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Clinical Sonography & Telecytology
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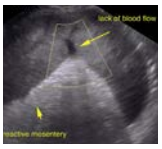
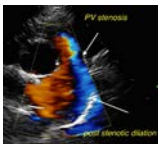
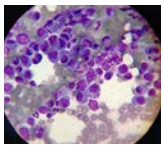
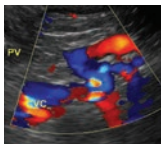

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1-800-838-4268 info@sonopath.com

PATIENT
Stewie Kopka

SPECIES
Canine

BREED
Poodle X

SEX
Neutered Male

AGE
10 Years

WEIGHT
33 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
25793

DATE
9/24/21

PRESENTING CLINICAL SIGNS

10# wt loss over the last 1 year . More recent wt loss of 6-7# over the last few days. O reports 1 week of bloody diarrhea. Poor appetite. rDVM put him on metronidazole, sulfa drug, mirtazapine
Abnormal PE/Chem/CBC/UA Results: 9/24 HCT 23.8% with neuts 12.89, monos 1.36, BUN 4, Alb 2.4 (low as per rDVM)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

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.

The left kidney has a normal shape and size (6.23 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (6.89 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

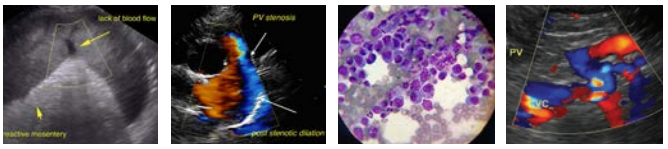
The right adrenal gland is normal in size measuring 0.76 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large cranial abdominal mass of mixed echogenicity and partly cavitated, measuring 9.21 cm x 0.47 cm. This mass is large enough to occupy the space caudal to the liver and between both kidneys. Organ of origin is not clear. Liver is a possibility, but not clearly visualized.



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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.

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 area of 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 mixed echogenic, partially cavitated cranial abdominal mass. This could be consistent with a renal mass, an adrenal mass, a splenic or hepatic mass, although both kidneys and adrenals appear accounted for.

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

PRIMARY FINDINGS

- Large, mixed echogenic, cavitated cranial abdominal mass – origin not clearly identified.

SECONDARY FINDINGS

- Echogenic urine in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cranial abdominal mass that occupies the full width of the cranial abdomen. This is in the area of the liver, spleen, both adrenal and both kidneys. Although both kidneys and adrenals are accounted for, this can sometimes be difficult to identify in a narrow dog (left versus right). A direct connection could not be identified. I am most concerned about an adrenal mass, but advanced imaging or exploratory would be necessary to obtain more information. Recommend 3-view thoracic radiographs and referral to a veterinary surgeon ideally for advanced imaging and surgery.

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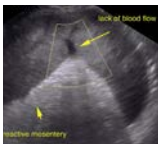
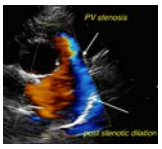
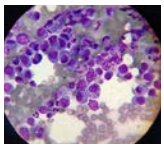
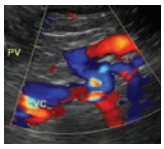

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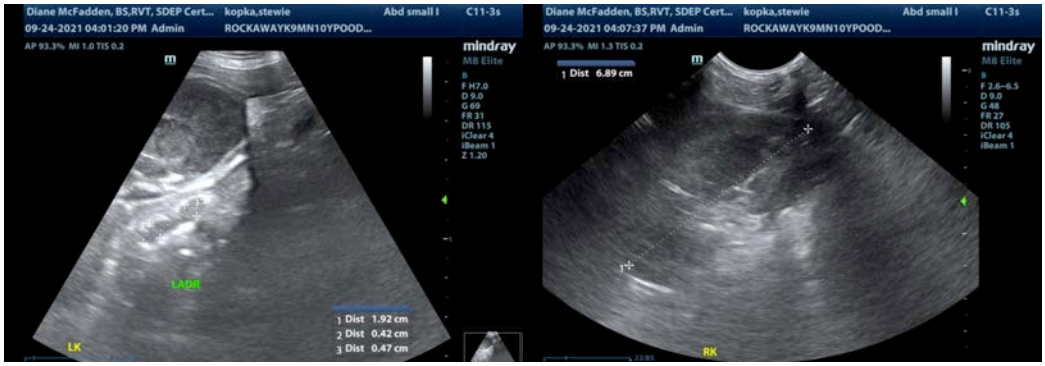
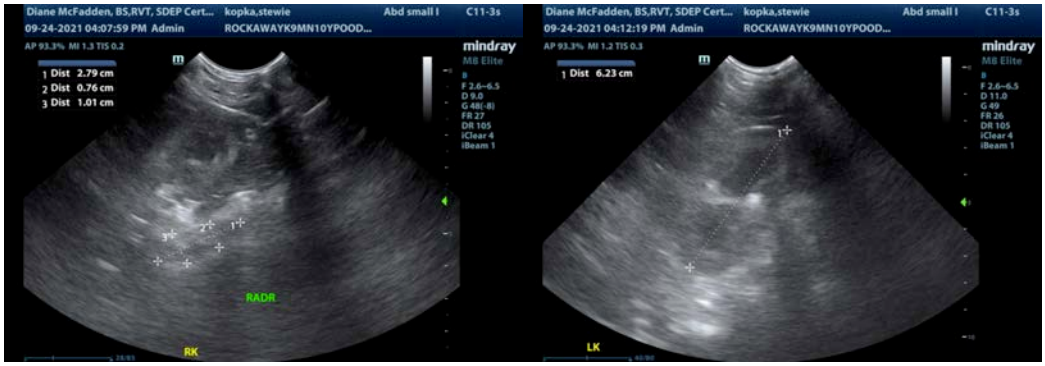
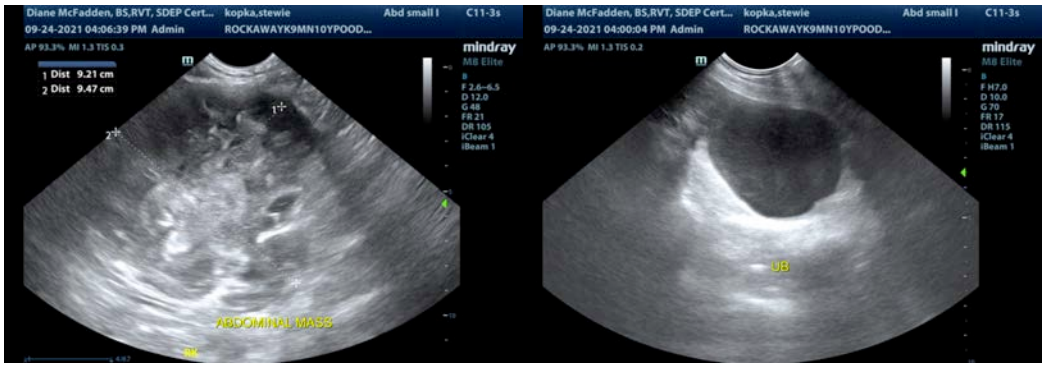
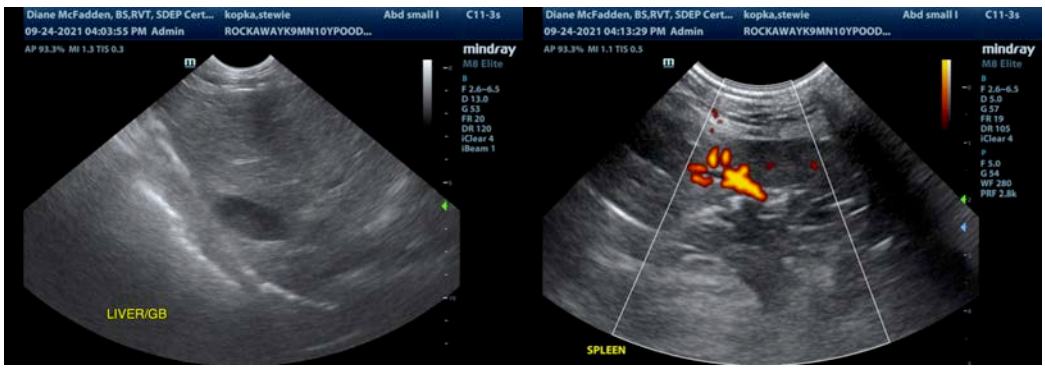
The anemia and hypoalbuminemia are suggestive of possible GI hemorrhage. Correlate this with rectal exam findings. Consider starting gastroprotectants and stopping sulfa medications if this is the case.









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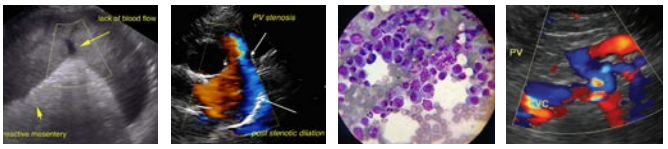

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com