

PATIENT PRESENTING CLINICAL SIGNS

Jordan Vandendool

Diarrhea off and on, usually happens once monthly with a flair up. No vomiting, still E/D normal, no lethargy. Slowly advancing distended abdomen

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Female

AGE

8 Years

WEIGHT

34kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

46589

DATE

4/12/23

Abnormal PE/Chem/CBC/UA Results: OPG / 4DX / CBC / Chem / TT4 / SDMA all WNLs/negative rads: The right retroperitoneal mass is concerning for the presence of a mass associated with the right ovary given its location and could be a cyst or tumor. Other causes of a retroperitoneal mass cannot be ruled out. There is at least mild peritoneal effusion or peritonitis causing the mild loss of serosal detail. The splenomegaly is concerning for potential neoplastic infiltration of the spleen; however, splenomegaly is also commonly encountered in this breed is a normal anatomic variant. No neoplastic causes of splenomegaly such as congestion, lymphoid hyperplasia/extramedullary hematopoiesis or splenitis cannot be ruled out.

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 left kidney has a normal shape and size (7.03 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is slightly irregular and large in size (6.85 cm-excluding the large cyst). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal. There is a very large, mildly echogenic fluid filled structure visualized in the right caudal abdomen measuring 8.68 cm x 11.27 cm. Findings are most consistent with a very large renal cyst originating from the caudal pole of the right kidney, although a cystic ovary cannot be ruled out.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 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.

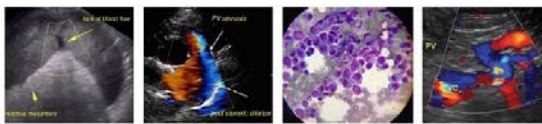
The region of the right adrenal (between right cranial kidney and vena cava) is obscured by the large cystic structure.

Spleen

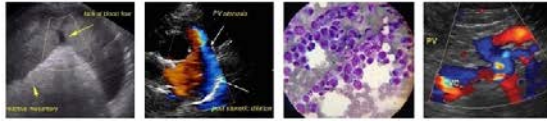
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.



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|--|---|
| PATIENT | 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. |
| Jordan Vandendool | |
| SPECIES | Gastrointestinal |
| Canine | The stomach contains moderate ingesta. 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. |
| BREED | |
| German Shepherd | 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. |
| SEX | |
| Intact Female | |
| AGE | |
| 8 Years | 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. |
| WEIGHT | |
| 34kg | |
| INTERPRETED BY | Pancreas |
| Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine) | The area 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. |
| IMAGING PERFORMED BY | Free Abdomen |
| Kelly Reschny | 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. |
| HOSPITAL NAME | The left ovary is visualized and appears normal at 1.19 cm. A normal right ovary is not clearly visualized. There is a very large cystic lesion visualized caudal to the right kidney, most consistent with a large renal cyst, although a very large cystic ovary cannot be ruled out. |
| BPH Stoney Creek | |
| REFERRING VET | PRIMARY FINDINGS |
| Dr. Baskin | <ul style="list-style-type: none"> Very large hypoechoic cystic structure dilated with mildly echogenic fluid in the right retroperitoneal region – Findings are most consistent with a right renal cyst, although a cystic ovarian lesion is also possible. |
| INVOICE | SECONDARY FINDINGS |
| 46589 | <ul style="list-style-type: none"> Moderate ingesta within the gastric lumen – Findings are most consistent with a non-fasted patient. |
| DATE | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| 4/12/23 | There is a very large cystic structure visualized in the right retroperitoneal space with mildly echogenic intraluminal fluid. This structure appears intimately associated with the right kidney and is suspected to be a very large right renal cyst, but I cannot rule out the possibility that this is a large, cystic right ovary that is pushing on and slightly deforming the right kidney, giving the appearance of an attachment. You could consider a contrast CT scan to better evaluate this region for surgical evaluation. Additionally, you could consider percutaneous drainage of the lesion with a very small gauge needle, but there is some risk of leakage, and if this is urine, it could refill quickly. Additionally, you could consider referral to a veterinary surgeon for an ovariohysterectomy +/- nephrectomy (or possibly partial nephrectomy??) |



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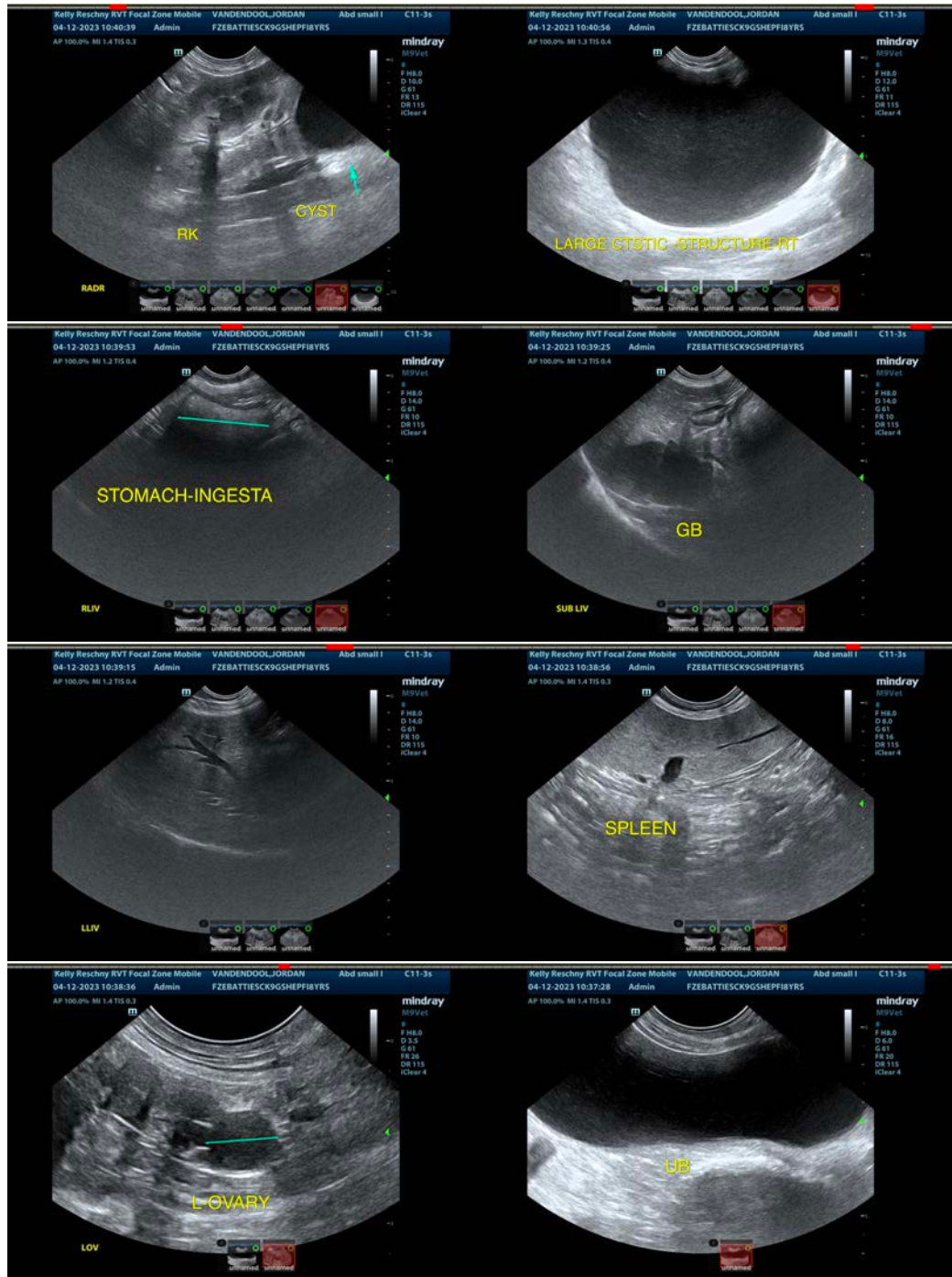
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depending on what the lesion is associated with. Recommend urinalysis and culture and blood pressure evaluation as well as 3-view thoracic radiographs.

No focal lesions were visualized associated with the GI tract to explain the intermittent diarrhea reported. You could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to try and obtain more information.





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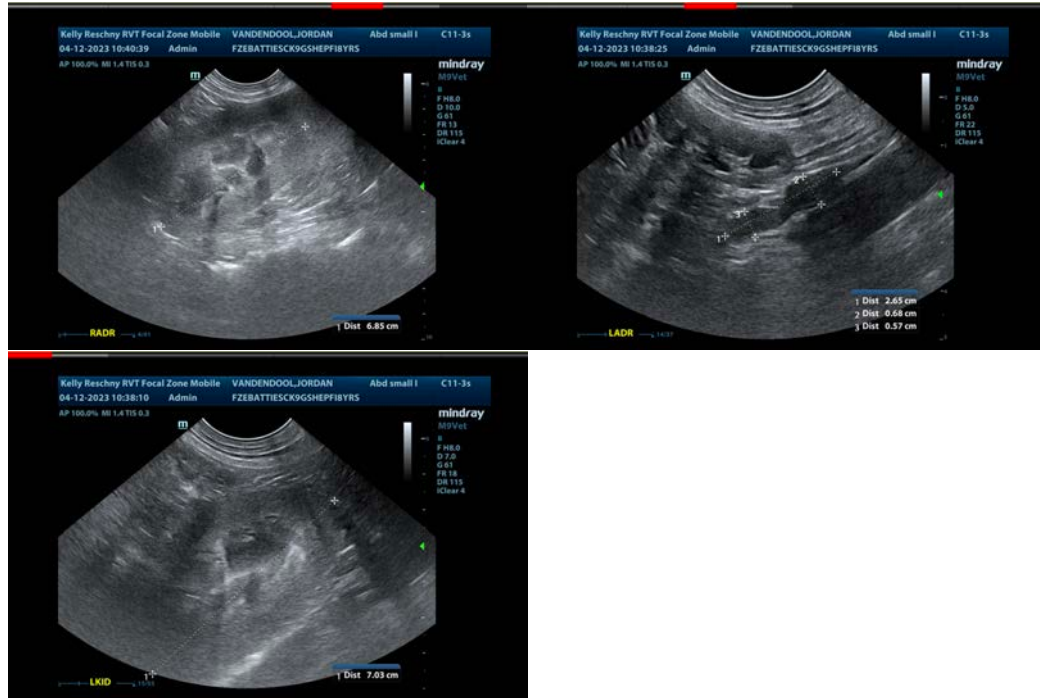
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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