

PATIENT PRESENTING CLINICAL SIGNS

Pepper Ring No sedation- Tense abdomen all around and not in any specific area during AUS scan- kidney cancer Renal Cell carcinoma low mitotic index- in the past, had left kidney removed at Specialty center 10/2022- . P is crying out in pain. No chemo done. Checking for METS- Currently on Clavamox 250 mg 1 BID and Tramadol 50 mg 1/2

SPECIES

Canine

BREED

Beagle

Abnormal PE/Chem/CBC/UA Results: TP: 9.0. ALB: 4.7 ALKP: <10 TBIL: 4 RBC: 9.8 HCT: 69.2 HGB: 23.9 WBC: 9.22 NEU:2.85 LYM: .94 PLT: 13 PCT: 0.02

SEX

Spayed Female

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.

AGE

10yrs

The left kidney was surgically removed 10/22.

WEIGHT

12.3kg

The right kidney has a normal shape and size (5.7 cm) with occasional small pinpoint nephroliths, examples of which measure 0.32 cm and 0.22 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.53 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.

HOSPITAL NAME

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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.

REFERRING VET

Dr. David Baggett

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.

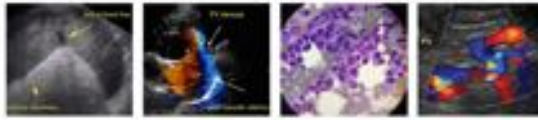
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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

Pepper Ring 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. 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. There is mild mucosal speckling visualized. The jejunum measured at 0.38 cm.

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 reveal scant free abdominal fluid. There are visible but normal mesenteric and sub lumbar lymph nodes. 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.

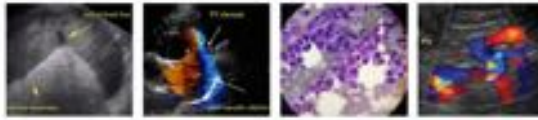
ULTRASONOGRAPHIC FINDINGS

- Surgically absent left kidney renal carcinoma diagnosed 10/22 post nephrectomy.
- Small non obstructive nephroliths in the right kidney. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.
- Mucosal speckling visualized associated with the small intestine. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of metastatic disease on today's exam and no source of pain identified. There is some mild mucosal speckling visualized associated with the jejunum. The significance of this is uncertain without a history of underlying gastrointestinal disease. If symptoms of GI disease develop consider additional evaluation.

Consider extra abdominal causes for pain such as back pain, joint pain, neck pain, etc. Additionally,



PATIENT

Pepper Ring

consider reevaluation of bloodwork with a fasted sample confirmed to be free of a clot or homolysis. It is unusual to see an elevation in bilirubin without other liver enzymes elevations. Consider a blood smear on a fresh blood draw to reassess a platelet estimate.

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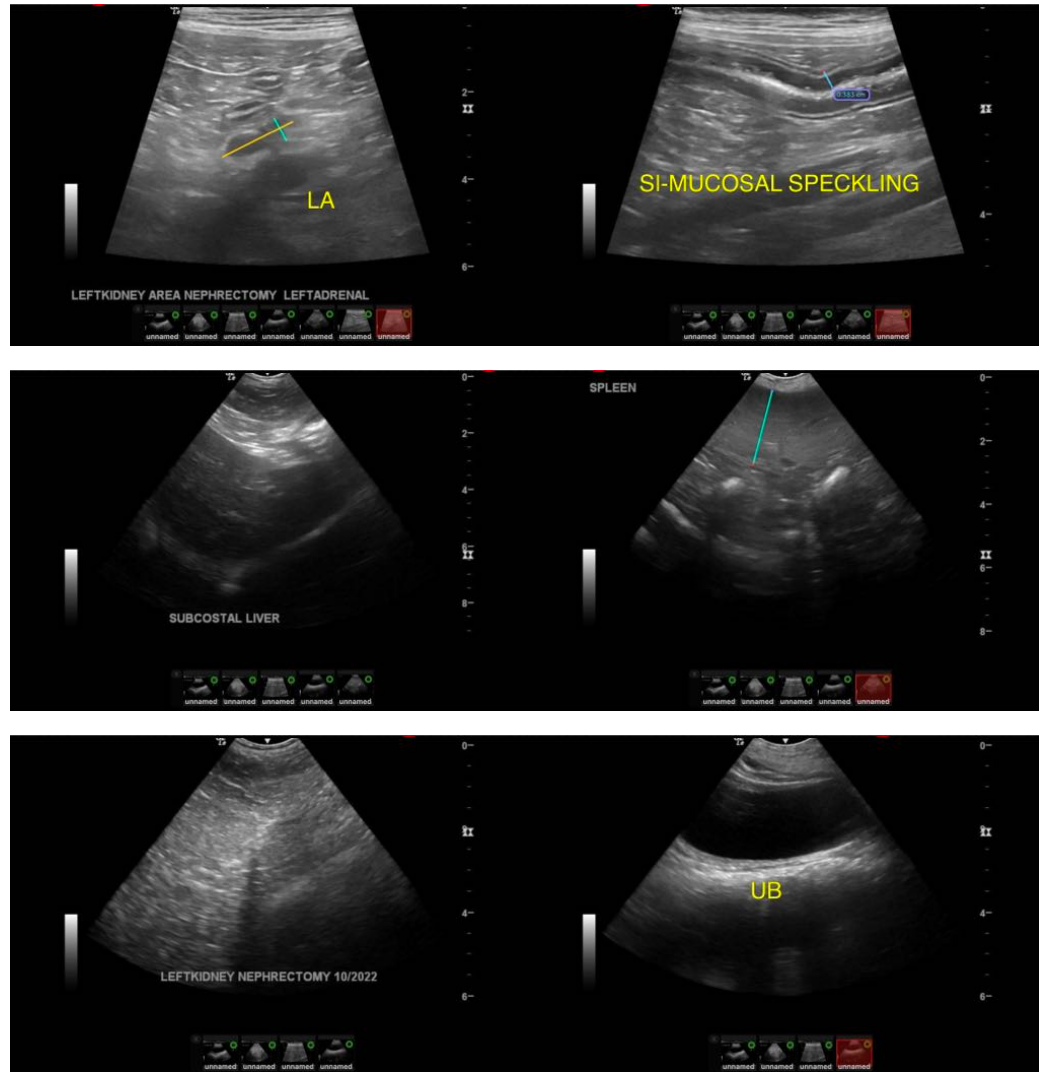
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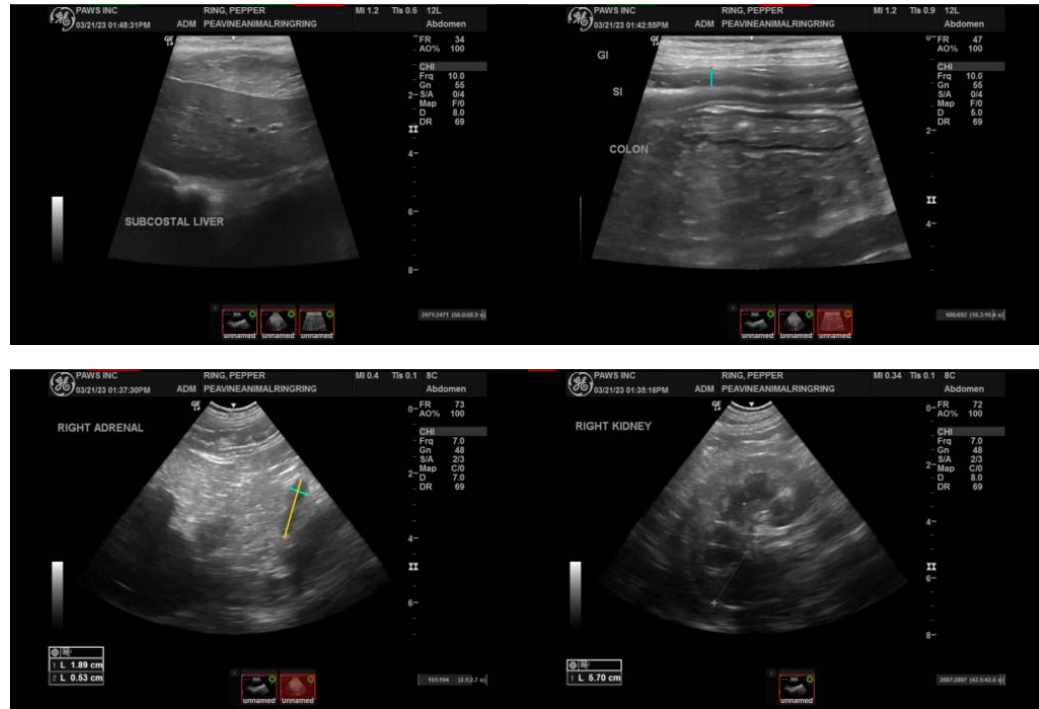
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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