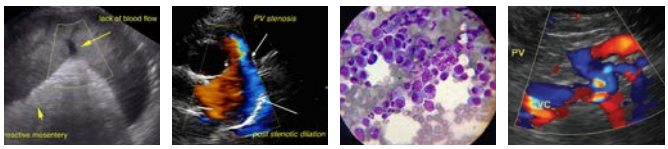
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

PATIENT
Porter Meyers

SPECIES
Canine

BREED
Mini Schnauzer

SEX
Neutered Male

AGE
9

WEIGHT
13.5

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Isabel Plourde

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Isabel Plourde

INVOICE
43269

DATE
6/17/23

PRESENTING CLINICAL SIGNS

Pt has been coughing off and on for about a month. Was treated with Doxy last week as Kennel cough was suspected. Pt started vomiting on it. Now pt has not eaten for a couple of days and has mild dyspnea/tachypnea. Chest rads yesterday revealed suspected metastatic lung disease. Ultrasound to search for primary neoplasia.

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 173IU/L 12-118 HIGH Alk Phosphatase 297IU/L 5-131 HIGH GGT 6IU/L 1-12 Total Bilirubin 0.5MG/DL 0.1-0.3 HIGH RBC 4.5 /UL 4.8-9.3 LOW * HGB 11.1 G/DL 12.1-20.3 LOW * HCT 34% 36-60 Nucleated RBC 5 Platelets 114 Neutrophils 11,122

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortex presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. Slight pinpoint mineralizations noted.

Pelvic calculi noted in the **right kidney** with hydronephrosis of 2.5 cm. The right kidney measured 5.0 cm. The right ureter was dilated to 1.0 cm in width at the level of the right renal pelvis. Dilation continued and expanded into a mixed hypoechoic mass that appeared to be deriving from the ureter, measuring approximately 2.0 cm x 3.0 cm with regional inflammation and slight areas of free fluid. I cannot rule out adrenal origin, however the position of the mass would likely be too caudal to be adrenal in origin. CT evaluation necessary for further definition.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.57 cm.

A normal **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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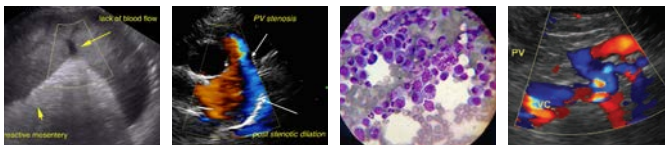

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. An intestinal mass was noted in the jejunum, measuring approximately 3.0 cm.

Pancreas

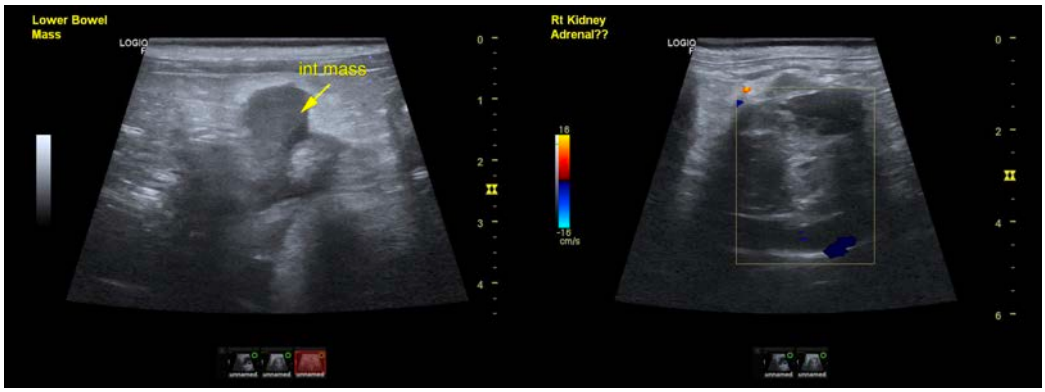
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mass associated with the right ureter with right ureteral obstruction and secondary right renal hydronephrosis. Potential adrenal origin, yet less likely. Suspect ureteral carcinoma.
- Relatively normal left kidney for this age patient
- Separate small intestinal mass
- Age related hepatic changes
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both masses are potentially resectable, however free fluid in the region is concerning as well as reactive omentum. FNA of both lesions could be considered. Small potential for trailing. CT evaluation warranted for potential surgical planning. However, some regional omental involvement appears to be present, as well as free fluid, which may be deriving from ureteral leakage. Prognosis is very guarded. Chest radiographs warranted if not already performed to assess for metastatic disease. Both masses are suspicious for carcinoma, given the pattern.



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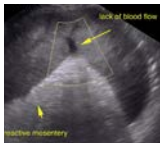
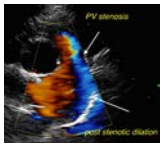
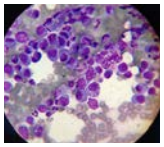
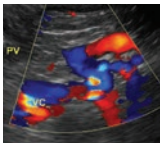

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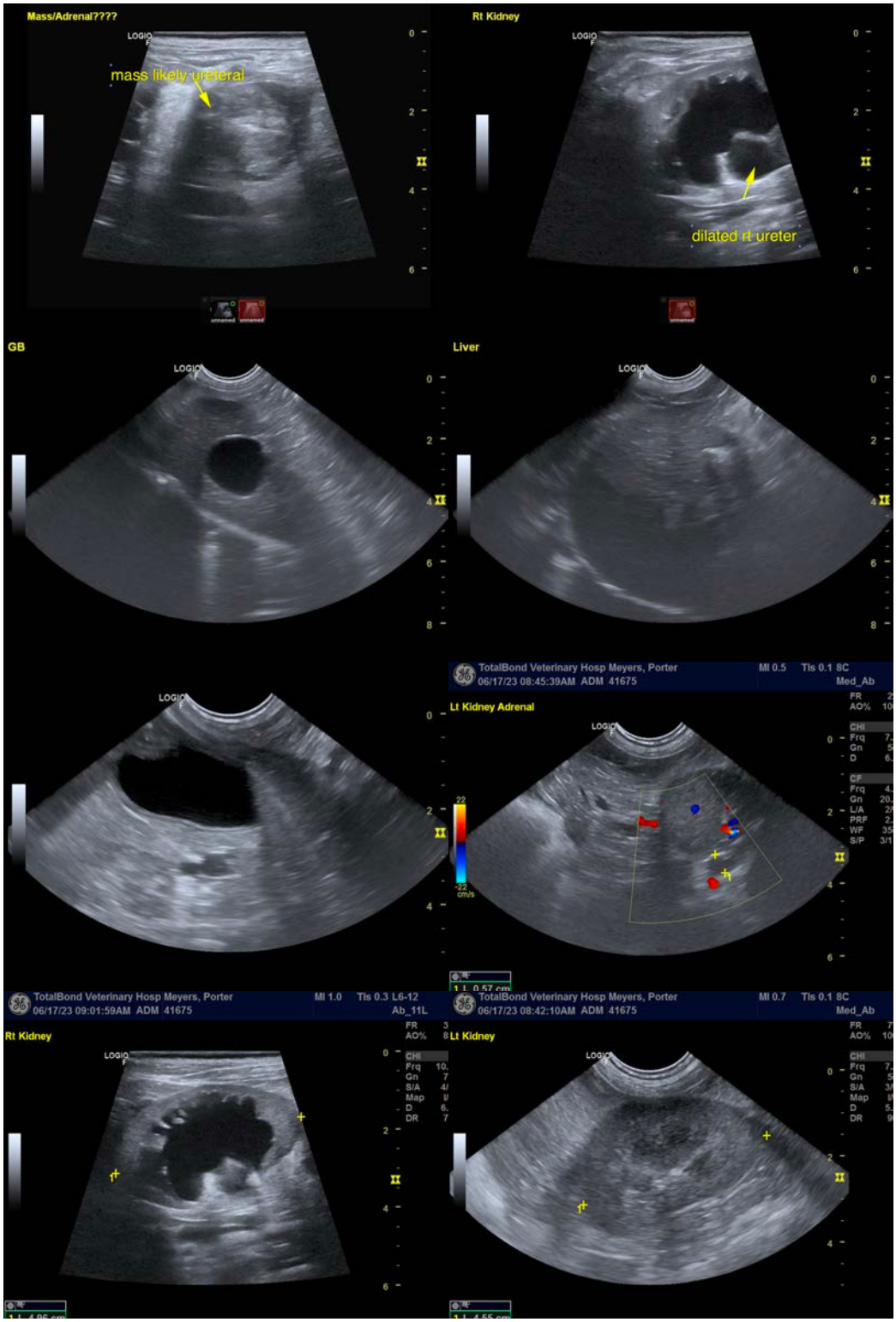

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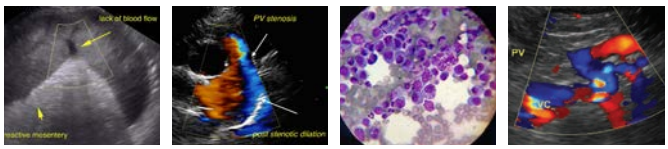

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com