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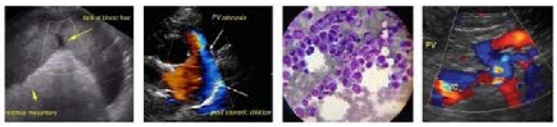


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tucker Plumb

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Coghlan

INVOICE

40951

DATE

10/5/22

PRESENTING CLINICAL SIGNS

-10days ago went to an emerg clinic for anorexia, vomiting, diarrhea, rads, bloodwork and pFAST u/s performed -snap CPL was abnormal, Tucker has had episodes of pancreatitis in the past - treated with injectable onsior and cerenia, sent home on onsior and gaba -slight improvement for a few days, vomiting has stopped, but anorexia continues and has very watery diarrhea meds: started on tylosin 100mg BID Sept 28th. 100mg Gabapentin BID as needed for pain

Abnormal PE/Chem/CBC/UA Results: bloodwork was unremarkable except for abnormal snap CPL

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.

The prostate is normal in size (0.80 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.07 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (5.29 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.33 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.

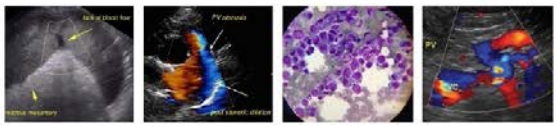
The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. There is a moderate sized hypoechoic nodule near the hilus of the spleen, measuring 1.62 cm x 1.54 cm.

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.



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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.

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 measures 0.26 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 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

There is scant free abdominal fluid near the right kidney. There is no lymphadenopathy. The omentum is hyperechoic around the mass effect.

Other

There is a hypoechoic, somewhat mixed echogenic mass effect caudolateral to the right kidney measuring 4.49 cm x 2.11 cm. There is no direct association with any other structures visualized. Consider a possible omental or retroperitoneal mass effect.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, mixed echogenic mass effect caudolateral to the right kidney – This lesion has the appearance of possible intralesional hemorrhage/clot formation with no obvious association with the right kidney. Consider an omental lesion, retroperitoneal mass, etc.
- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Decreased corticomedullary distinction in the kidneys – The bilateral renal findings are consistent with age-related change.
- Scant free abdominal fluid and inflammation in the region of the mass effect.

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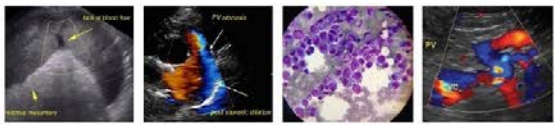

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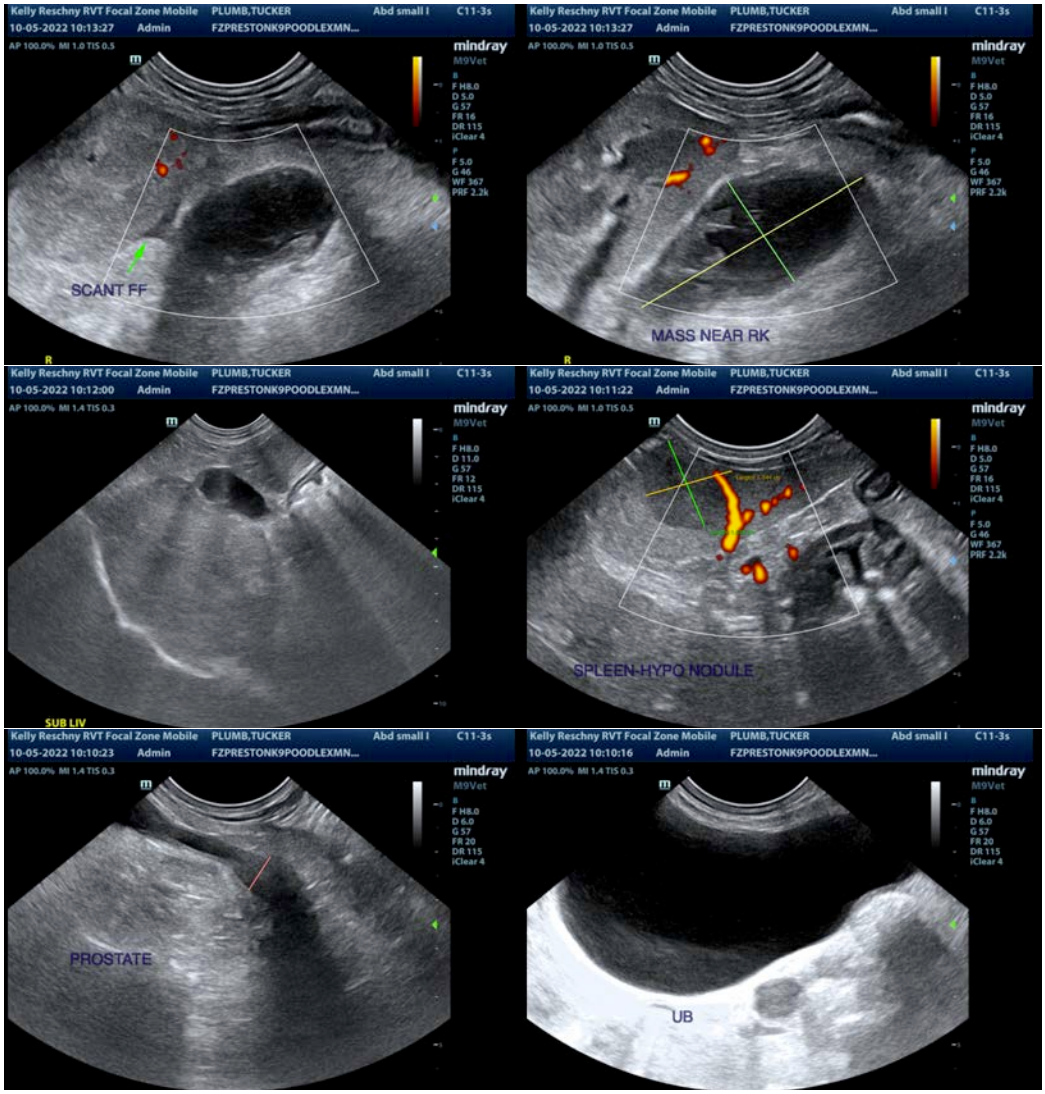
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious lesions are visualized associated with the gastrointestinal tract to explain the vomiting, diarrhea, and anorexia reported. There is, however, a mass effect caudolateral to the right kidney. A direct association with other structures is not visualized, although there is surrounding inflammation and fluid between the mass effect and the right kidney. Correlate with abdominal radiographs, as this could be a retroperitoneal mass, in which case differentials such as hemangiosarcoma or other neoplastic disease are more likely. Recommend 3-view thoracic radiographs and a contrast CT scan. You could consider a fine needle aspirate of this lesion, but there could be some concern for hemorrhage, so a very small gauge needle would be recommended.

Additionally, there is a hypoechoic nodule in the spleen. Recommend a fine needle aspirate of this lesion, screening for possible hemangiosarcoma and metastatic disease.



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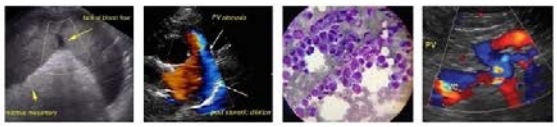

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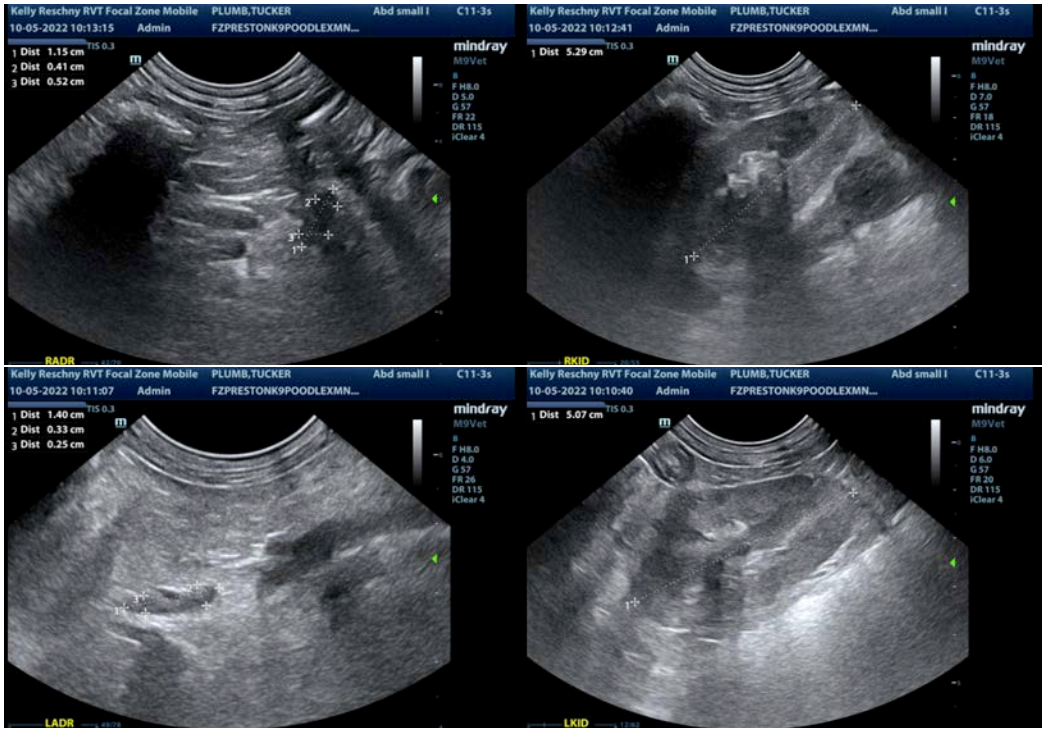

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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