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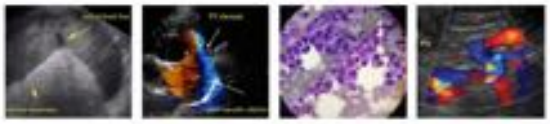


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Goatee Guinasso

SPECIES

Canine

BREED

Black coat Terrier Mix

SEX

Neutered Male

AGE

12y2m

WEIGHT

43lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountView Animal Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10142

DATE

3/23/2023

PRESENTING CLINICAL SIGNS

Dog has persistent proteinuria, Internist recommended looking for cause of inflammation.

Abnormal PE/Chem/CBC/UA Results: LABs attached - Proteinuria 0.7 was 1.2 4DX negative Lepto negative rest 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. The dependent portion of the urinary bladder there is a small pile of hyperechoic shadowing stones. I suspect there are 2-3 small stones measuring approximately 0.30 cm each. Correlate findings with abdominal radiographs.

The prostate is normal in size (1.3 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.

The left kidney has a normal shape and size (6.80 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (5.67cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.94 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.

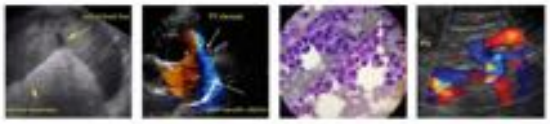
The right adrenal gland is normal/borderline large in size measuring 0.72 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 large in size, and is regular in shape, normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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portions of the vasculature and biliary tract appear normal. There is a large mixed echogenicity hyperechoic mass effect visualized in the left side of the liver measuring 5.22 cm x 4.47 cm. Additionally, on some views there is a hyperechoic homogonous mass effect measuring 4.44 cm x 4.19 cm, which could be a mass effect in the falciform fat (lipoma?) or less likely could be associated with the liver.

The gallbladder lumen is mildly 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.

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 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 (0.63 cm), and the jejunum measured as normal (0.40 cm.) 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. The colon wall measures 0.82 cm.

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

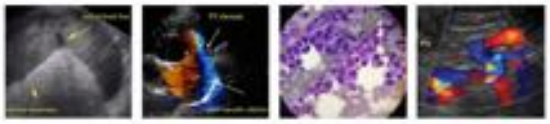
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A hyperechoic homogonous mass effect is described under liver. This appears to be within the falciform fat although in some views I cannot exclude that it is arising from the liver. Primary differential would be an intraabdominal lipoma. Consider a fine needle aspirate.

ULTRASONOGRAPHIC FINDINGS

- Small cystic calculi in urinary bladder. Recommend urinalysis and culture and abdominal radiographs to correlate the number and size of stones present.
- Borderline bilateral adrenomegaly. The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.



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- Decreased corticomedullary distinction in both kidneys with small cortical cysts and small non-obstructive nephroliths. The bilateral renal findings are consistent with age-related change.
- Mildly heterogenous liver with isoechoic mass effect on the left side of the liver. Findings are suggestive of primary hepatic mass, most likely differential would be adenoma, carcinoma, etc. Consider a fine needle aspirate.
- Hyperechoic homogonous mass effect suspected to be associated with the falciform fat. This lesion is most consistent with a intraabdominal lipoma but a liver mass lesion cannot be excluded as a possibility. Recommend a fine needle aspirate.

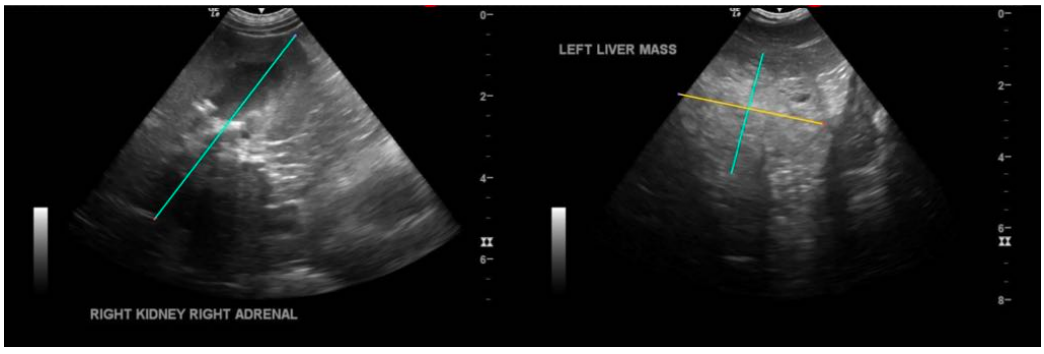
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small calculi are visualized in the urinary bladder. Correlate this with urinalysis findings to try to determine if this is associated with an active sediment or if disillusion is thought to be possible. These are potentially small enough to cause an obstruction. Correlate with radiographs to confirm number and size of stones.

There is a mixed echogenicity mass effect associated with the liver. This has the characteristics most consistent with a primary hepatic mass lesion. The most likely differentials would be an adenoma or carcinoma. These tend to be relatively slow growing mass lesions but other differentials are possible, consider a fine needle aspirate. If surgical removal would be considered, recommend a contrast CT scan for surgical planning. Additionally, there is a homogonous isoechoic mass lesion in the region of the falciform fat. This should be sampled as well and evaluated with the contrast CT scan to ensure that this is not associated with the liver.

The changes visualized associated with the kidneys are most consistent with chronic progressive renal disease. Recommend blood pressure, urinalysis, and culture as baseline.

Both the hepatic mass lesion and the small calculi could be associated with renal proteinuria. Recommend 3-view thoracic radiographs.



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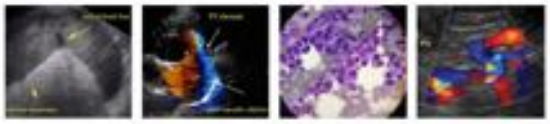

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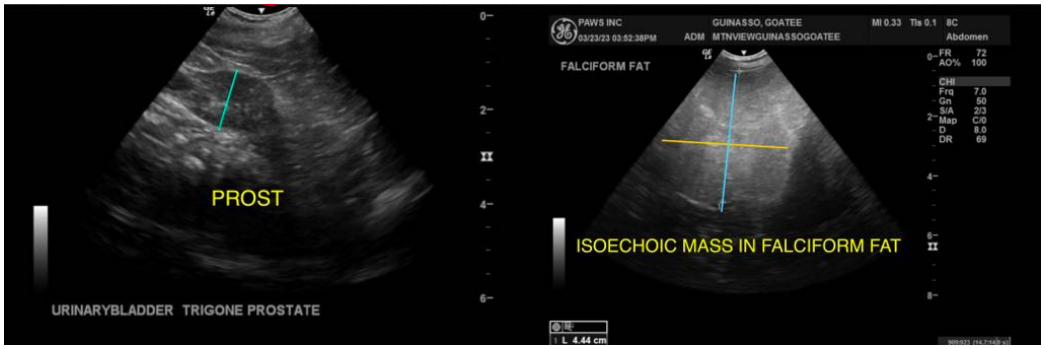

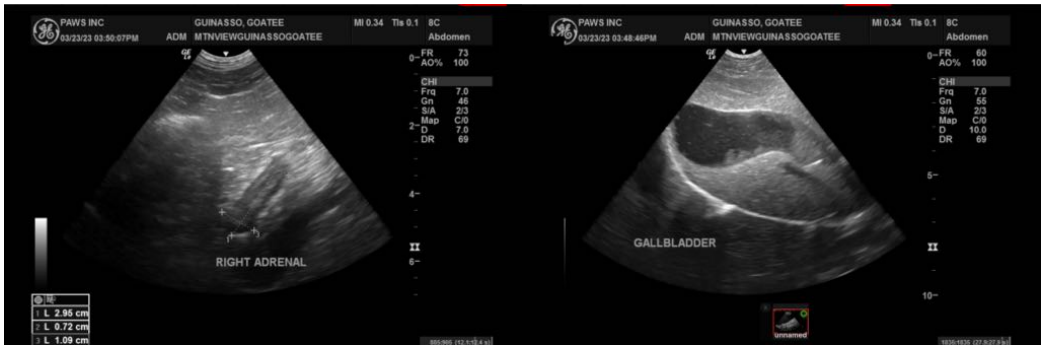

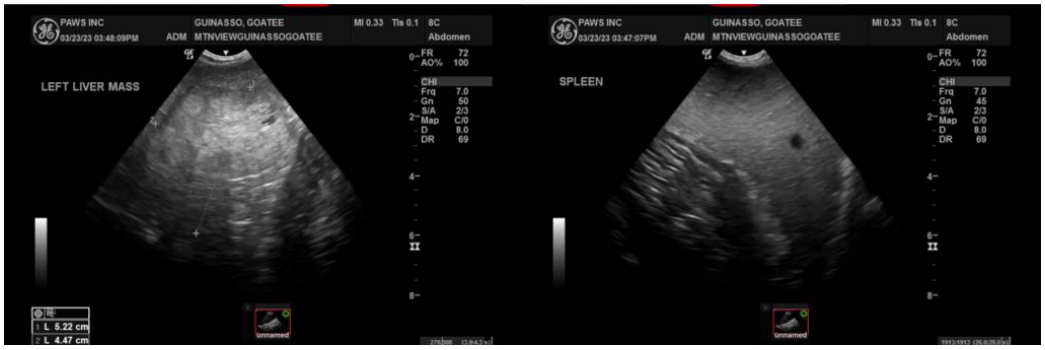

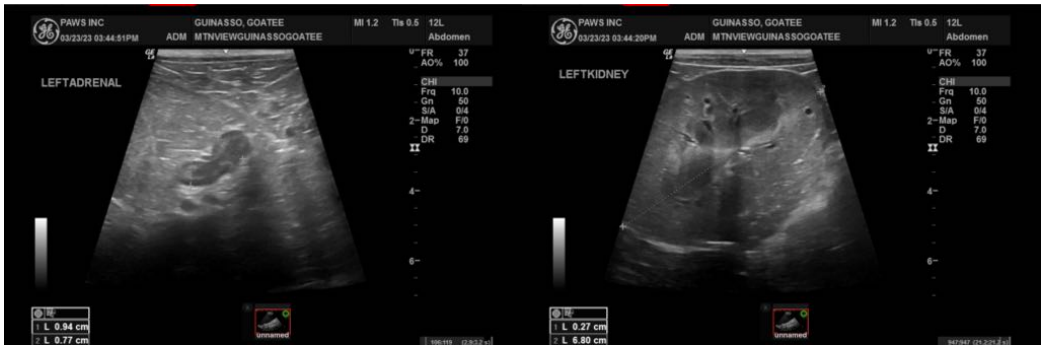

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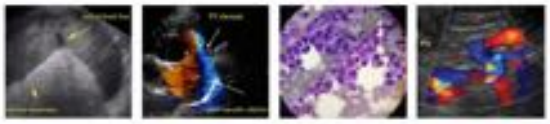

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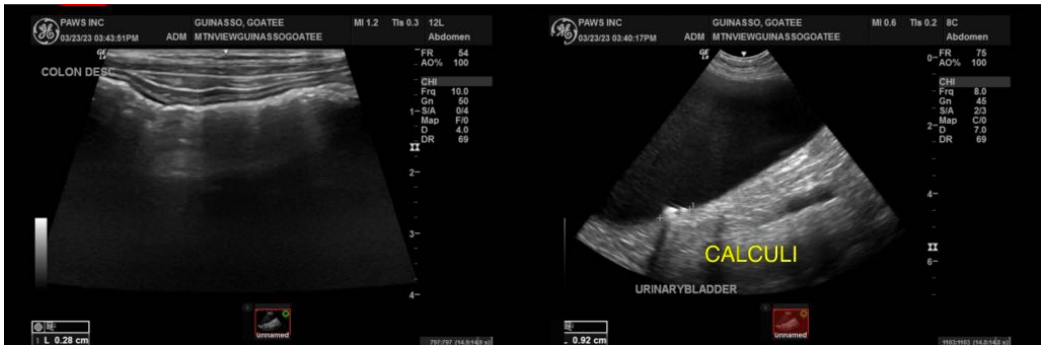

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com