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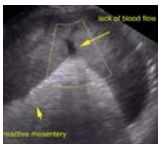
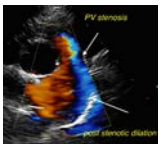
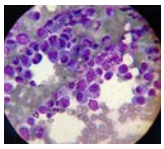
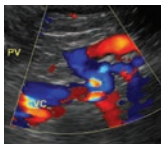

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1-800-838-4268 info@sonopath.com

PATIENT

Shadey Feldmann

SPECIES

Canine

BREED

Bassett Hound X

SEX

Neutered Male

AGE

14 Years

WEIGHT

36.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

24993

DATE

8/26/21

PRESENTING CLINICAL SIGNS

Hx of dark urine noted @ home; presented for U/s - guided cysto for urine collection; concern for bladder mass noted. Free catch urine submitted for analysis; abdominal radiographs performed - concern for liver mass on rads.
Abnormal PE/Chem/CBC/UA Results: NSF on PE Bloodwork done 3/2021: Creat 2.7. BUN 52. All other wnl. (phosph 4.7). CBC: Hct 29%. All other UR. Retic 51700 UA: USG 1.025. + oxalate. Otherwise IS. UPC 1.0 Urinalysis results from 8/24/21: USG - 1.027, pH- 5.0, proteinuria, hematuria, pyuria with marked rods UPCR: 2.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild, primarily suspended echogenic debris present. The Bladder wall appears thickened and irregular, measuring 0.38 cm. There is a hyperechoic structure within the bladder lumen, which I suspect is organized bladder debris, but the possibility of an underlying neoplastic process cannot be 100% excluded. The 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 normal in size 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.

There is an image of left kidney provided measuring 5.7 cm with mildly reduced corticomedullary distinction. Upon viewing videos, I am unable to confirm that this is the left kidney, and I do not appreciate an association with the mass effect and a kidney.

The image of the right kidney provided was 3.34 cm with a mild reduction in corticomedullary distinction. Based on review of videos and what I suspect to be the right kidney, there is no evidence of perinephric inflammation or effusion, and there is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal is not clearly visualized. There is a large mass measuring 6.59 cm x 7.23 cm in the left cranial quadrant, possibly consistent with a left adrenal mass or a left renal mass (?).

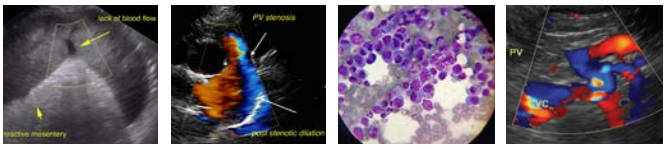
The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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 large 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. 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. There is a mild lymphadenomegaly present. A sublumbar lymph node is prominent measuring 0.59 cm. 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.

PRIMARY FINDINGS

- Large, irregular, hypoechoic mass effect in the left cranial abdomen – suspect left adrenal or left kidney origin.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Thickened irregular urinary bladder wall with intraluminal mass effect – I suspect these changes are most consistent with severe cystitis. Correlate with urinalysis and culture results and response to therapy.

SECONDARY FINDINGS

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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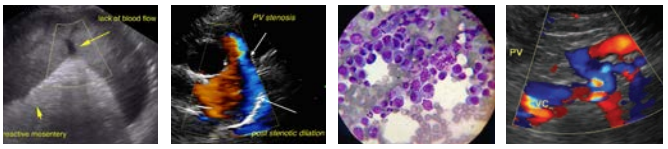

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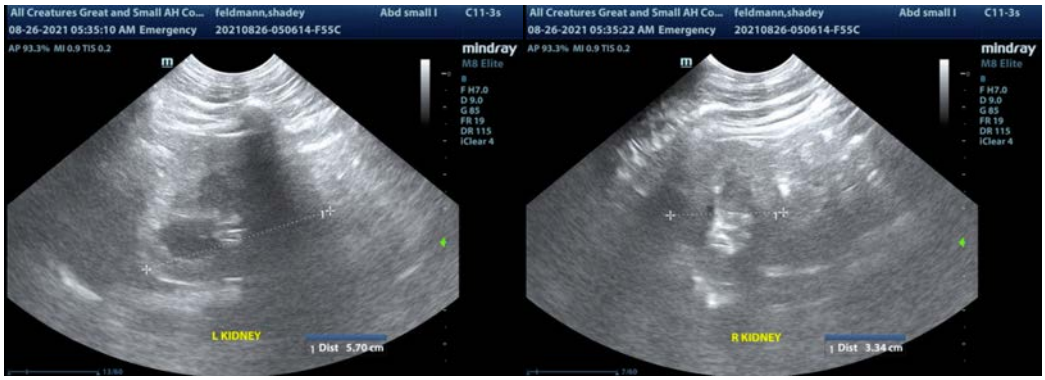
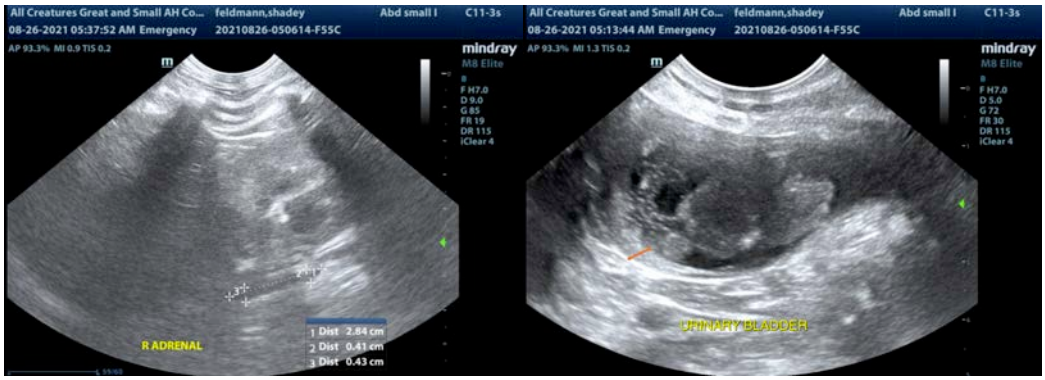
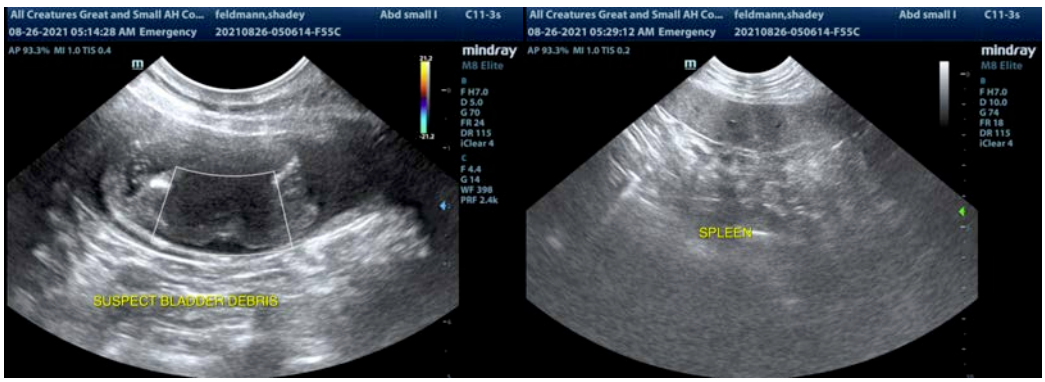
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass observed in the left cranial abdomen is labeled as a left renal mass. I was unable to confirm this based on the images. There is certainly a mass in that area. I would be concerned about an adrenal mass based on appearance, but was unable to visualize the left kidney. Regardless, the most likely differential for either of these locations would be a carcinoma. You could consider a fine needle aspirate, but a preoperative CT scan would likely be necessary to consider removal. Recommend 3-view thoracic radiographs and blood pressure evaluation, as the possibility of a pheochromocytoma exists.

The changes in the urinary bladder are diffuse and most consistent with cystitis. I suspect the intraluminal material is organized debris rather than tissue. Recommend urinalysis and culture based on sensitivity results, and reevaluation of the urinary bladder with ultrasound, urinalysis and culture again in two weeks while still on appropriate antibiotics. If the lesions in the urinary bladder are not improving, then there is a possibility for an underlying neoplastic process, and you could consider a traumatic catheterization, etc.







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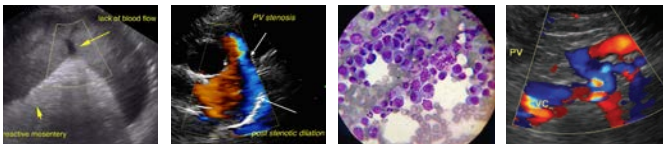

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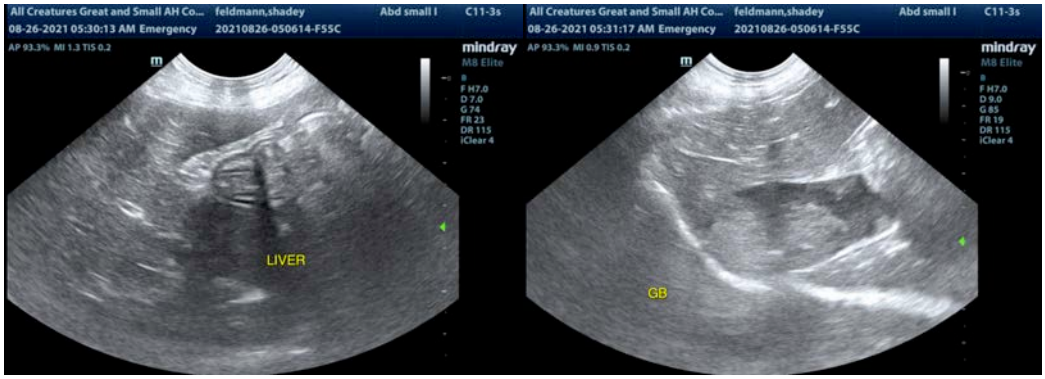

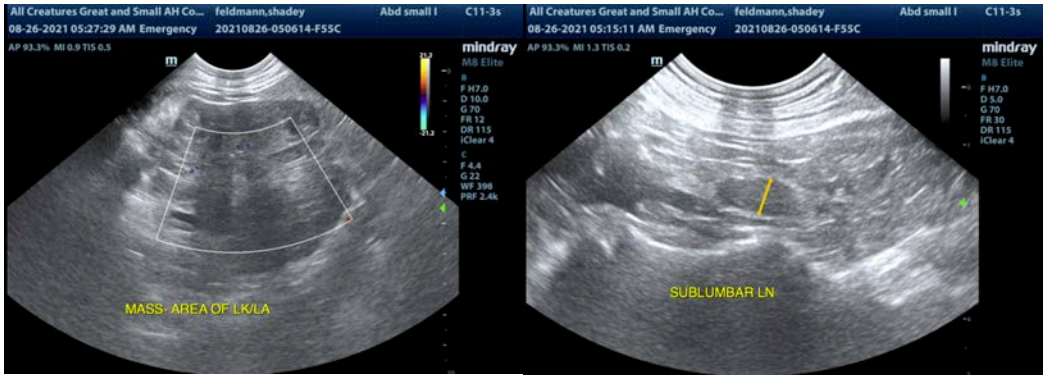

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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