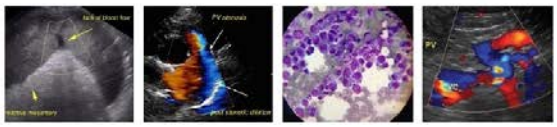
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Joe Bear Pringle

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Sid Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

44822

DATE

8/22/23

PRESENTING CLINICAL SIGNS

Mild to moderate generalized muscle mass loss - more noticeable over spine - shoulders and thighs Questionable increased expiratory sounds (wheezing) R lung lobes - more noticeable mid craneal TTO about generalized muscle mass loss - discussed possible GI disease IBD / pancreatitis / hepatitis / cholangitis / Dietary indiscretion / other endocrine conditions / neoplasia - other Current Medications Cerenia 8mg SID, Mirtazapine 3.75mg SID x 4 days

Abnormal PE/Chem/CBC/UA Results: Cbc: nsf Biochem: Urea M1 elevated at 12.3, SDMA at upper end of normal of 14, Creat normal 97; M1 elevated AST cPL: <30 - normal Cortisol 66 (28 - 120) nmol/L Normal R/O Addison's disease

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.

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

The right kidney is large in size (5.82 cm) with disruption of normal corticomedullary architecture caused by a heterogeneous nodule/mass measuring 2.0 cm x 2.7 cm in size. Additionally, pyelectasia is noted measuring 0.43 cm in the sagittal view, and non-obstructive nephroliths are present.

The left kidney is normal in size (3.68 cm) and echogenicity with a mildly irregular margin as a result of a 0.70 cm in diameter homogenous, primarily hypoechoic nodule. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.2 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

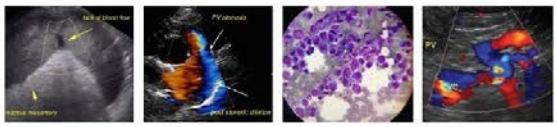
The left adrenal gland is normal in size (0.58 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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). 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



PATIENT

Joe Bear Pringle

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Sid Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

44822

DATE

8/22/23

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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal nodules/large mass in the right kidney – Could be the result of infiltrative neoplasia such as round cell neoplasia versus carcinoma versus other. However, malignancy cannot be diagnosed ultrasonographically, as complicated cysts, hematomas, or even abscesses could result in a similar appearance. Regardless, there is evidence of chronic kidney disease with non-obstructive nephrolithiasis and mild pyelectasia in the right kidney.

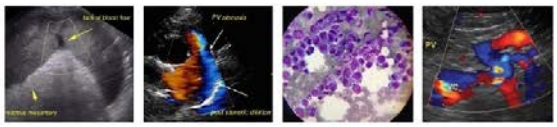
- Concurrent chronic smoldering pancreatitis could be present and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Fine needle aspirates of the kidneys could be considered if patient's coagulation status is appropriate.

The focal mass in the bladder has the characteristics most consistent with a neoplastic lesion, but polyps and inflammatory lesions can sometimes have a similar appearance. A definitive diagnosis cannot be determined by ultrasound alone.



PATIENT

Joe Bear Pringle

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Sid Pet Hospital

REFERRING VET

Dr. Velez

INVOICE

44822

DATE

8/22/23

-Recommend urine evaluation for BRAF mutation seen in patients with transitional cell carcinomas. A positive test is diagnostic, a negative test is inconclusive and will need further diagnostics.

-If negative or non-diagnostic BRAF consider traumatic catheterization to obtain representative cells for cytology, or biopsy sampling via either cystoscopy (if a female) or surgery.

-Patients with bladder pathology should always have urinalysis and culture performed. Ideally cystocentesis should be avoided in patients with suspected bladder masses to try and prevent tracking of tumor cells along the needle path.

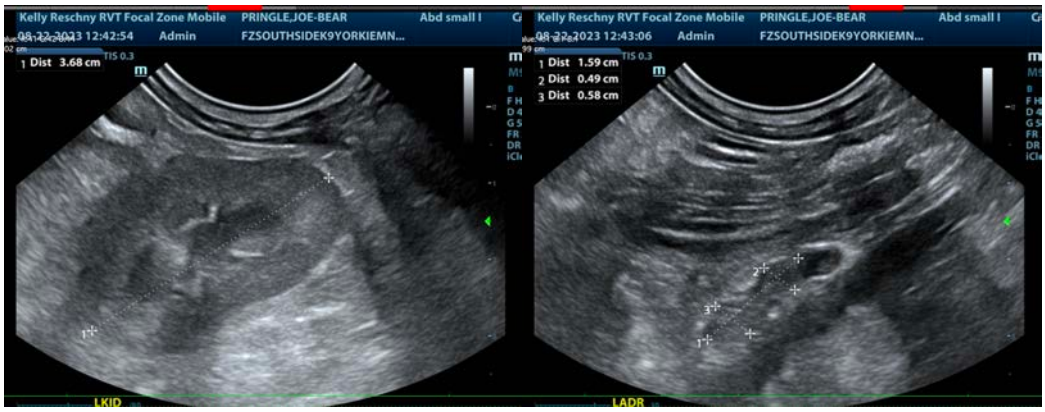
-If TCC is confirmed consider referral to/consultation with a board certified. Veterinary oncologist for recommendations regarding treatment options and prognosis.

Pending results of the kidney workup, further evaluation of gastrointestinal and pancreatic health could be considered as a contributing factor to this patient's weight loss, beginning with:

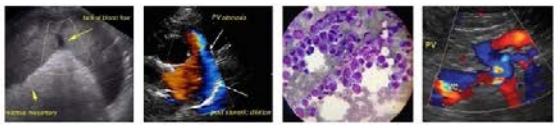
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, supportive/symptomatic medical management of possibly subclinical nausea contributing to decreased appetite and weight loss could be considered in the form of antiemetics and gastroprotectants as well as an appetite stimulant while awaiting diagnostic results.

If diagnostic sampling is not possible, and empirical supportive medical management is elected instead, then either advanced imaging of the kidneys in the form of an abdominal contrast CT scan and/or monitoring of the kidneys ultrasonographically, beginning with a recheck ultrasound in 4-6 weeks, is recommended.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Joe Bear Pringle

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

South Sid Pet Hospital

REFERRING VET

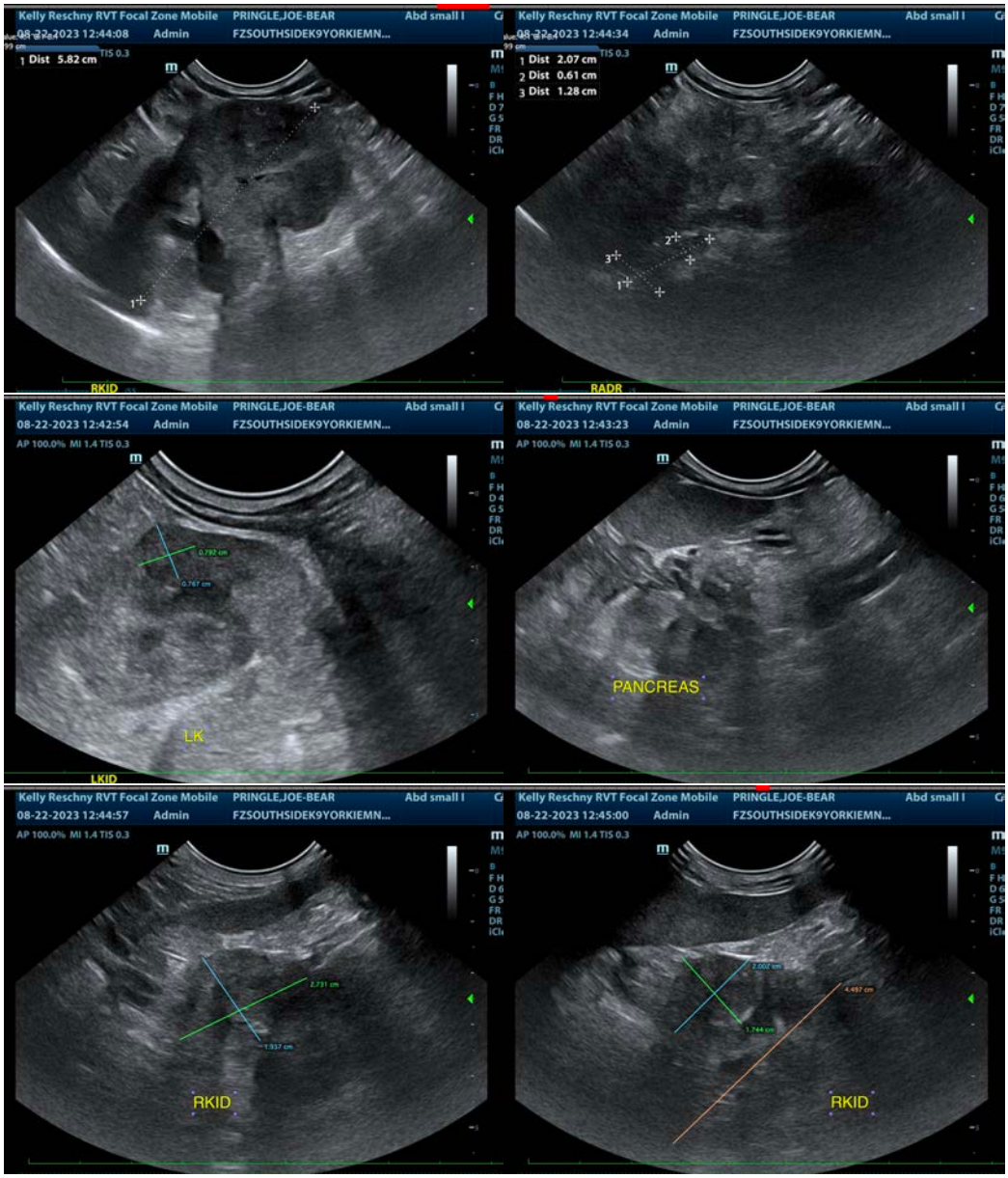
Dr. Velez

INVOICE

44822

DATE

8/22/23



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