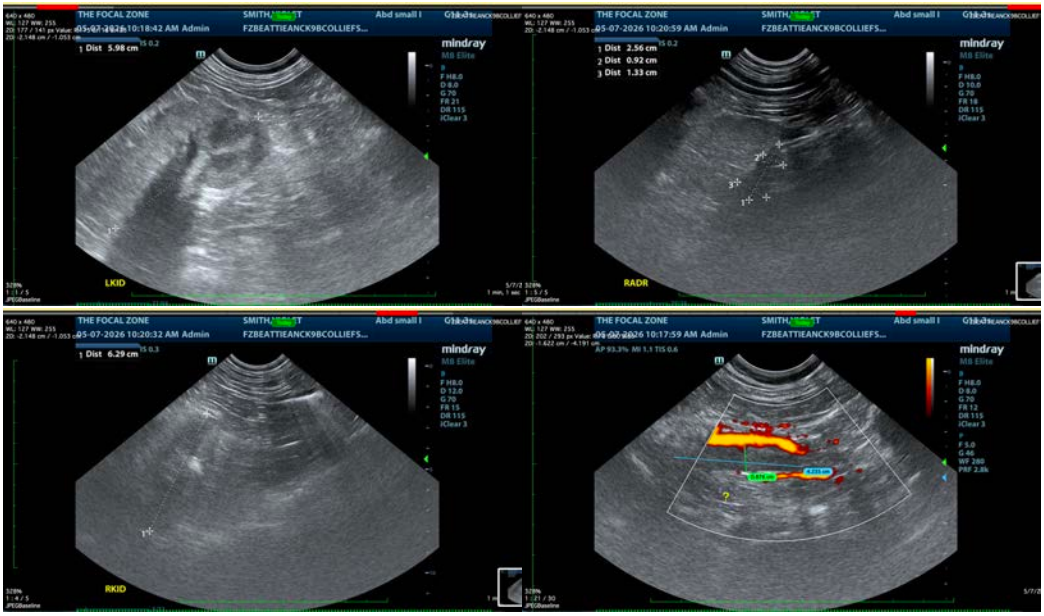
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the left mid to cranial abdominal mass could be considered if patient's coagulation status is appropriate. A blood pressure is recommended if not recently evaluated.

There is not a definitive ultrasonographically visible explanation for a hypercoagulable state, although if the patient is PU/PD, developing urinary tract infections, and hypercoagulable, underlying hyperadrenocorticism could be considered as one cause of that cluster of clinical signs.

Ultimately, however, given the unidentifiable mass as well as the concern for a clot, advanced imaging such as an abdominal contrast CT scan may be helpful.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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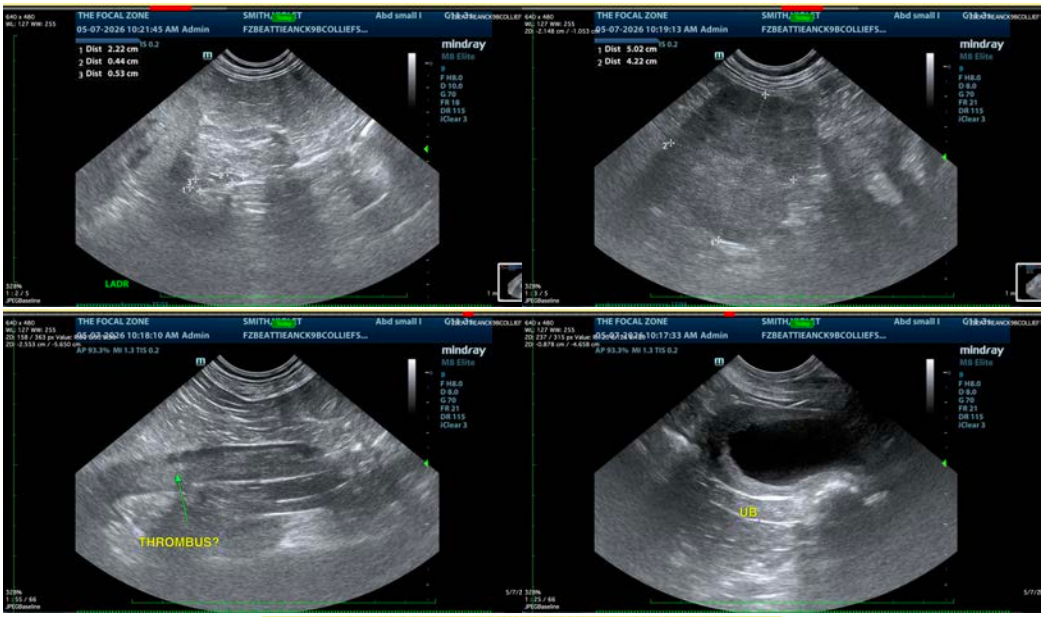

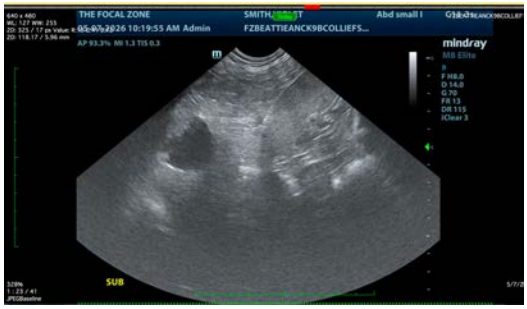

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com