

**DATE PRESENTING CLINICAL SIGNS**

8/27/21 Current Medications: Not provided by the veterinarian.  
Lab Results: Pending.

**PATIENT** Radiographs: Not provided by the veterinarian.

Auggie Price Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Not needed.  
Stat Report: Not requested.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

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.

Golden Retriever

**SEX**

The prostate is normal in size (1.5 cm) 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.

Neutered Male

**AGE**

The left kidney has a normal shape and size (7.04 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

10/27/10

**WEIGHT**

The right kidney has a normal shape and size (7.1 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

88.4 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.86 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.

**HOSPITAL NAME**

Padonia Vet Hospital

The right adrenal gland is normal in size measuring 0.88 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.

**REFERRING VET**

Dr. Youssef

**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.

**INVOICE**

25046

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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 mild 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 0.32 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***

There is a pedunculated, mobile, hyperechoic, polypoid appearing mass lesion visualized in the aorta, approximately 4.0 cm caudal to the right kidney. This is a highly mobile mass with a base measuring approximately 2.0 cm wide. It is 2.2 cm in length and 0.59 cm in width, and at most obstructs approximately 25% of the aorta lumen. There is no obvious adjacent mass effect or lesion associated with this structure. Differentials include a mobile clot or polypoid mass.

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

## **PRIMARY FINDINGS**

- Pedunculated mass effect within the aorta, caudal to the right kidney – differentials would include a mass lesion (benign or malignant) or a clot.

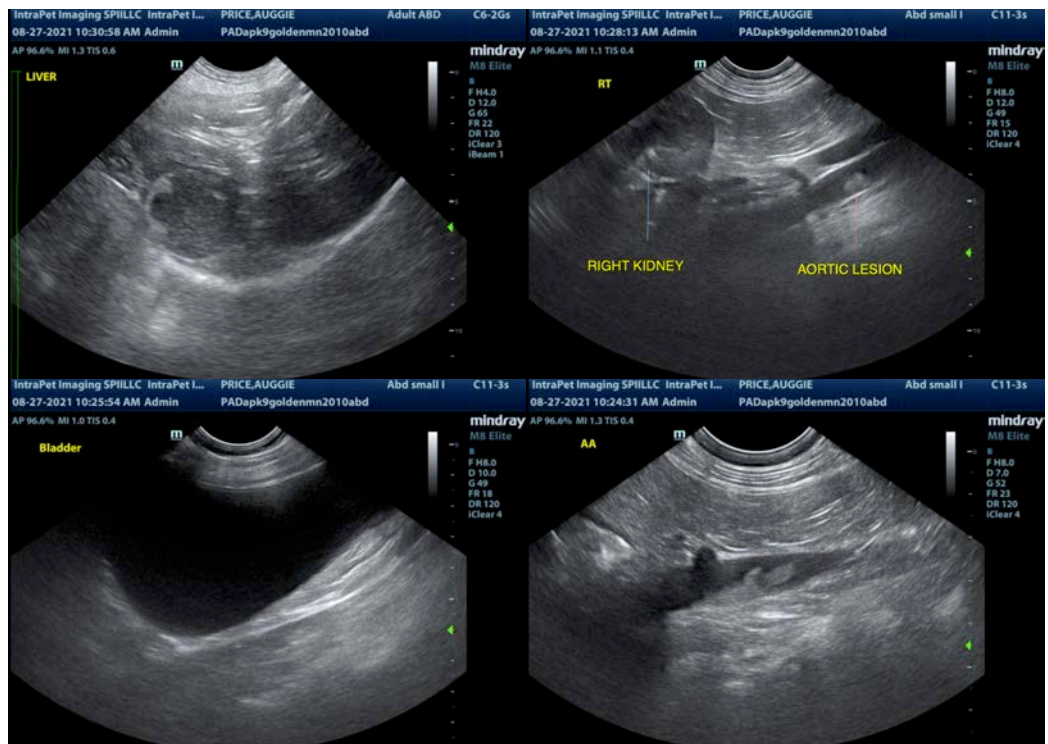
## **SECONDARY FINDINGS**

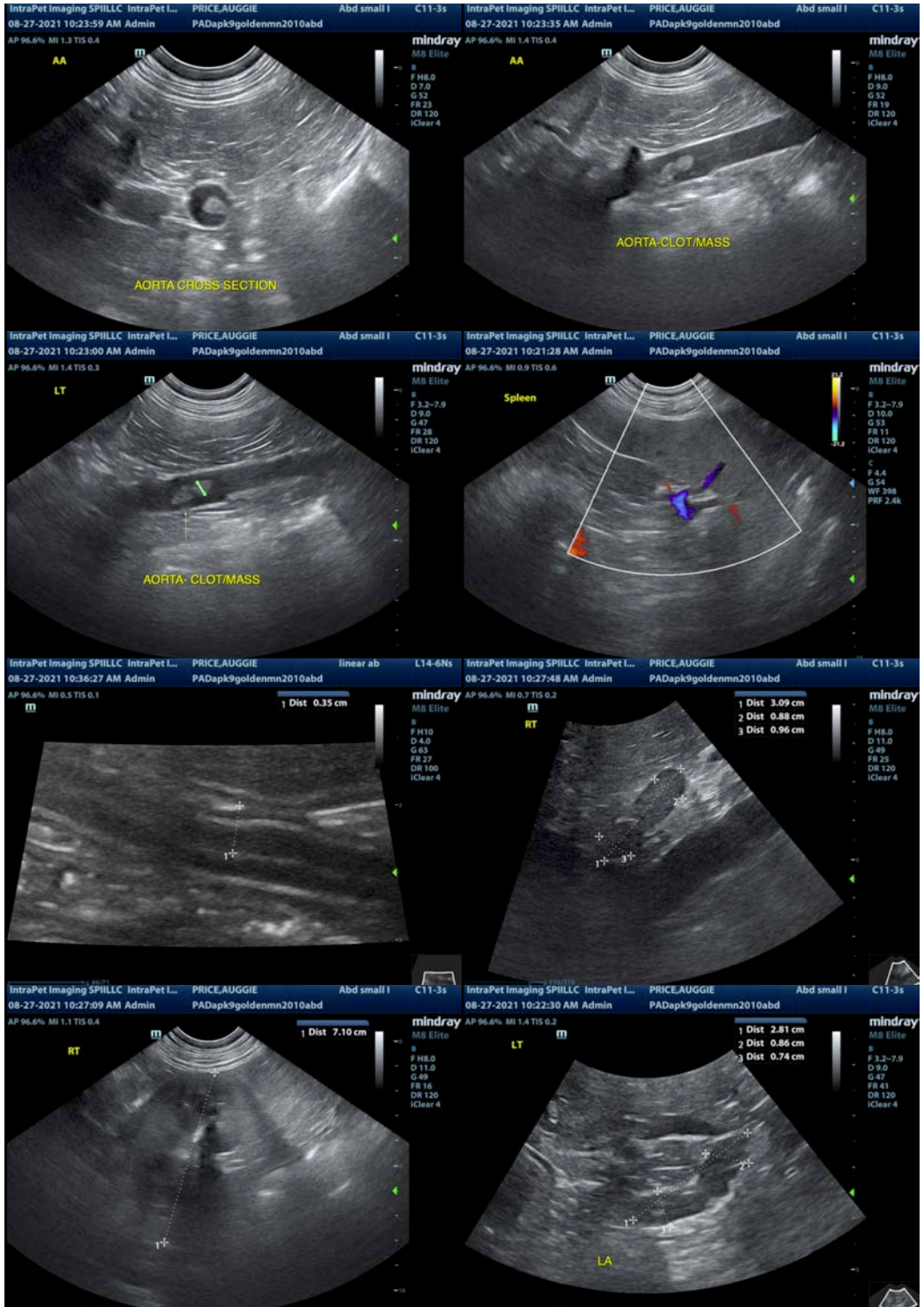
- Mildly decreased corticomedullary distinction in the kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Mildly 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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious lesions were observed involving the urinary bladder, distal colon, etc. to explain the reported signs of urinary issues and constipation. Recommend urinalysis and culture, blood pressure evaluation, and rectal exam to palpate the colonic mucosa and prostate.

A mobile, polypoid/pedunculated mass effect was visualized within the aorta just caudal to the right kidney. This could be a pedunculated mass or a clot. There is no identifiable reason for a clot to be present, but the wall of the aorta does appear slightly roughened at its base of attachment. I recommend evaluation for a possible hypercoagulable state. This includes urine protein/creatinine ratio, blood pressure, evaluation for Cushing's if this seems likely, and evaluation for protein losing enteropathy if this seems clinically relevant (no labs provided). You could also consider clotting profile with platelets, D-dimers, etc., and physical exam to regularly palpate femoral pulses. This mass is minimally obstructive and likely asymptomatic at this time. It could be an incidental finding, but there is concern if it gets larger in size or breaks off that this could be a serious issue. I would recommend starting Plavis at approximately 1-2 mg/kg once daily, and recheck this clot in one week. If it appears to be getting larger in size, I would consider more aggressive anticoagulant therapy and referral to a veterinary internist. Consider cardiac ultrasound and 3-view thoracic radiographs.







**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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