

**DATE PRESENTING CLINICAL SIGNS**

9/20/22 Not defecating normally.

**PATIENT** Current Medications: Vetmedin 1.25mg ½ QD, Azodyl QD, Cisapride 5mg/mL 0.3cc TID, Lactulose 1cc BID, Metronidazole, Hydroxyzine ½ BID-TID.

Patty Older Lab Results: WNL.

Radiographs: NSF.

**SPECIES** Date of Previous IntraPet Ultrasound: No previous.

Canine Sedation: Declined.

Stat Report: Not requested.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Chihuahua 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.

**SEX**

Spayed Female

The right kidney has normal architecture at the cranial pole but contains an approximately 2.0 cm in diameter hypoechoic nodule disrupting the normal architecture of the caudal pole. Mild pyelectasia is noted.

**AGE**

1/1/07

The left kidney is normal in size (3.58 cm), shape and echogenicity, except for several small cystic lesions throughout the cortex, consistent with cortical cysts. 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**

4.3 Pounds

**Adrenal Glands****INTERPRETED BY**

The right adrenal gland is unable to be fully visualized in these images.

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.93 cm long x 0.45 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**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.

**HOSPITAL NAME**

Chadwell AH

**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.

**REFERRING VET**

Dr. Gold

**INVOICE**

41437

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 &lt; 0.5 cm and feline &lt; 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**

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

There is no apparent lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Mass affecting the caudal pole of the right kidney – concerning for infiltrative malignant neoplasia such as carcinoma versus possibly round cell neoplasia versus other. A benign lesion is possible but considered less likely.
- Cortical cysts in the left kidney – Early/emerging cystic nodules can't be ruled out but is considered exceedingly less likely.

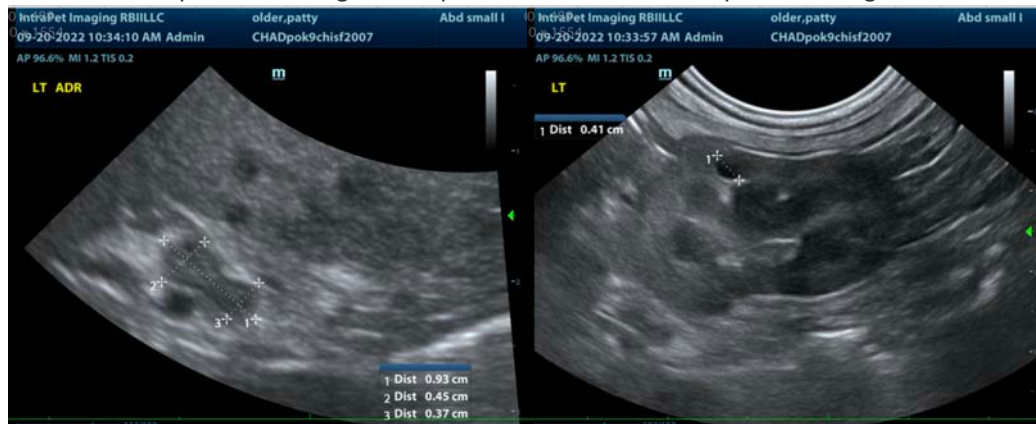
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

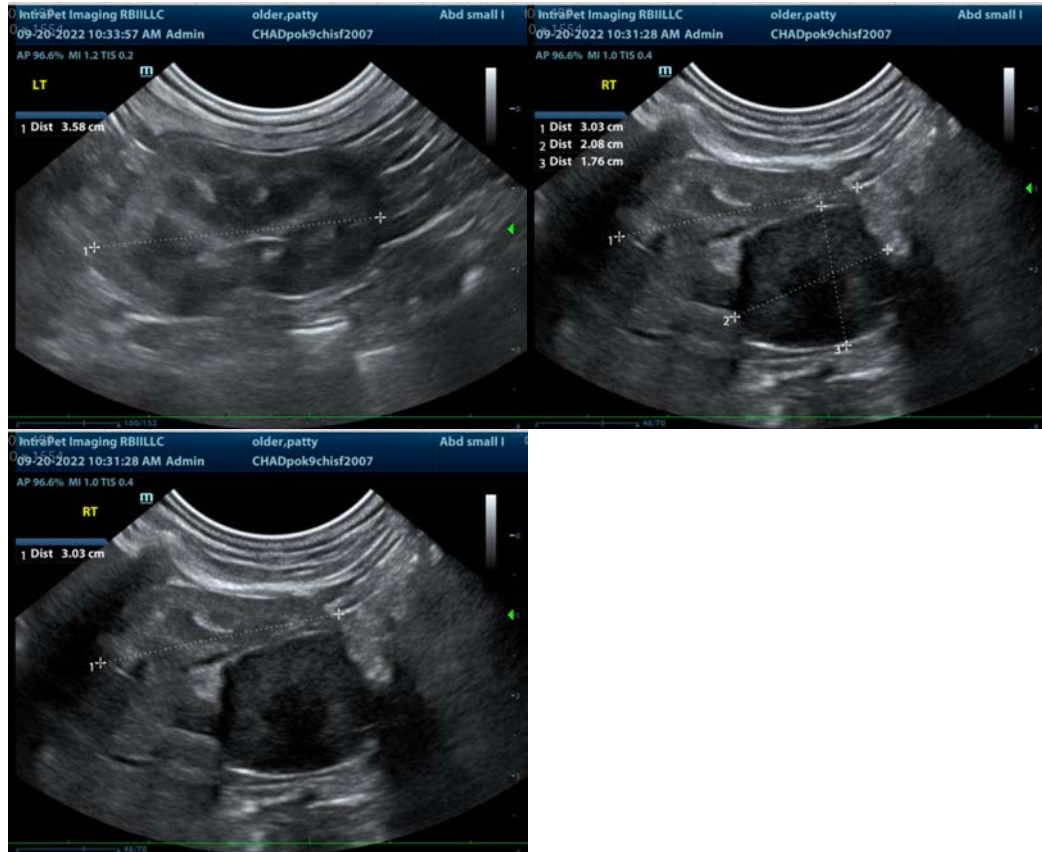
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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 ration is recommended.

A blood pressure is recommended if not recently evaluated.

A fine needle aspirate of the right kidney mass is recommended if patient's coagulation status is appropriate.





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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