



PATIENT PRESENTING CLINICAL SIGNS

Ju Joon Hong History: Hematuria for two days

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder is moderately distended with mild 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.

BREED

Pomeranian

SEX

Neutered Male

The prostate is normal in size (1.2 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.

AGE

10 Years

The left kidney has a normal shape and size (4.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13 Lbs.

The right kidney is not clearly visualized, as it is somewhat obscured by the large mass effect in that area. It is unknown if there is involvement of the right kidney.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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The right adrenal gland is not clearly visualized. There is a large mass effect in this area. It's somewhat irregular with mixed echogenicity and largely hypoechoic mass effect, measuring 6.4 cm x 5.9 cm. This lesion could be a right adrenal mass or could be originating from the caudal right aspect of the liver.

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Dr. Paul Kim

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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. While no focal intraparenchymal lesions are observed, there is an expansile solid mixed echogenicity mass effect, caudal to the liver on the right side, which could be involving the right caudal aspect of the liver.

REFERRING VET

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

DATE

2/12/22

Gastrointestinal



PATIENT

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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.

SPECIES

Canine

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.)

BREED

Pomeranian

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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.

AGE

10 Years

Pancreas

The (pancreas/region 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

WEIGHT

13 Lbs.

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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, irregular, solid mass effect in the right cranial aspect of the abdomen, caudal to the liver. This mass effect would most likely either involve the caudal aspect of the liver or a right adrenal mass.
- Mildly 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.
- Mildly echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

Secondary Findings

- Unable to clearly visualize the right kidney. This could be due to involvement with the mass effect or due to displacement by the mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very small amount of echogenic debris in the urinary bladder but the bladder wall appears relatively normal. There is no mass or calculi visualized. Additionally, the left kidney appears normal. Unfortunately, the right kidney is obscured and is difficult to say if this could be involved in the mass



PATIENT

lesion visualized as a source of the hematuria reported.

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- I recommend blood pressure evaluation.

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Canine

There is a large mass effect in the right cranial aspect of the abdomen, caudal to the liver. This would be the area of a right adrenal mass or possibly a mass originating from the right caudal aspect of the liver. Provided blood pressure and coagulation parameters are normal. Consider a fine needle aspirate of this lesion.

BREED

Pomeranian

- I recommend three-view thoracic radiographs

SEX

Neutered Male

- Consider CT scan for further evaluation, if surgical removal would be considered.

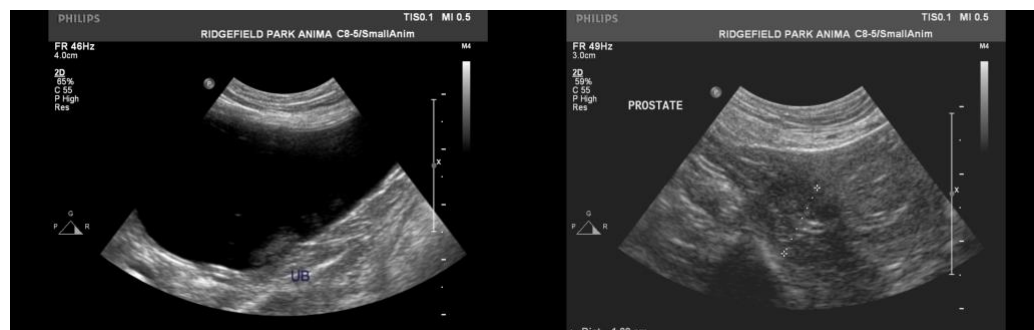
AGE

10 Years

It is difficult to say if the mass effect observed is an incidental finding or if it is related to the hematuria. Additional diagnostics should help to determine this.

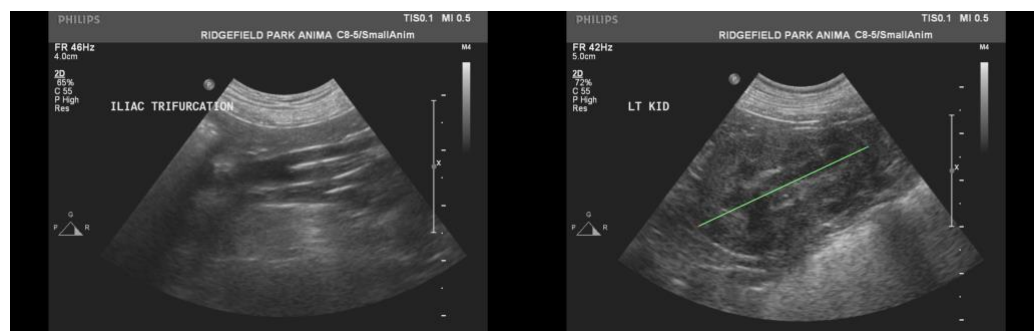
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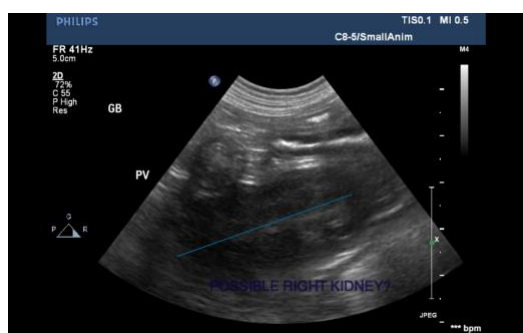
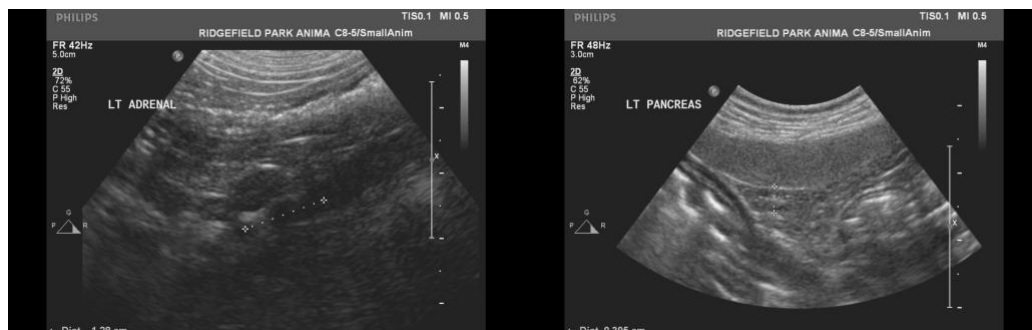
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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