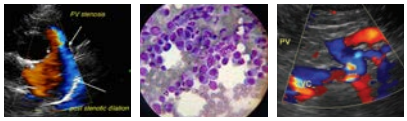
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/15/21

PATIENT

Willow Hemphill

SPECIES

Canine

BREED

Yorkshire

SEX

Spayed Female

AGE

2010

WEIGHT

6.8 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Fork Vet Hospital

REFERRING VET

Dr. Doherty

INVOICE

26342

PRESENTING CLINICAL SIGNS

History: Lethargic, poor appetite, weight loss, firm mass like effect to left side of the abdomen, bruising to skin of ventral abdomen. No other sites of bleeding or bruising. No exposure to known toxin. Pet has nodule on epiglottis that is planning on being removed with surgery.
Radiographs: enlarged mass like object to left abdomen, slight enlargement of left artial region on image of thorax.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not needed.
Stat Report: Declined.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

There is a large mixed echogenic mass effect in the left cranial abdomen in the region of the kidney, measuring 6.89 cm. It appears partially cystic, and I suspect it is of renal origin.

The right kidney has a normal shape and size (3.66 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is not clearly visualized, as it is obscured by the mass effect in the left side of the abdomen.

The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No evidence of mesenteric lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the left cranial mass effect.

Other

A brief view of the heart was submitted. No pericardial effusion was seen. Ringdown artifact is noted cranial to the diaphragm. This can be indicative of pulmonary parenchymal disease. Recommend thoracic radiographs.

PRIMARY FINDINGS

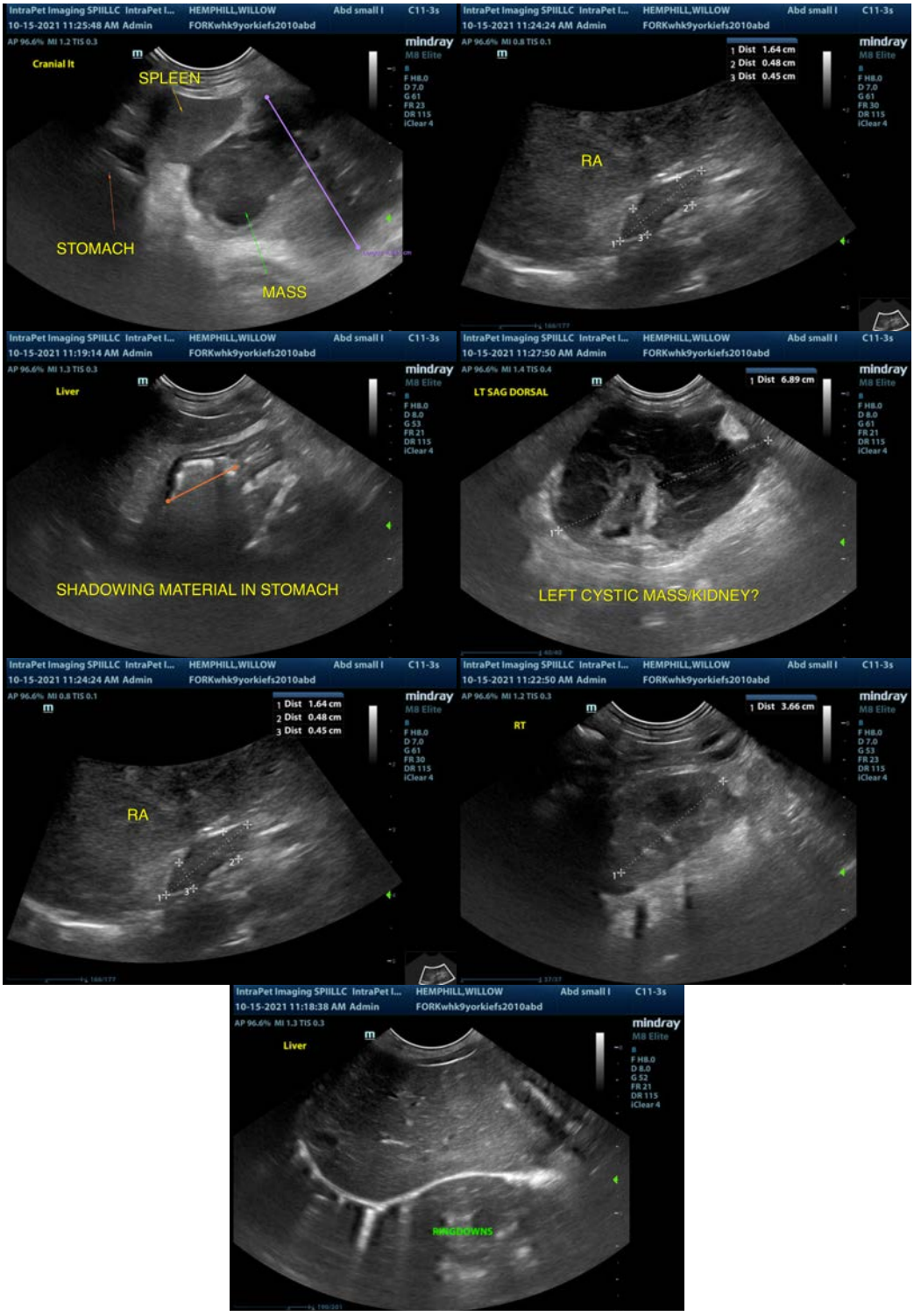
- Large, partially cystic mass effect in the left cranial abdomen – suspect renal origin. This could be a benign or malignant mass effect.

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in the right kidney – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large mass effect is visualized in the left cranial abdomen. This is space occupying and is in the area of the left kidney. No normal left kidney is visualized, so it is suspected to be renal origin. This could be a neoplastic lesion, but could also be benign. Options moving forward include advanced imaging of the abdomen to further evaluate the mass effect and look for evidence of metastasis/invasion and to confirm if it is of renal origin, or you could refer this patient to a boarded veterinary surgeon for exploratory surgery for biopsy and hopefully removal of the mass effect (for both diagnostic and therapeutic purposes). Recommend urinalysis and culture, blood pressure evaluation, and current blood work in addition to 3-view thoracic radiographs.


IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:25:48 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
Cranial lt
SPLEEN
STOMACH
MASS
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:24:24 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
1 Dist 1.64 cm
2 Dist 0.48 cm
3 Dist 0.45 cm
RA
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:19:14 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
Liver
SHADOWING MATERIAL IN STOMACH
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:27:50 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
LT SAG DORSAL
1 Dist 6.89 cm
LEFT CYSTIC MASS/KIDNEY?
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:24:24 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
1 Dist 1.64 cm
2 Dist 0.48 cm
3 Dist 0.45 cm
RA
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:22:50 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
RT
1 Dist 3.66 cm
IntraPet Imaging SPIILLC IntraPet I... HEMPHILL,WILLOW Abd small I C11-3s
10-15-2021 11:18:38 AM Admin FORKwhk9yorkiefs2010abd
mindray M8 Elite
Liver
RWGDOWNS

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.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com