



**PATIENT PRESENTING CLINICAL SIGNS**

Shady Raphael Patient presents for elevated BUN/Creat. Occasional accidents/incontinence noted. Abnormal PE/Chem/CBC/UA Results: BUN 45, creat. 2.6. -concern for chronic renal disease/failure. Urine culture pending. USG: 1.017.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

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.

**BREED**

Pit Bull Terrier

Right kidney is normal in size (5.5 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.

**SEX**

Spayed Female

The left kidney measures 7.0 cm in length. It has a distorted, abnormal shape characterized by a thick walled, fluid filled mass measuring 7.0 cm in diameter at the cranial pole of the kidney. The mass appears to originate and be attached to the pelvis of the left kidney, which is dilated in sagittal view. There is no evidence of mineral present, and no evidence of a dilated ureter noted.

**AGE**

7 Years

**Adrenal Glands**

Right adrenal gland is normal in size (0.74 cm at cranial pole and 0.75 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

58 Pounds

Left adrenal gland is normal in size (2.66 cm length x 0.70 cm at cranial pole and 0.61 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY Spleen**

Beth Johnson, DVM  
DACVIM

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.

**HOSPITAL NAME Liver**

Bergen County VC

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.

**REFERRING VET**

Dr. Jill Shiffman

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**INVOICE NUMBER Gastrointestinal**

25441

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent

**DATE**

9/16/21



**PATIENT** with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Shady Raphael

**SPECIES** 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.

Canine

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

**BREED**

Pit Bull Terrier

**Pancreas**

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.

**SEX**

Spayed Female

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7 Years

- Fluid filled mass originating from the cranial pole of the left kidney, the top differential for which is infiltrative neoplasia with round cell neoplasia, carcinoma, and/or sarcomas. Benign differentials such as a complicated cyst and/or abscess or hematoma cannot be ruled out, but are considered much less likely.

**WEIGHT**

58 Pounds

- 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient given her azotemia is urine culture (already pending) as well as a blood pressure with management of hypertension if present. Recommendations for the mass on the kidney include a fine needle aspirate of the solid portion of the mass if patient's coagulation status is appropriate, or further assessment of the anatomy could be obtained with an abdominal CT scan, potentially followed by a surgical excisional biopsy of the kidney. Other recommendations include thoracic radiographs if not already evaluated to further assess for other possible metastatic disease.

**HOSPITAL NAME**

Bergen County VC

**REFERRING VET**

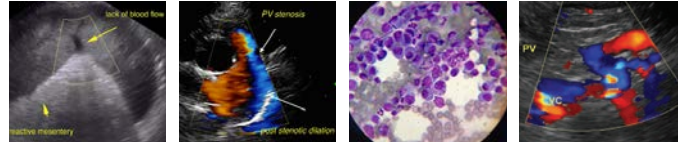
Dr. Jill Shiffman

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**PATIENT**

Shady Raphael

**SPECIES**

Canine

**BREED**

Pit Bull Terrier

**SEX**

Spayed Female

**AGE**

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**HOSPITAL NAME**

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**REFERRING VET**

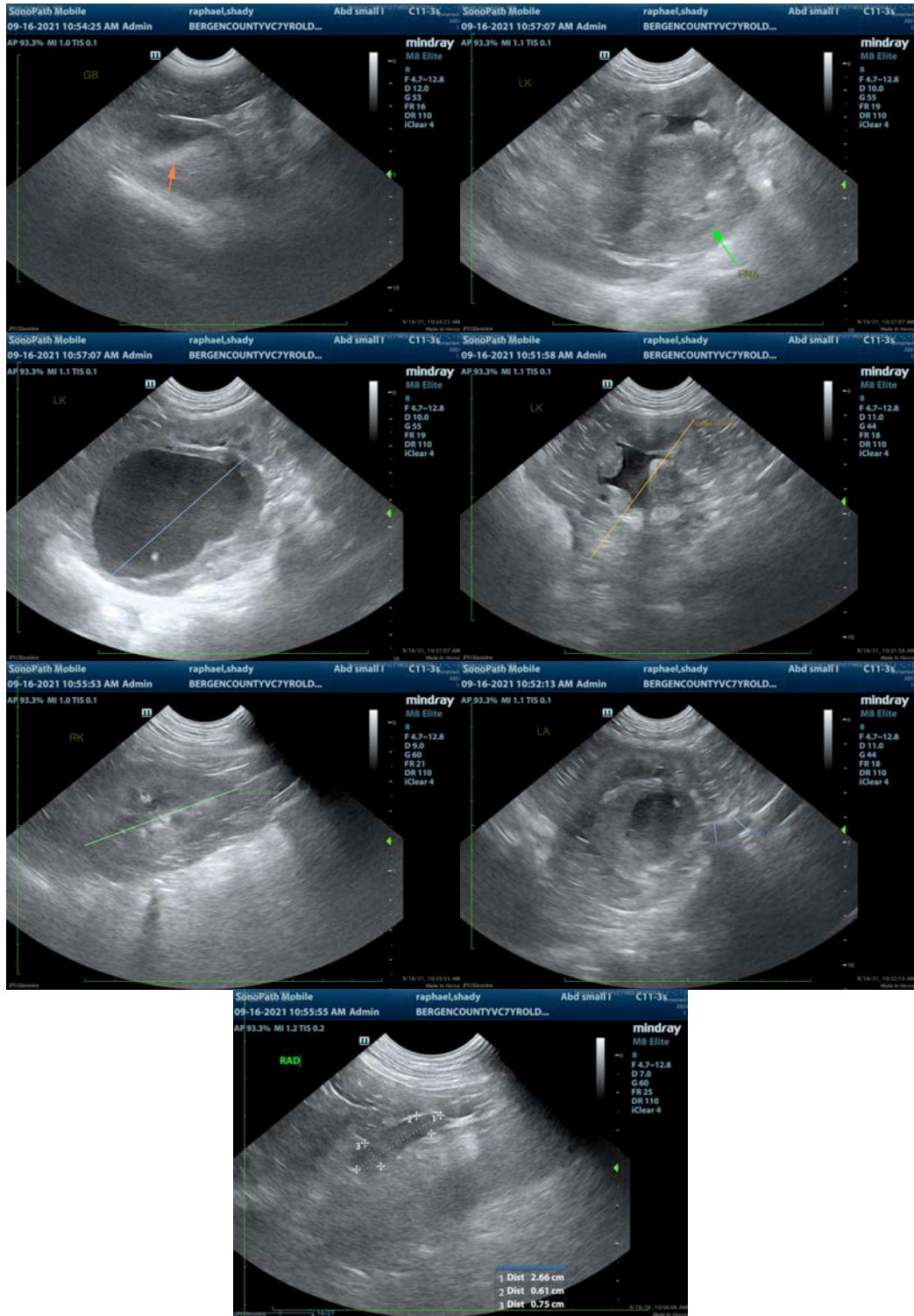
Dr. Jill Shiffman

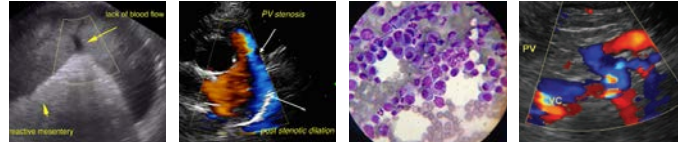
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**PATIENT**

Shady Raphael

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

**SPECIES**

Canine

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

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Pit Bull Terrier

**SEX**

Spayed Female

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