



PATIENT PRESENTING CLINICAL SIGNS

Koby Choi History of PU/PD and inappetence.

SPECIES Abnormal PE/Chem/CBC/UA Results: Globulins elevated at 62. Hematuria noted incidentally on in clinic U/A (free catch sample). USG 1.020. Mild BUN elevation with normal creatinine and SDMA values.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Golden Retriever Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.83 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.

SEX

Neutered Male

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

AGE

13 Years

The right kidney is normal in size (6.92 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.

WEIGHT

30.1 kg

The left kidney is normal in size (6.73 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 mineral or infarcts observed. Pyelectasia is noted measuring 0.27 cm in the transverse view.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Adrenal glands are mildly subjectively flat, given the patient's size. The left adrenal gland measures 0.45 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the caudal pole. The cranial pole is difficult to fully visualize in these images. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

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). A 5.7 cm x 7.0 cm mixed/heterogeneous, primarily hypoechoic mass resulting in a capsular bulge is noted near the head of the spleen without evident capsular escape. Another smaller similar appearing, non-capsule disrupting 1.0 cm in diameter nodule is noted. Splenic vasculature appears normal.

HOSPITAL NAME

Cambrian AH

REFERRING VET

Dr. Sharma

Liver

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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.

DATE

8/9/23

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.



PATIENT

Gastrointestinal

Koby Choi

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.

SPECIES

Canine

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.

BREED

Golden Retriever

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

SEX

Neutered Male

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.

AGE

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Free Abdomen

WEIGHT

30.1 kg

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

There is no apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- Splenic nodules/masses – could represent infiltrative neoplasia such as round cell neoplasia versus sarcoma versus other. However, benign hematomas, extramedullary hematopoiesis, etc. can mimic infiltrative neoplasia and cannot be ruled out without tissue sampling.
- Mild/subjective flat adrenal glands – 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.
- 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.
- Mild left kidney Pyelectasia – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If appropriate based on urinalysis results, given the patient's clinical signs, a urine culture could be considered.

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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 larger splenic mass is recommended if patient's coagulation status is appropriate.



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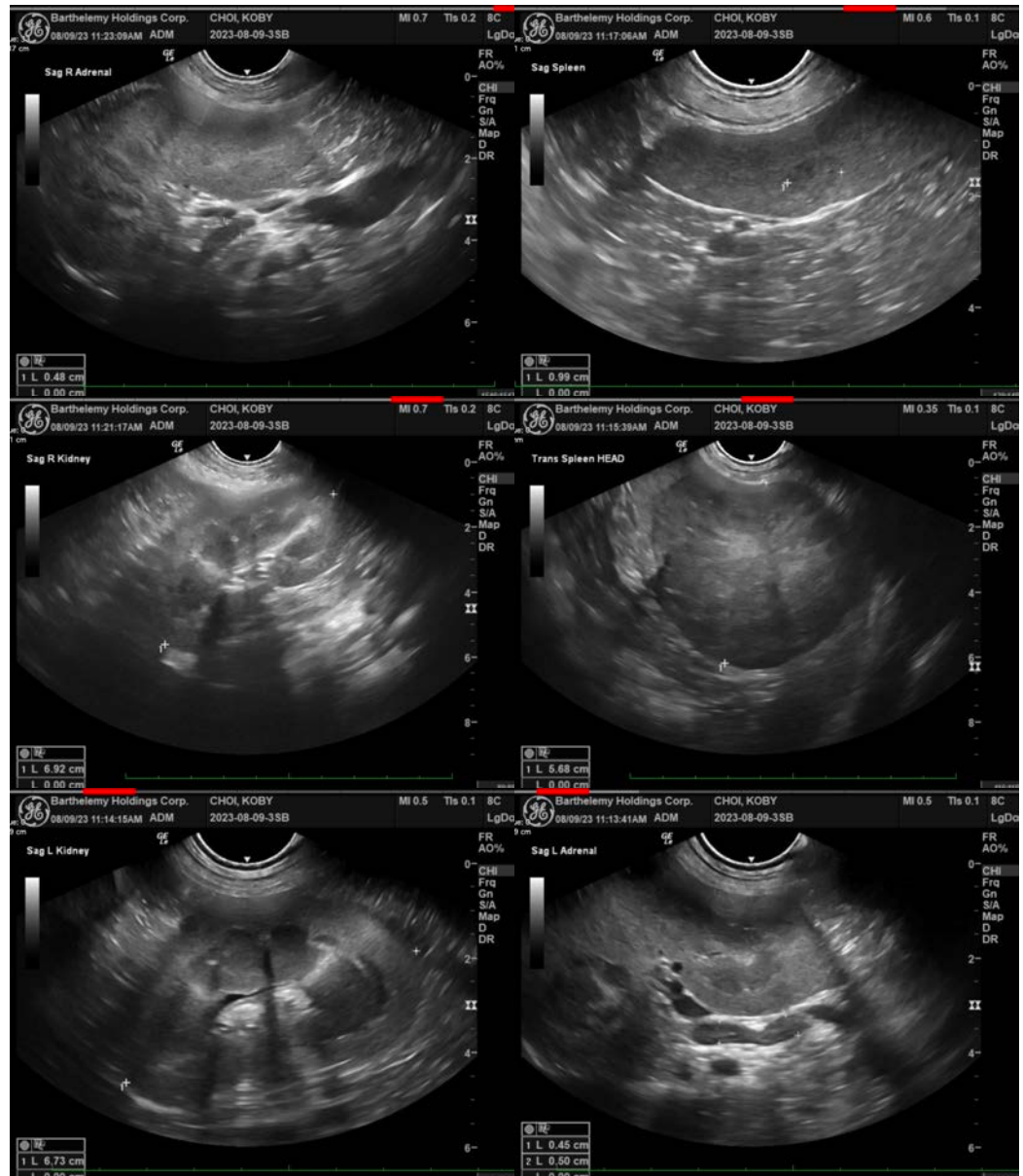
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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