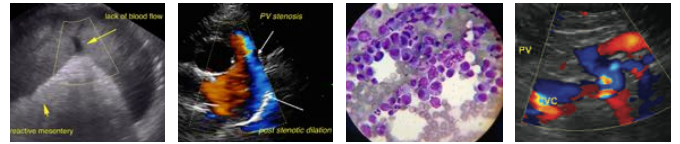


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Ella Fifi Burgess

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Bergen Passaic

REFERRING VET

Dr. Spitz

INVOICE

94902

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Stage I-II kidney dz on BW.

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, or cystic calculi. There is an isoechoic, somewhat rounded, slightly pedunculated mass effect visualized in the trigone region of the urinary bladder. The findings could be consistent with an inflammatory polyp or transitional cell carcinoma.

The left kidney has a normal shape and size (5.15 cm). Overall echogenicity is significantly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A cortical cyst was noted and measured 0.41 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal/large in size (4.51 cm), yet is very irregular in shape. Overall echogenicity is significantly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There appears to be an irregular mass effect originating from the kidney, which appears expansile and irregular. The mass effect measures 4.0 x 3.4 cm. There is no evidence of perinephric inflammation or effusion. The patient has severe pyelectasia at 0.74 cm. There is are small, shadowing, non-obstructive nephroliths visualized. There was no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.78 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.

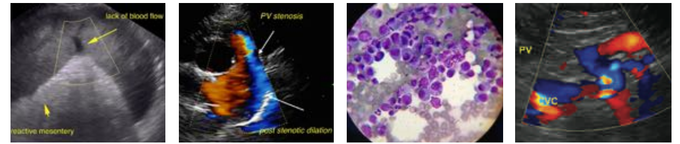
The right adrenal gland is normal to large in size measuring 0.69 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ella Fifi Burgess

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Bergen Passaic

REFERRING VET

Dr. Spitz

INVOICE

94902

DATE

12/23/21

The wall of the gallbladder 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.5 cm and jejunum 0.44 cm with significant mucosal speckling of the duodenum. Bowel loops follow a typical curvilinear path with distinct wall layering. 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.

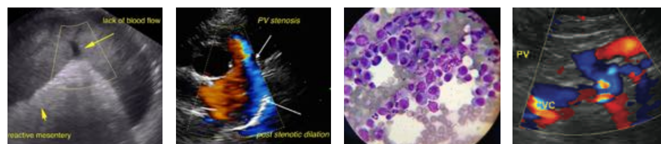
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys with a large, irregular mass effect on the right kidney. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Right sided pyelectasia. There is a mass effect involving the right kidney. I recommend FNA.

- Polypoid mass effect in the region of the trigone. This could be consistent with a TCC or benign polyp.

- Thickened small intestine with mucosal speckling. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc. in the mucosal crypts of the small intestine.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Ella Fifi Burgess

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Bergen Passaic

REFERRING VET

Dr. Spitz

INVOICE

94902

DATE

12/23/21

SECONDARY FINDINGS:

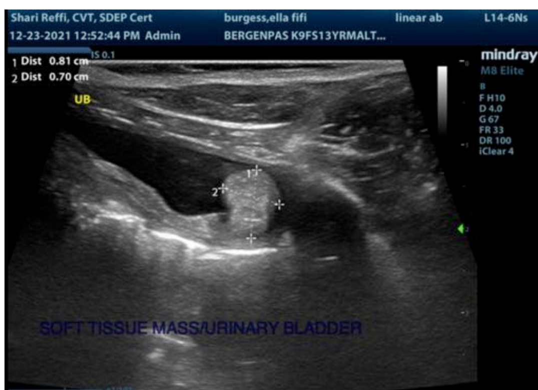
- Borderline bilateral adrenomegaly. The findings could be normal for this patient or consistent with bilateral renal hyperplasia (possibly PDH?).

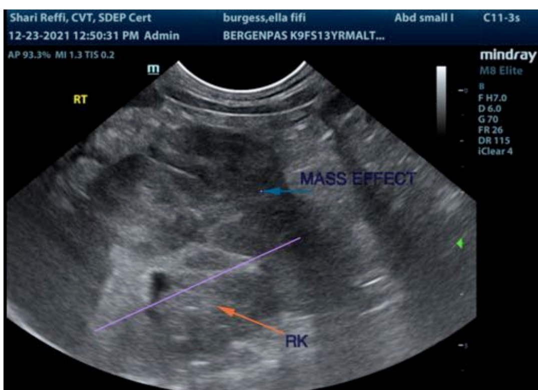
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

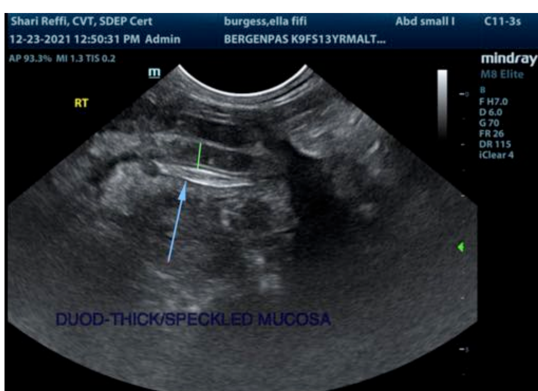
The right kidney is very irregular and large. It is suspicious for the possibility of a right renal mass most likely carcinoma. I recommend blood pressure evaluation and coagulation parameter testing. As long as this is normal consider a FNA of the right kidney. If a diagnosis can be reached I recommend consultation with veterinary neurologist regarding treatment options as surgical removal could be higher risk in an azotemic patient. Additionally there is a mass effect in the urinary bladder. It is somewhat rounded and polypoid in appearance, but it is located in the trigone region, which is a predilection site for TCC. I recommend urinalysis and culture. If an infection is present I recommend treatment for 2-3 weeks with reassessment of ultrasound (may require longer treatment than 2-3 weeks. If urine is sterile then options would include urine BRAF testing (is positive this would greatly increase suspicion and if negative this is a non-diagnostic test or a traumatic catheterization, cystoscopy, etc.

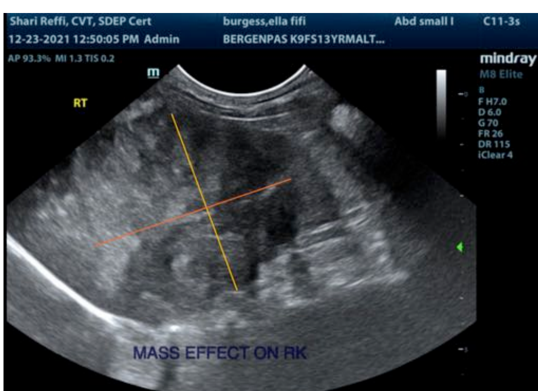
Additionally the bowel appears thickened and there is some mucosal speckling. These changes are most consistent with chronic small intestinal disease such as IBD, less likely neoplastic change. If no symptoms are present this could just be monitored. If GI symptoms are present, then consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for additional information.

I recommend three view thoracic radiographs.





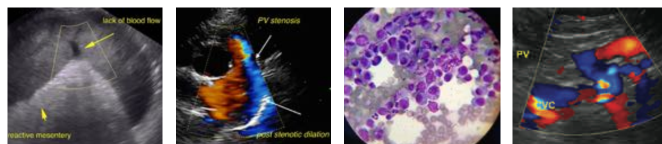




SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

1-800-838-4268 info@sonopath.com

PATIENT

Ella Fifi Burgess

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Bergen Passaic

REFERRING VET

Dr. Spitz

INVOICE

94902

DATE

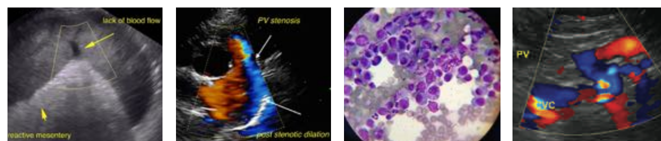
12/23/21

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)

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ella Fifi Burgess

kathleen.sennello@sonopath.com

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Bergen Passaic

REFERRING VET

Dr. Spitz

INVOICE

94902

DATE

12/23/21