IMAGING PERFORMED BY

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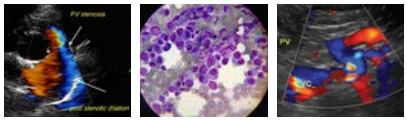

SonoPath
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DATE

11/10/22

PATIENT

Molly Wedekind

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

4/1/10

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

42710

PRESENTING CLINICAL SIGNS

Presented initially on 11-4-22 for: fever, shaking, anorexia. Bloodwork revealed neutrophillia and mild elevation in alk phos. Pt was started on clavamox and vetprofen and responded well until yesterday. Presented back today for fever (resolved at presentation d/t vetprofen o gave). Abd rads revealed midabdominal mass.

Current Medications: Clavamox, Vetprofen.
Lab Results: See attached.
Radiographs: Large mid abdominal mass on lateral, located in the cranial right quadrant on v/d.
Date of Previous IntraPet Ultrasound:
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 left kidney has a normal shape and size (4.89 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with mildly reduced 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.

There is a large cystic mass lesion in the region of the right kidney, measuring approximately 11.04 cm x 9.33 cm. I suspect this is either a large, fluid-filled mass lesion or a tremendously enlarged renal cyst. There appears to be some parenchyma around the lateral aspect of this lesion, possibly the remainder of normal kidney present. No other anatomic renal structures are visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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 obscured by the large cystic mass lesion.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. 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.

PRIMARY FINDINGS

- Reduced corticomedullary distinction in the left kidney with small cortical cysts – The bilateral renal findings are consistent with age-related change.

- Large, mixed echogenic cystic mass lesion in the right cranial abdomen – Findings are most consistent with a right renal lesion, possibly a cystic mass, or large benign cyst +/- secondary infection.

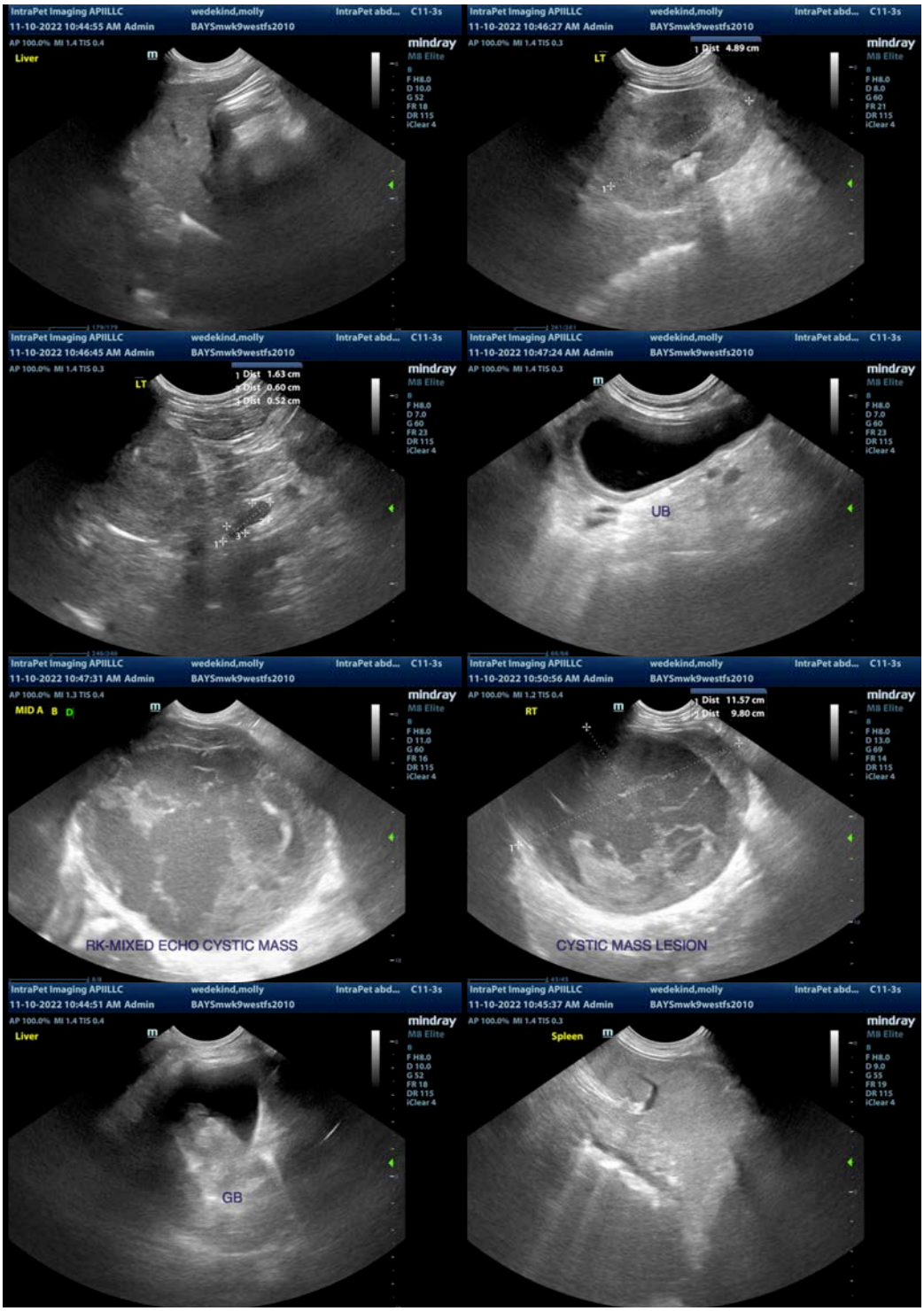
SECONDARY FINDINGS

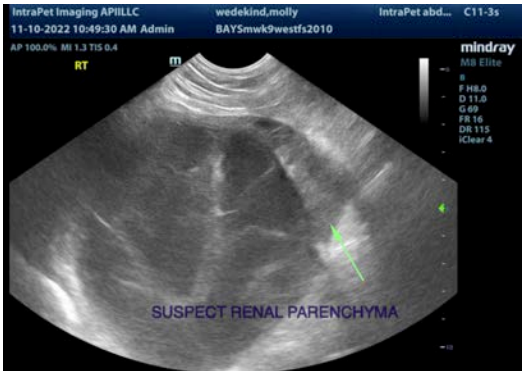
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass effect in the right cranial abdomen is largely mixed echogenicity and cystic. I suspect this is what remains of the right kidney. This could represent a very large benign renal cyst or could represent a cystic mass lesion. The fever could be secondary to inflammation associated with the mass lesion, or possibly infection/necrosis within the mass. Surgical removal of this lesion with culture and histopathology would likely be the most definitive option. Ideally, a contrast CT scan would be done prior, and there is some risk of renal decompensation, as it is possible this kidney is still functioning somewhat. If surgery is not an option, you could consider drainage of this lesion with cytology and aerobic and anerobic cultures, but there is concern for back leakage of fluid, as there is no significant parenchyma to stop this, and the lesion may refill with fluid relatively quickly. Consider consultation with a veterinary surgeon. Recommend blood pressure evaluation, urinalysis and culture to obtain a baseline.

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





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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