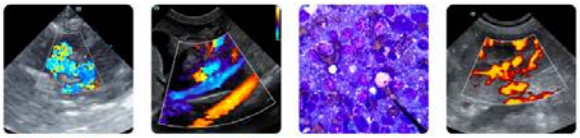

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Loki Tattrie

SPECIES

Neutered Male

BREED

DMH

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston Animal Clinic

REFERRING VET

Dr. Coghlan

INVOICE

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PRESENTING CLINICAL SIGNS

Recurrent hematuria issues, granular casts seen on latest u/a Current Medications Metacam

Abnormal PE/Chem/CBC/UA Results: NSF on bloodwork done in early Oct Radiographic Findings n/a Primary Question to Be Answered in This Exam Evaluation of kidneys

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with moderate primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.47 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 (4.3 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 0.36 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 0.47 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.

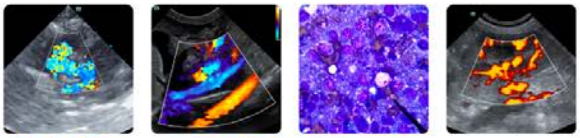
Spleen

The spleen is subjectively normal in size (0.83 cm), 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 large and irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large, hyperechoic nodule visualized in the parenchyma measuring 2.2 cm x 2.62 cm. Additionally, there is a poorly defined mixed echogenicity complex cystic mass lesion visualized in the mid left caudal region of the liver, measuring approximately 5.48 cm x 4.44 cm.

The gallbladder is not clearly seen and is likely obscured by the large cystic mass lesion. No evidence of significant bile duct dilation is visualized.



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Gastrointestinal

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of <0.36cm 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.23 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 lymphadenopathy noted. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, hyperechoic nodule and a mixed echogenicity complex cystic mass lesion visualized in the liver – The cystic lesion is most consistent with cystadenoma/cystadenocarcinoma. The hyperechoic lesion has somewhat of a benign appearance (adenoma?), although other differentials are possible.
- Large shadowing ingesta visualized within the stomach and small intestine – Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some suspended echogenic debris in the urinary bladder. A focal lesion associated with the bladder wall (mass, calculi, etc.) is not clearly visualized. Recommend a urinalysis and culture. If the urine is sterile, then consider the possibility of sterile inflammatory cystitis.

There is a very large, mixed echogenicity cystic lesion visualized in the liver, and a hyperechoic nodule. This has the appearance most consistent with a benign cystadenoma or cystadenocarcinoma. If a more solid region of this lesion is identified, consider a fine needle aspirate. Additionally consider a fine needle aspirate of the more solid hyperechoic nodule. This lesion is fairly large. If surgical removal is to be considered, a contrast CT scan would need to be performed to further evaluate the extent and location of these lesions. It is possible that these are benign lesions and fairly slow growing, which may be currently causing minimal symptoms. Correlate with current lab work, current history (any weight loss,

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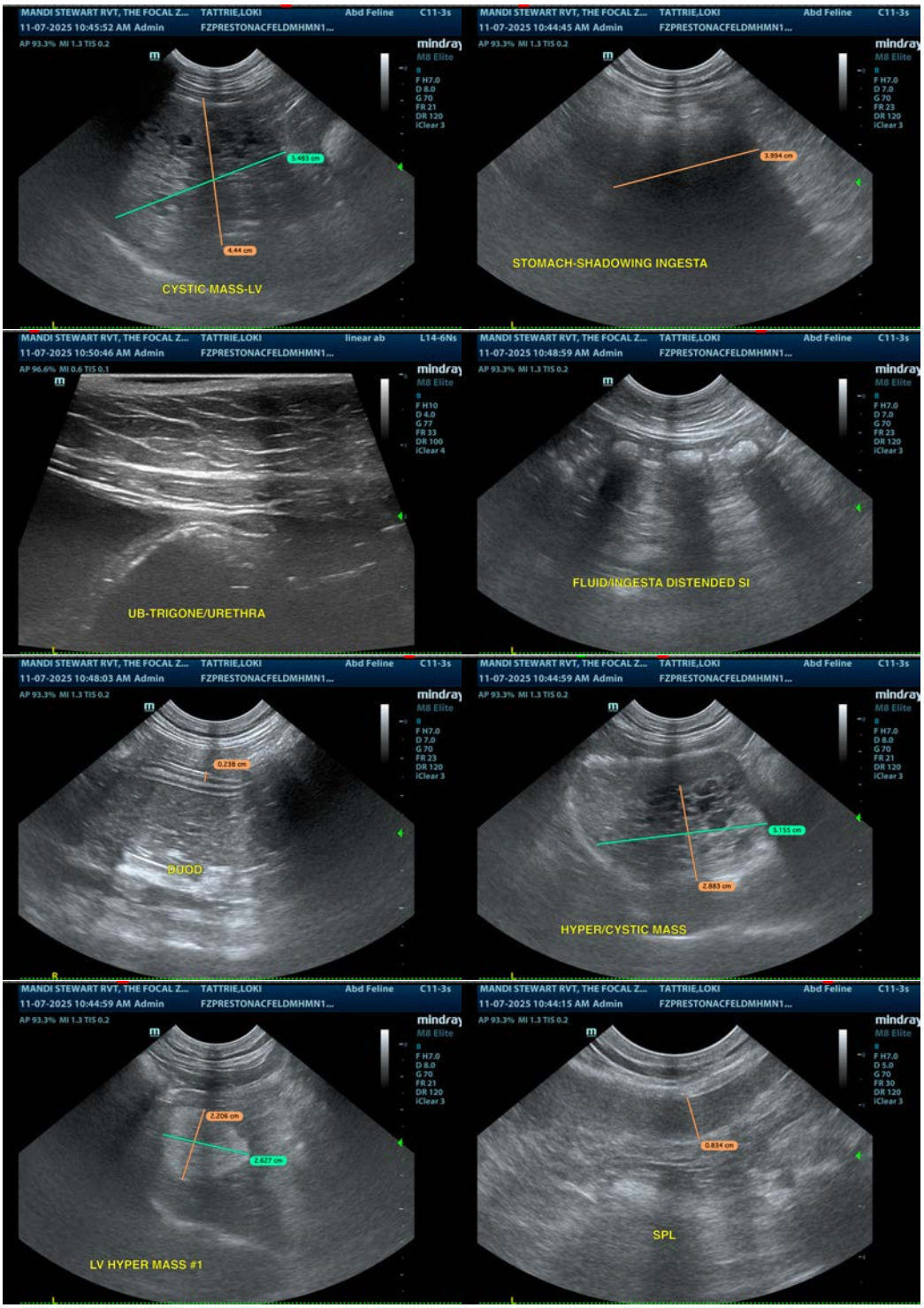
etc.) and 3-view thoracic radiographs.



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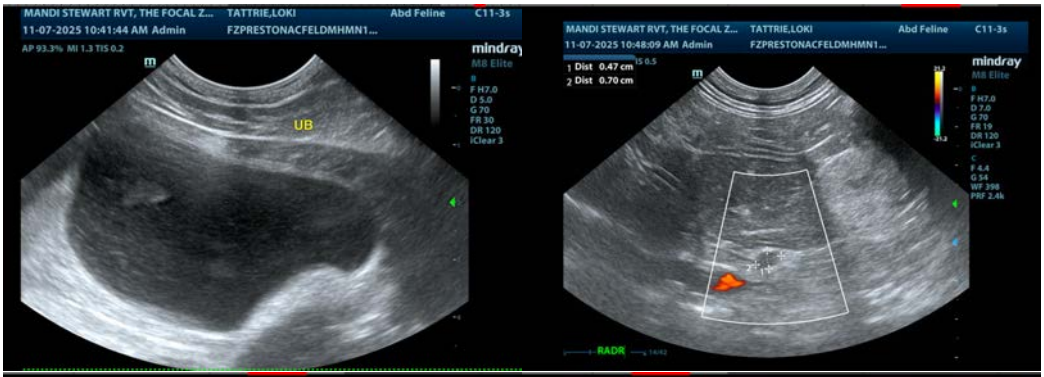

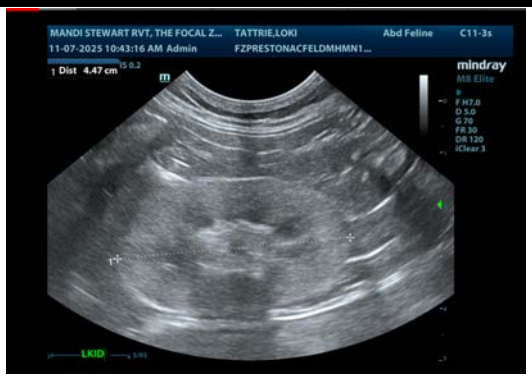

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com