



PATIENT

Bill Furry Lee

PRESENTING CLINICAL SIGNS

History: Fairly acute onset of vomiting. Vomiting resolved with treatment but bloodwork showed Azotemia and Regenerative anemia. Suspicion of mass near kidney on xrays.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Cockapoo

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.

SEX

Intact male

The prostate is large in size (2.5 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

8 years

The left kidney is large and irregular in shape measuring (6.54 cm). There is a hypoechoic, rounded projection off the caudal pole, measuring 4.6 cm. This is most consistent with a mass effect, but a structure filled with echogenic fluid cannot be excluded as a possibility. Additionally there is decreased corticomedullary distinction in the kidney. The cortical tissue is overall hyperechoic with decreased corticomedullary distinction. There is a large amount of peri-nephric inflammation with some fluid and evidence of pyelectasia that measured 0.32 cm. No nephroliths or hydroureter are visualized and the renal vasculature appears normal.

WEIGHT

9.9 kg

The right kidney is irregular in shape and large in size measuring (8.1 cm). There is a bilobed, rounded hypoechoic projection off the middle to caudal pole of the right kidney measuring 5.33 x 4.1 cm. This is most consistent with a renal mass, although echogenic fluid filled structure cannot be ruled out. Overall cortical echogenicity is increased with decreased corticomedullary distinction. There is significant peri-nephric inflammation and mild effusion present. There is pyelectasia measuring 0.44 cm. No nephroliths or hydroureter are visualized and the renal vasculature appears normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size measuring 0.53 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

Erin Folk AH

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.

REFERRING VET

Dr. Soliman

Spleen

INVOICE

92288

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. In some views there is the suggestion of a 1.7 cm mottled nodule, but ill-defined mottled nodule towards the head of the spleen.

DATE

10/8/21



PATIENT

Liver

Bill Furry Lee

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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

BREED

Cockapoo

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.

SEX

Intact male

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 (0.33 cm) and the jejunum measured as normal (0.21 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

8 years

WEIGHT

9.9 kg

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.

INTERPRETED BY

Pancreas

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

The region 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.

IMAGING PERFORMED BY

Crystal Hill

Free Abdomen

There is a small amount of free abdominal fluid particularly around the kidneys. The omentum is generally of increased echogenicity particularly around the kidneys. Caudal to the left kidney is a focal area of hypoechoic tissue with an anechoic, cystic structure. This measures 2.7 cm.

HOSPITAL NAME

Erin Folk AH

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Soliman

PRIMARY FINDINGS:

- Bilateral renal masses with possibility of bilateral renal abscesses or cysts also exist, but I suspect these are mass effects. There is a high concern for a neoplastic process. I recommend a FNA.
- Focal area of hypoechoic cystic tissue caudal to the left kidney. This is concerning for a possible lymph node/metastasis.
- Mottled spleen with suspect, ill-defined, splenic nodule. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis,

INVOICE

92288

DATE

10/8/21



PATIENT

Bill Furry Lee

infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

SPECIES

Canine

- Peri-nephric inflammation and free fluid. This is likely focal peritonitis. This can be consistent with sterile or septic inflammation or a neoplastic effusion.
- Large, heterogenous prostate. Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

BREED

Cockapoo

SECONDARY FINDINGS:

SEX

Intact male

- Heterogenous 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.

AGE

8 years

- Gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

WEIGHT

9.9 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are very abnormal with large, round hypoechoic mass effects. These are most consistent with renal tumors although bilaterally echogenic structures cannot be ruled out. I recommend FNA for cytology or fluid analysis to obtain more information. Additionally there is abnormal tissue caudal to the left kidney, which is concerning for either a metastatic lesion or reactive inflamed tissue. If FNA is not successful then consider CT scan to obtain more information. Nephrectomy is unlikely to be an option with both kidneys involved. I recommend blood pressure evaluation, urinalysis and culture.

There is a questionable splenic nodule evident. This could be a benign or neoplastic lesion. Consider FNA or continued monitoring. I recommend three view thoracic radiographs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Erin Folk AH

REFERRING VET

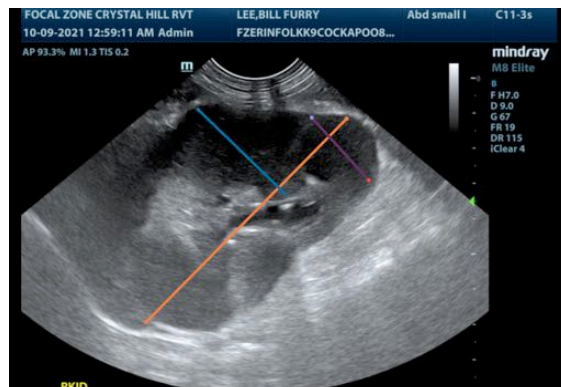
Dr. Soliman

INVOICE

92288

DATE

10/8/21





PATIENT

Bill Furry Lee

SPECIES

Canine

BREED

Cockapoo

SEX

Intact male

AGE

8 years

WEIGHT

9.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Erin Folk AH

REFERRING VET

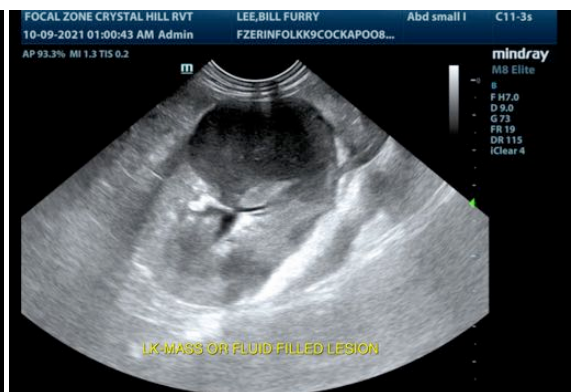
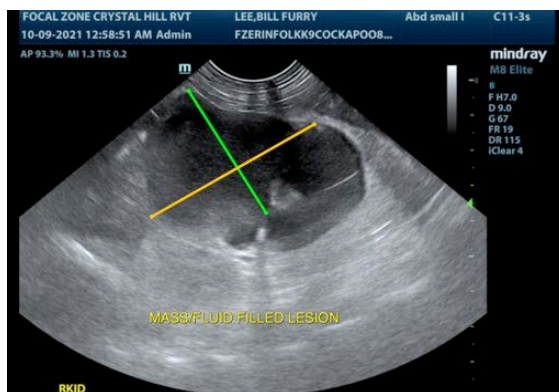
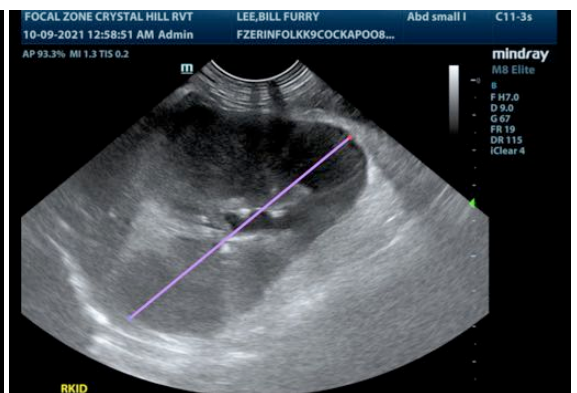
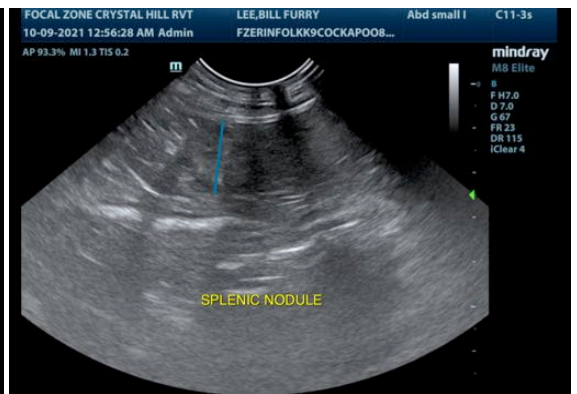
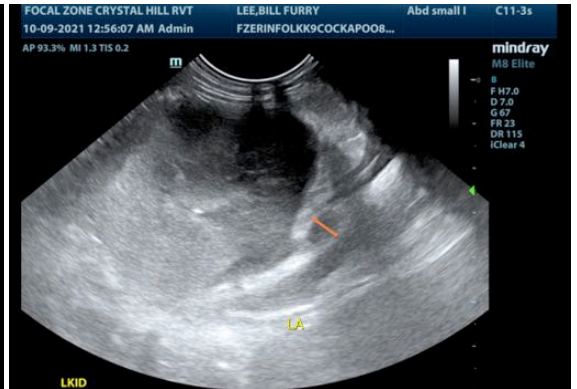
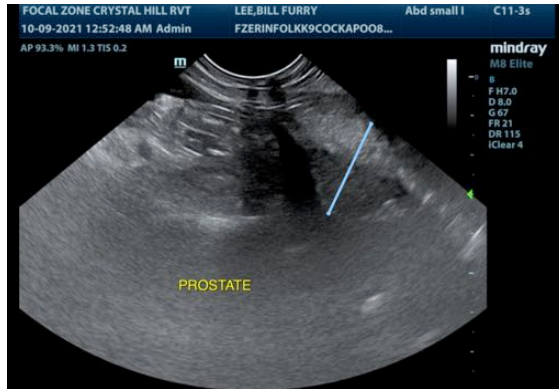
Dr. Soliman

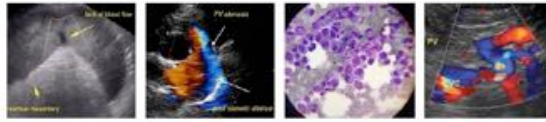
INVOICE

92288

DATE

10/8/21





PATIENT

Bill Furry Lee

SPECIES

Canine

BREED

Cockapoo

SEX

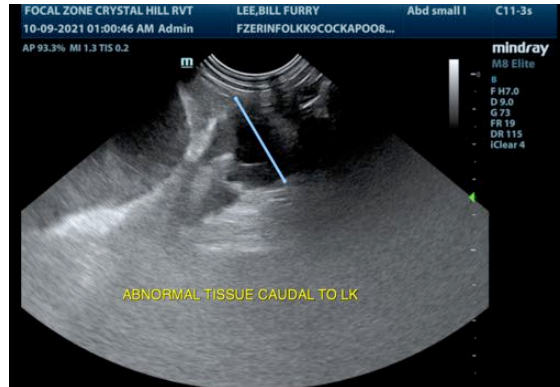
Intact male

AGE

8 years

WEIGHT

9.9 kg



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

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Erin Folk AH

REFERRING VET

Dr. Soliman

INVOICE

92288

DATE

10/8/21