

PATIENT PRESENTING CLINICAL SIGNS

Xena Lee

Mild azotemia (creatinine: 1.8). hematuria for the past 7 days with Clavamox. she has not improved. leptospirosis vaccine is updated. gradual weight loss for the past 6 months. small nodules in chest radiographs. sent chest radiographs to SonoPath too. right kidney does not have normal structure. mass type of structure is detected in around right and left kidney. lymph node or adrenal gland?

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

25.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenafly Vet Center

REFERRING VET

Dr. Han

INVOICE

44838

DATE

8/22/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. In the dependent portion of the urinary bladder there is some echogenic sandy debris, and there is possible mild mucosal irregularity noted, with the urinary bladder wall measuring at 0.27 cm.

The left kidney has a normal shape and size (4.86 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 has a normal shape and size (5.58 cm) with severe pyelectasia/hydronephrosis measuring 1.9 cm in the sagittal view. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a structure adjacent to the kidney that is suspicious for a severely dilated right ureter measuring 1.5 cm, with irregular intraluminal material most consistent with soft tissue or debris. The ureter is not traced, but there is the suspicion of mild ureteral dilation at the level of the kidney, measuring 0.30 cm. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

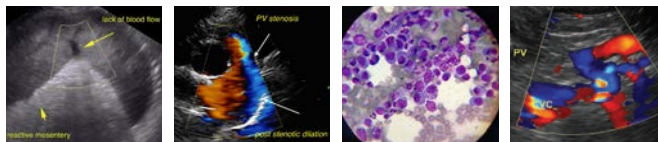
Spleen

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

Xena Lee 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.

SPECIES

Canine 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 measures 0.42 cm.

BREED

Mix Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female 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.

AGE

11 Years *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.

WEIGHT

25.6 Pounds *Free Abdomen*
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is irregular, hypoechoic tissue visualized in the region of the left kidney, suspicious for a mass effect/lymph node in the region measuring 2.56 cmx 2.63 cm. The exact location of this lesion is unclear, and an association with the left adrenal gland or other structures cannot be definitively ruled out. The omentum is generally of normal echogenicity.

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Other

Ringdown artifact is visualized at the level of the diaphragm. This can be consistent with pulmonary parenchymal lesions. Correlate with thoracic radiographs.

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ULTRASONOGRAPHIC FINDINGS

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- Suspended and dependent echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hydronephrotic right kidney with suspected severe right ureteral dilation with intraluminal tissue/debris – Findings are suspicious for a ureteral obstruction due to a mass effect, debris, etc.
- Mass effect/lymph node in the region of the left kidney – The exact nature and location of this lesion is unclear. Consider a fine needle aspirate.

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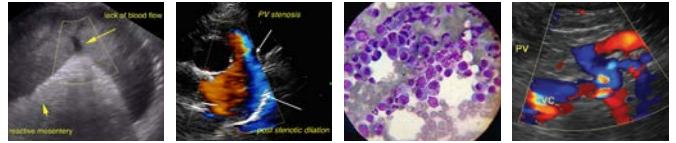
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The right kidney appears hydronephrotic, and there is a hypoechoic structure adjacent to the right kidney that is most consistent with a dilated right ureter. Active color flow in this area would be helpful to rule out a vascular structure, and tracing the ureter with video to look for any evidence of calculi, mass lesions, etc. There is suspicion of intraluminal material, possibly consistent with mass lesion or



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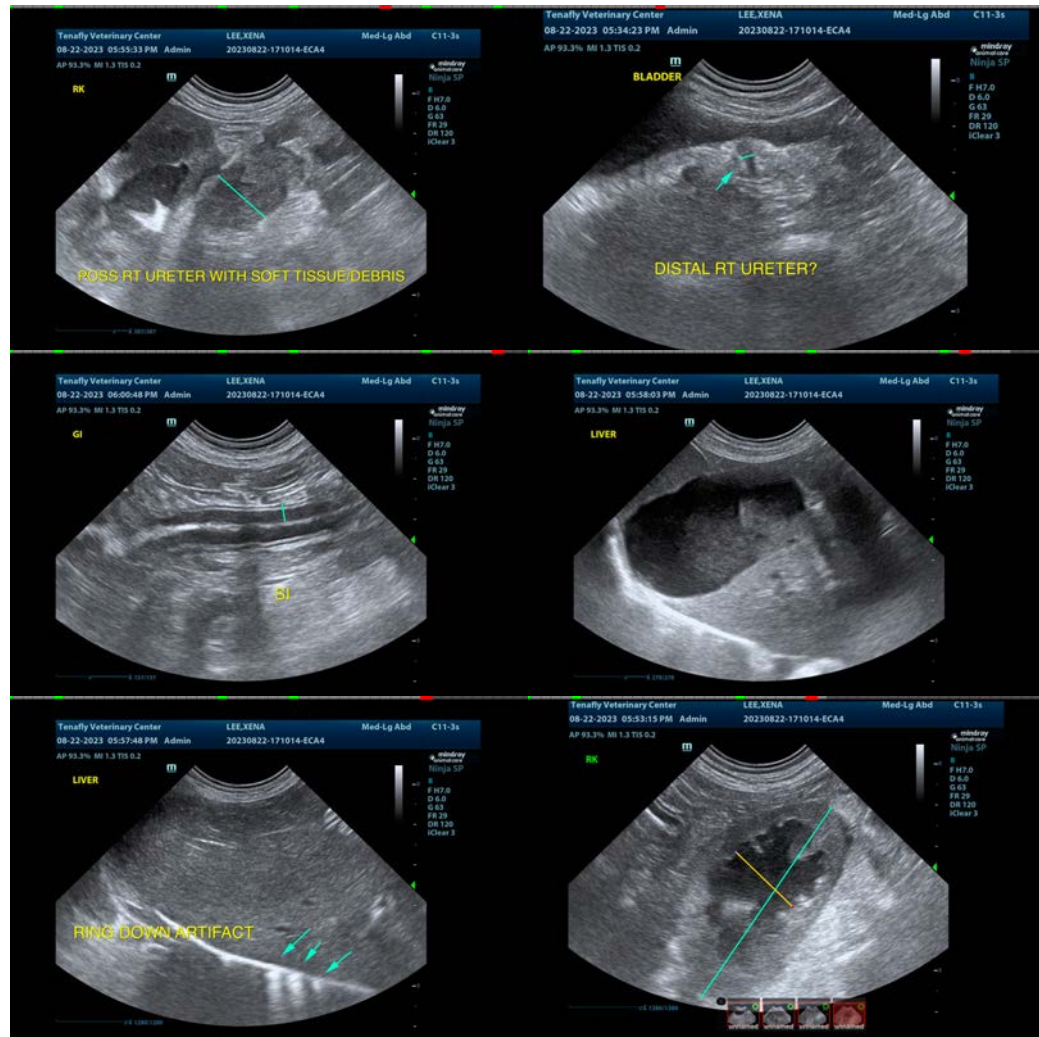
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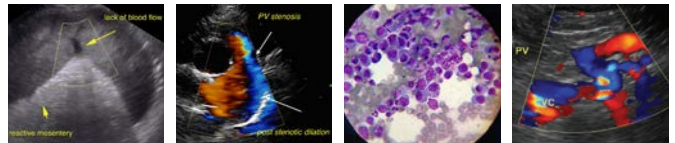
8/22/23

even intraluminal debris.

Additionally, there is a mass effect visualized in the region of the left kidney. A direct association with other structures is not clearly visualized. This could represent an adrenal lesion, a lymph node, etc. Consider a contrast CT scan of the abdomen to further evaluate the ureteral patency, anatomy, etc., and to further evaluate the mass effect near the left kidney. Additionally, if there is question as to the possibility of thoracic metastasis/nodules, the CT scan could be extended into the thorax, as there is concern for possible parenchymal lesions based on today's scan.

There appears to be echogenic debris in the urinary bladder. Recommend urinalysis and culture. If this is highly cellular material, you could consider submission for cytologic evaluation in case neoplastic cells are identified.





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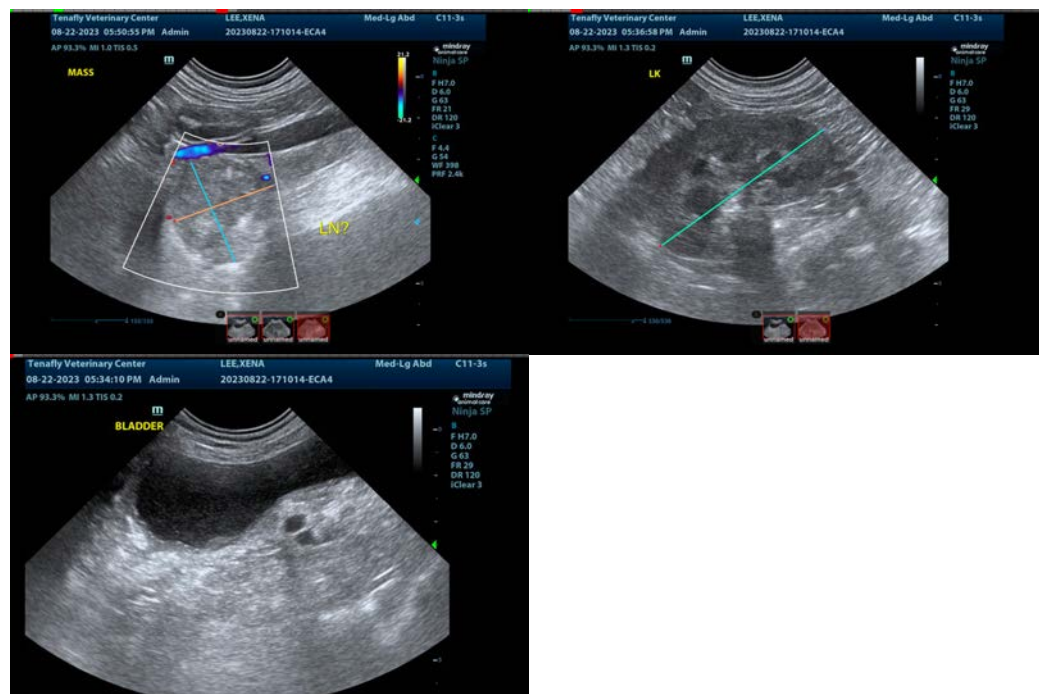
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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