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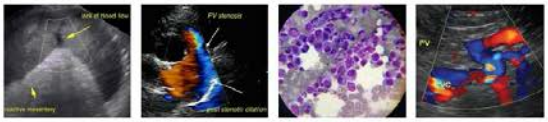


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ozzy Dunst

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

12 Years

WEIGHT

20.8 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

39279

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Previous History: 7/9/2020 AUS findings: Degenerative chronic renal changes, slightly nodular area in the cortex of the right kidney, small mixed echotexture solid splenic mass and small hypoechoic splenic nodule. Mild small intestinal wall corrugation suggestive of enteritis. Large echogenic and hazy portions of pancreas especially the body suggesting mild chronic changes with subtle active component. PU/PD noted since starting atenolol in April 2020 April 2020 cardiologist evaluation showed paroxysmal atrial tachycardia, weak contractility, mild tricuspid and mild mitral valvular disease. Started on atenolol 25 mg one quarter tab p.o. twice daily REcheck u/s 10/2020 FINDINGS: . As seen previously, there is a mixed echogenicity nodule/mass deforming the edge of the spleen measuring 27.9 mm x 23.1 mm x 24.5 mm. There is an additional hypoechoic nodule measuring 13.5 mm x 10 mm. Fat Conclusions Small splenic mass and small splenic nodule, both similar in size to the previous study. Significant change has not occurred in the recheck interim. Additional history: MCT on back leg ~6 years ago, clean margins Current hx-pt presented for blood in urine and straining to urinate. Noted thickened bladder on cysto u/s and polyp like masses near trigone. AUS today to reevaluate splenic changes and urinary bladder Abnormal PE/Chem/CBC/UA Results: Blood panel: BUN 53, BUN/Creat 44, pro 2+, rods 26-50 HPF, culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

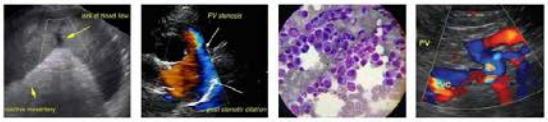
Initial views of the urinary bladder are after the patient emptied their bladder, and the lumen is empty. Additional views are provided after installation of saline. The urinary bladder wall appears diffusely irregular. This is particularly true in the region of the trigone and proximal urethra, where there is more significant irregularity and some more focal, mass-like lesions. The size and degree of this varies with the level of urine distention. On cross sectional view of the trigone region, the bladder wall is significantly irregular and measures at 0.79 cm. The urinary bladder is moderately distended with anechoic urine.

The prostate appears somewhat large for a neutered male dog. It measures at 1.6 cm in width. It is relatively uniform in shape, and the parenchyma is largely homogeneous and slightly hyperechoic. The prostatic urethra is slightly dilated with no evidence of irregularity, invasion, mass effect, or calculi at the level of the prostate, but there is irregularity at the cystourethral junction.

The left kidney is normal in size (5.09 cm) with pyelectasia at 0.35 cm and small cortical cysts. It is irregular in shape (likely due to previous infarcts). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.01 cm), but irregular in shape. There is a large cortical cyst towards the cranial aspect of the kidney measuring 2.42 cm x 2.17 cm. Other numerous small cortical cysts are noted, as well as pyelectasia at 0.37 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands



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The left adrenal gland is normal in size measuring 0.66 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 in size measuring 0.64 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. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two mass lesions visualized on the spleen. Both are largely mixed echogenic masses. The first mass effect measures 2.06 cm x 2.24 cm. The second measures 3.18 cm x 3.97 cm. Both of these lesions appear somewhat larger than previously reported in 10/2020.

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. There is a moderate amount of non-organized echogenic debris. 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. Jejunum wall measured 0.39 cm. Duodenum wall measured 0.45 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.

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

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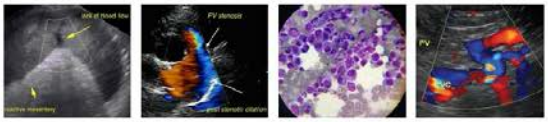

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A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Diffusely irregular urinary bladder mucosa with focal mass lesions near the trigone region and cystourethral junction – These findings could be consistent with severe cystitis and polypoid lesions, or could be consistent with a neoplastic process (TCC).
- Decreased corticomedullary distinction in both kidneys with pyelectasia and small cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Two mixed echogenic splenic masses – These lesions appear larger than previously described, but appear to be possibly growing slowly(?). A benign process is favored but neoplasia or rupture are still a possibility.
- Large prostate – The prostate appears relatively normal, but is large for a neutered dog. Correlate with the age of neutering. This is most consistent with a pet neutered after puberty, but considering the bladder lesions, prostatic neoplasia cannot be excluded.

SECONDARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

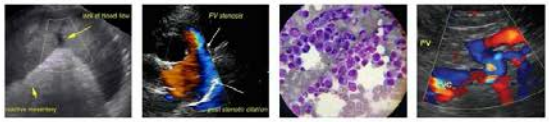
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder wall is diffusely irregular and thickened. The area of the trigone is particularly affected, and there appear to be irregular mass type lesions. Recommend urinalysis and culture. If urine culture is negative, recommend a traumatic catheterization for cytology.

There are two mass lesions on the spleen. IncComparing these mass lesions to those previously described, they do appear larger. Consider splenectomy for both diagnostic and therapeutic purposes.

Both kidneys are irregular with pyelectasia and decreased corticomedullary distinction. Recommend blood pressure evaluation, urinalysis and culture, and continued monitoring of renal values.

The prostate is large for a neutered male dog, but it appears fairly regular in appearance. This could be consistent with a pet neutered later in life (after puberty) or could be consistent with



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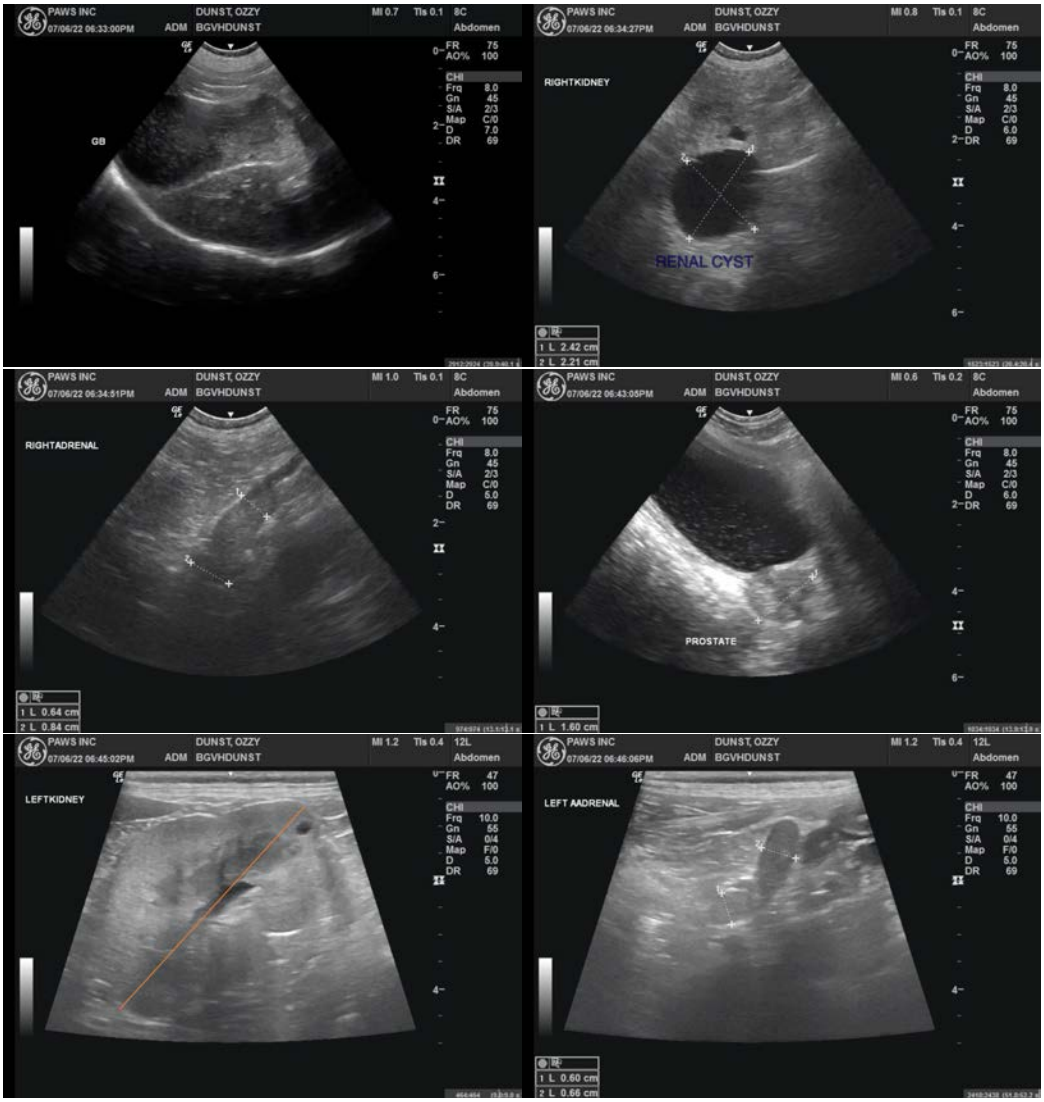
underlying prostatic neoplasia. If a neoplastic process is suspected in the prostate and urinary bladder, you could consider a fine needle aspirate.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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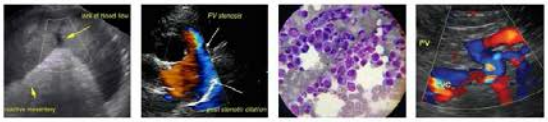

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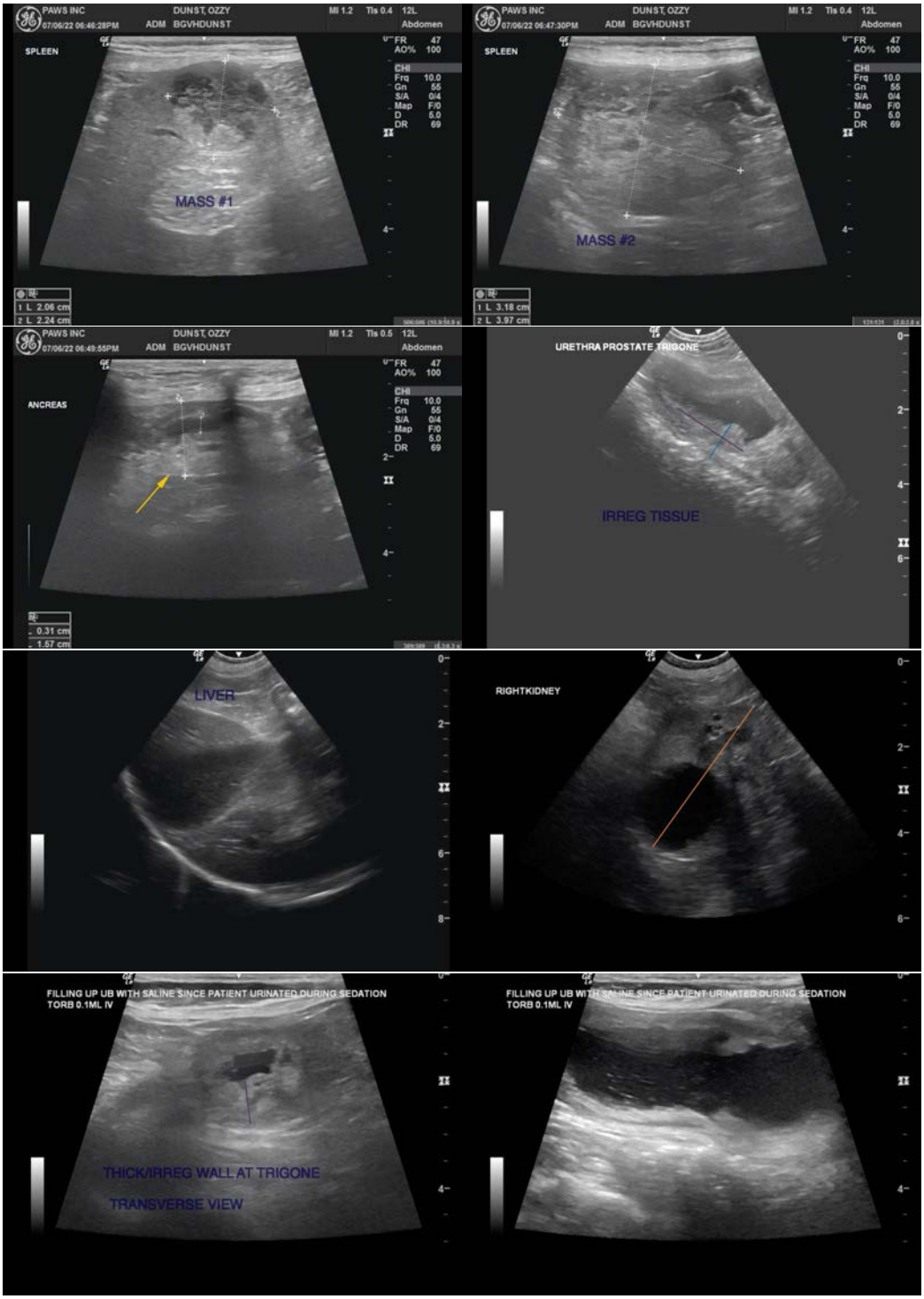

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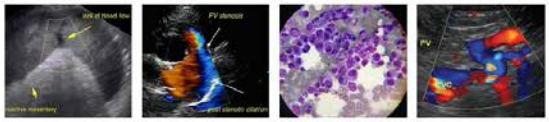

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the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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