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Clinical Sonography & Telecytology
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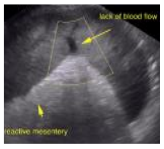
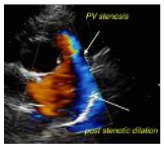
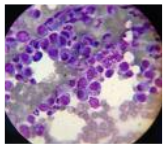
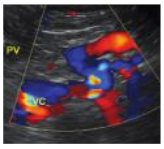





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sunny Deutsch

SPECIES

Canine

BREED

Great Dane Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

86 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock Veterinary

REFERRING VET

Dr. Scott Stekler

INVOICE

13970

DATE

2/17/22

PRESENTING CLINICAL SIGNS

History: Patient presents for polydipsia and anemia.

Abnormal PE/Chem/CBC/UA Results: PCV 34%, all else WNL. Chem: WNL. USG: 1.022, all else WNL.

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

The left kidney is large and irregular in shape, measuring over 12.0 cm in length. The kidney primarily consists of large anechoic fluid filled cysts, at least two are visualized, one measuring 6.5 cm, one measuring 8.0 cm, with a small strip of renal parenchyma between cysts. Renal architecture is not readily identifiable. There is no evidence of nephroliths or hydroureter.

The right kidney is large, measuring over 8.0 cm in length. There are at least two, large anechoic cysts within the parenchyma, one measuring 3.5 cm x 2.4 cm. There is more identifiable renal parenchyma in this kidney. Corticomedullary distinction is poor. There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

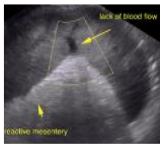
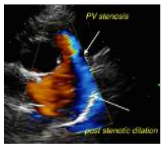
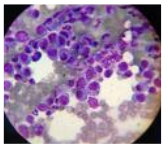
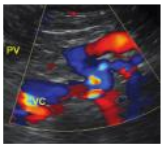
The spleen is subjectively large in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large mixed echogenicity, partially cavitated mass effect, arising from the splenic parenchyma, measuring >10.0 cm x 14.3 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. 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.

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

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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/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

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.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, severely cystic kidneys. Both kidneys have numerous, large anechoic cyst structures, which have replaced much of the normal renal parenchyma.

- Very large mixed echogenicities, somewhat cavitated splenic mass. A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are composed largely of numerous anechoic cysts, which are replacing much of the normal renal architecture. I recommend blood pressure evaluation, routine blood work and urinalysis culture.

Additionally, there is a very large cavitated splenic mass present. Concern is high for a possible neoplastic lesion, although no obvious metastatic lesions are observed. I recommend splenectomy with both diagnostic and therapeutic purposes. I recommend three-view thoracic radiographs preoperatively.

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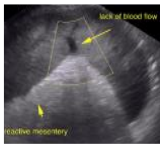
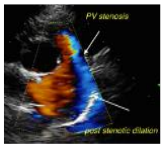
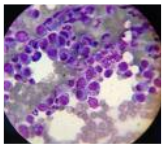
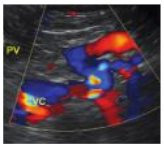

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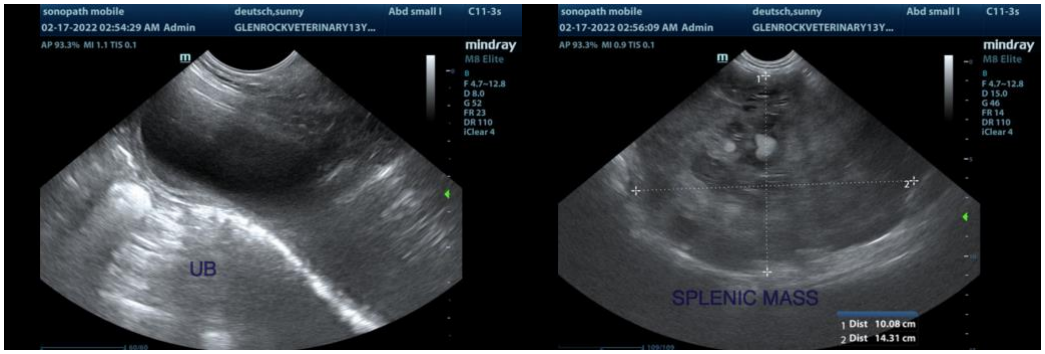

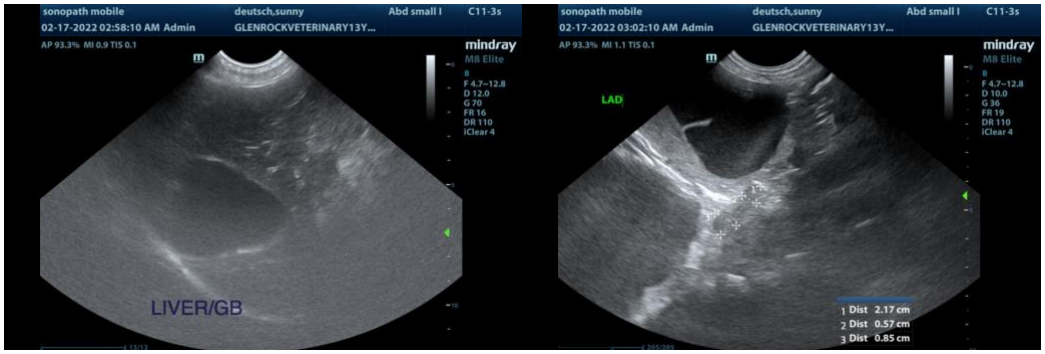

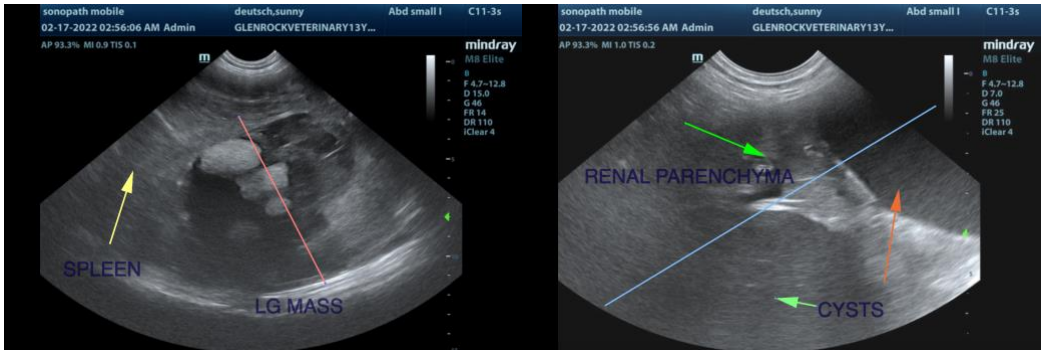

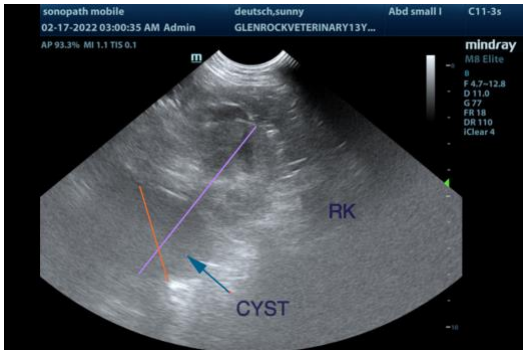

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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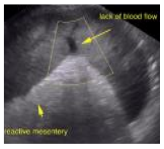
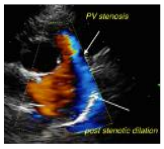
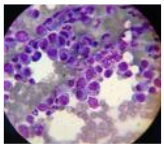
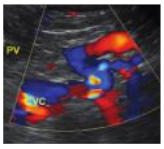

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com