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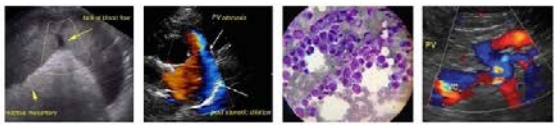

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Milo Mavi

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

13 Years

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Senlgrove VS

REFERRING VET

Dr. Gunsinger

INVOICE

40292

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Urinating blood for past month; Eating fine and drinking normally
Abnormal PE/Chem/CBC/UA Results: U/A : Suboptimal concentration present. Significant hematuria with mild pyuria present. Some clusters of transitional cells. Was on Clavamox for 10 days

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 borderline large in size, measuring 1.5 cm in height in the sagittal view. It is slightly irregular in shape. The parenchyma appears homogeneous and the external margins are relatively smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion of mass effect, or calculi.

The left kidney has a normal shape and size (6.1 cm) with a small cortical cyst present. 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Visualization of the right kidney is limited due to its cranial location and intercostal viewing. There is a large cystic structure likely associated with the kidney measuring 8.49 cm x 6.9 cm. This could represent a hydronephrotic kidney, or more likely a mass effect or cyst on the kidney. This lesion contains mildly echogenic fluid and some tissue. No normal renal parenchyma is visualized, but visualization is limited.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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 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.

The gallbladder 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.

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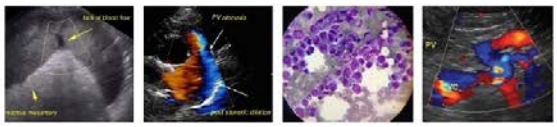

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Gastrointestinal

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 (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 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.

ULTRASONOGRAPHIC FINDINGS

- Large cystic structure in the region of the right kidney – Possible differentials include a large cystic mass lesion, a hydronephrotic kidney, or an atypical cyst/abscess. Primary concern would be a mass lesion.
- Decreased corticomedullary distinction in the left kidney with a small cortical cyst – The renal findings are consistent with age-related change.
- Borderline enlarged, slightly irregular prostate – This could be normal for this larger dog. Correlate the age of neutering and a good digital rectal exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cystic lesion in the region of the right kidney. I'm concerned this could be a cavitated mass effect, but a definitive mass lesion cannot be determined. Consider a contrast CT scan to get better detail under the ribs, to visualize the right kidney clearly, and additionally to look for metastatic lesions and evaluate the prostate. A nephrectomy could be considered, but advanced imaging would be ideal prior to this procedure to ensure this is the correct next step to take.

The prostate appears slightly enlarged and irregular for a neutered male dog. Correlate this finding with the age of neutering, digital rectal exam, radiographs, etc. Additionally, you can contrast urine obtained from the urinary bladder with a free catch sample to try and determine where the hemorrhage is originating. If prostatic disease is suspected, consider a fine needle aspirate of the prostate. Recommend urinalysis and culture. Additionally, if transitional cells are being shed, consider cytology on these samples to look for neoplastic cells.

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

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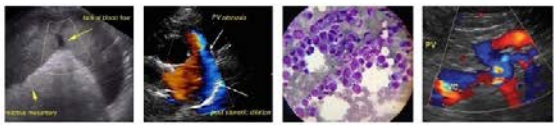

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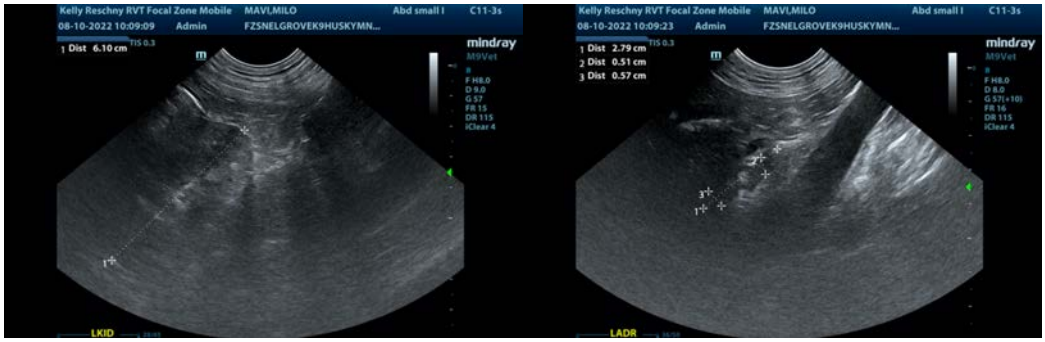

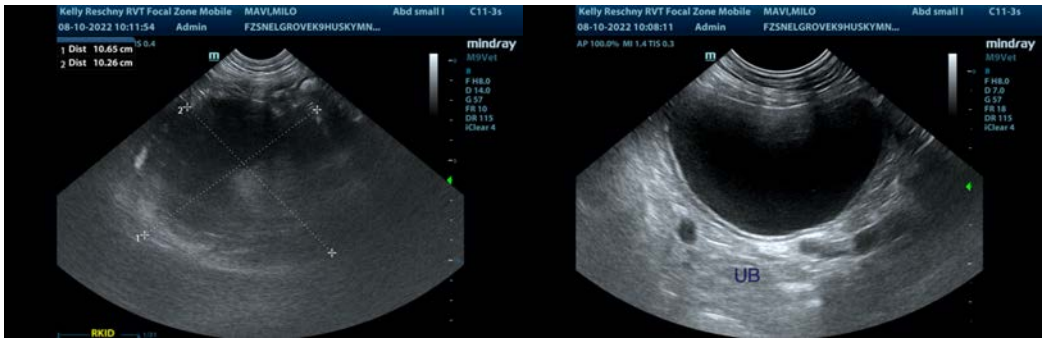

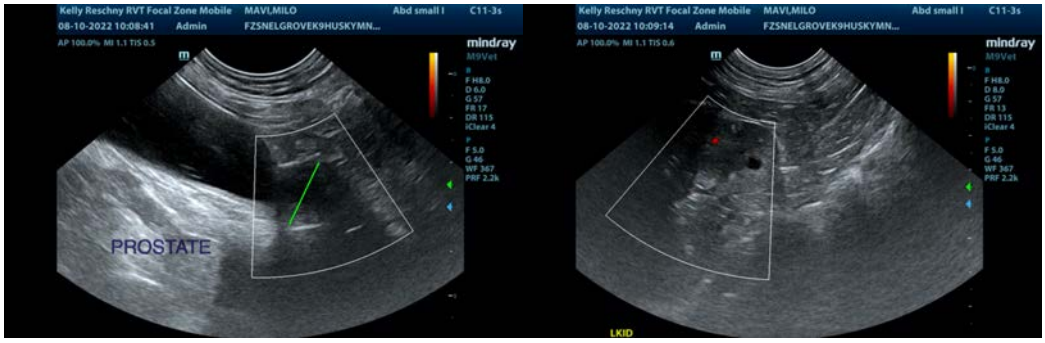

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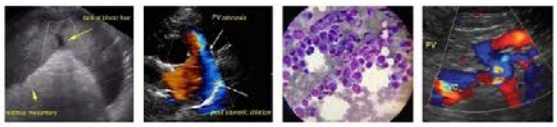

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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