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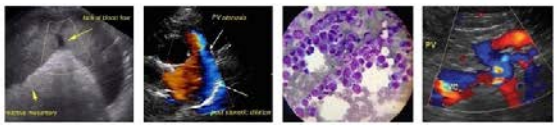

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Molly Fall

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

7 Years

WEIGHT

66 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

41843

DATE

10/5/22

PRESENTING CLINICAL SIGNS

Has been on Clavaseptin for multiple cysts on body, some that have ruptured. Has not been herself. About 2 mos ago owner noted that she often just stares. At them, at the door, at the wall etc.. She doesn't seem to want out. Is more lethargic and low key. Increased panting. Possible enlarged spleen on palpation?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall appears of normal thickness. The area of the trigone, ureteral papillae and proximal urethra appear normal and free of any mass lesions or calculi. Just distal to the proximal urethra, there is a hypoechoic mass effect somewhat obscured by the pelvis measuring 1.87 cm x 1.82 cm. In some images there is questionable shadowing material within the lumen of the proximal urethra. Findings are consistent with a possible intrapelvic mass or urethral mass lesion.

The left kidney has a normal shape and size (5.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 normal in size measuring 0.57 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.76 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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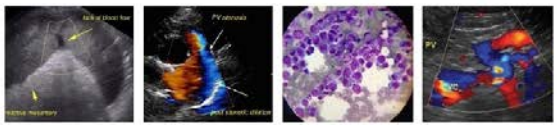

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Gastrointestinal

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic, irregular intrapelvic mass effect in the region of the urethra – Correlate findings with a digital rectal exam and radiographs and urinalysis.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an irregular mass lesion that appears to be intrapelvic and could be associated with the urethra. This would be a very atypical presentation for a urethral mass. Correlate these findings with a free catch urine sample, observing this patient urinating and looking for evidence of straining, a digital rectal exam palpating the urethra, anal glands, and region of the sublumbar lymph nodes. If hematuria is present, consider a fine needle aspirate of this lesion and/or urine BRAF test/traumatic catheterization to look for atypical cells (a positive urine BRAF test will increase the likelihood for underlying neoplasia. A negative urine BRAF test is non-diagnostic. If these steps do not help clarify what is going on, then consider cystoscopy or contrast CT scan of the pelvic region or rescanning this lesion in 2-4 weeks.

The liver is somewhat heterogeneous in appearance. If liver enzyme elevations are present, consider a liver function test and fine needle aspirate. If liver enzymes are normal, then recommend continued monitoring, as the significance of this is unclear.

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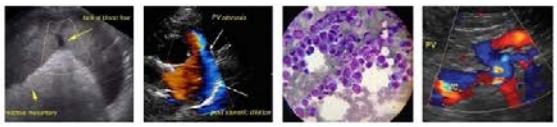

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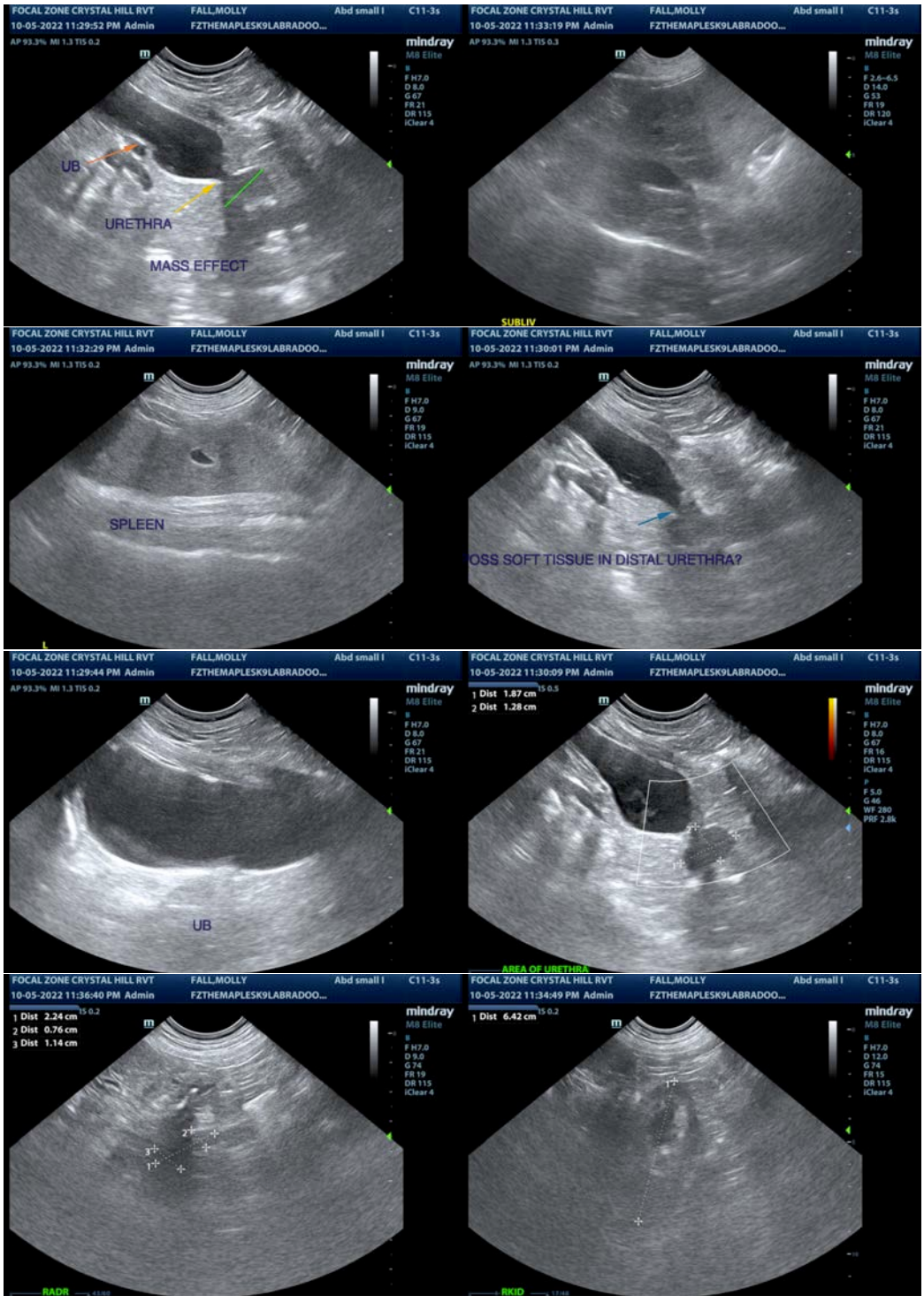
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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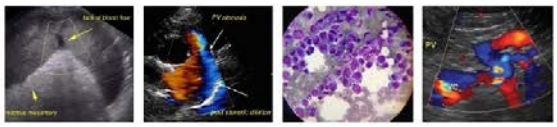

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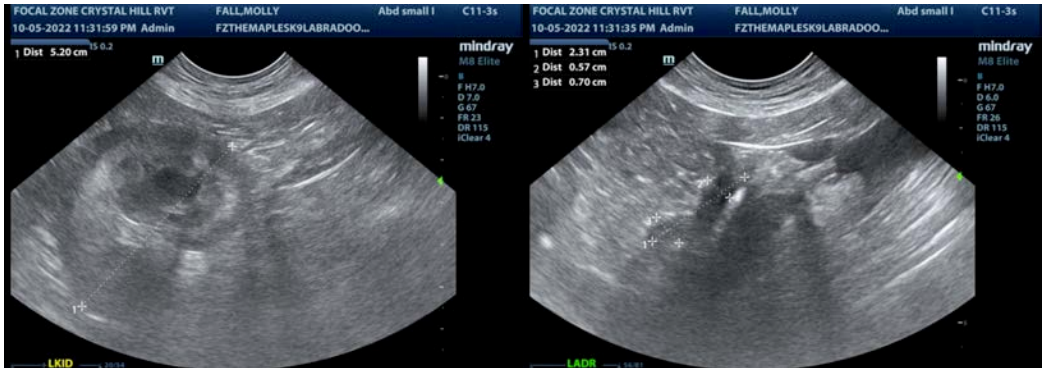

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com