**PATIENT**

Greta Khan

SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

3 Years

WEIGHT

49 Pounds

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stacy Kula

INVOICE

37204

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Blood in urine

Abnormal PE/Chem/CBC/UA Results: Blood becoming more invasive, did not respond to antibiotics.
Radiographs did not show any stones**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is well distended. The wall is smooth and regular. There is no evidence of cystoliths, polyps or a mass. A marked amount of echogenic debris is observed. The debris has formed large, organized "clumps" that have settled by gravity or are free floating. No obvious abnormalities are noted with the trigone.

Kidneys

The **left** kidney measures 7.84 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is hyperechoic.

A large heterogeneous mass is observed where the **right** kidney should be located. It measures at least 7.63 cm in diameter x 9.01 cm. in length. The mass is comprised of anechoic, hypo and hyperechoic regions. It is only slightly vascular in a few areas. The proximal ureter measures approximately 3.15 cm, 2.15 cm mid-ureter and 1.65 cm distally. Well organized echogenic material is present within the ureter, forming mass like lesions and then free flowing debris distally. The mesentery surrounding the ureter is markedly hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.75 cm at the cranial pole, 0.97 cm at the caudal pole and 2.65 cm in length. The gland is enlarged, however, no abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

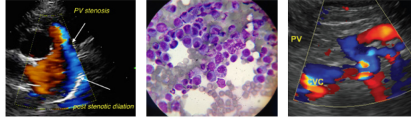
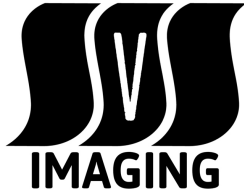
The **right** adrenal gland measures 0.93 cm at the cranial pole, 0.75 cm at the caudal pole and 2.80 cm in length. The cranial pole is mildly hyperechoic compared to the remaining parenchyma. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels visualized.

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The gallbladder wall is within normal limits in thickness and echogenicity. A very small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

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Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

SEX

Spayed Female

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

The right limb is not visualized, however, abnormalities are observed with the left limb.

AGE

3 Years

Other**Lymph nodes**

No abnormalities are observed

WEIGHT

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Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

- The right kidney is replaced by a severely heterogeneous mass, a markedly dilated ureter with what appears to be multiple blood clots within it, as well as blood clots within the urinary bladder. The most likely differential diagnosis for a unilateral mass in such a young dog is a nephroblastoma, however, one cannot exclude a previous foreign body with secondary abscessation of the kidney. A carcinoma, adenocarcinoma or sarcoma are considered less likely.

IMAGING PERFORMED BY

Sarah Pender, CVT

- Bilateral adrenomegaly is attributed to adrenal hyperplasia secondary to chronic illness or stress due to underlying disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

SVS Imaging QC

Although a fine needle aspirate may be performed, there is a chance of a non-diagnostic result. Therefore, if the clients are willing, an exploratory laparotomy to perform a nephrectomy is suggested as the procedure will be both diagnostic and therapeutic.

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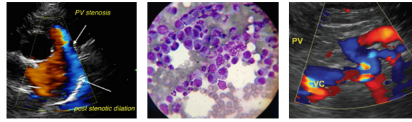
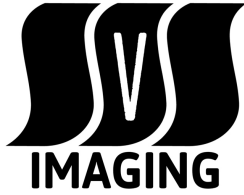
Greta should be blood typed prior to the procedure and the appropriate blood products should be available prior to the procedure.

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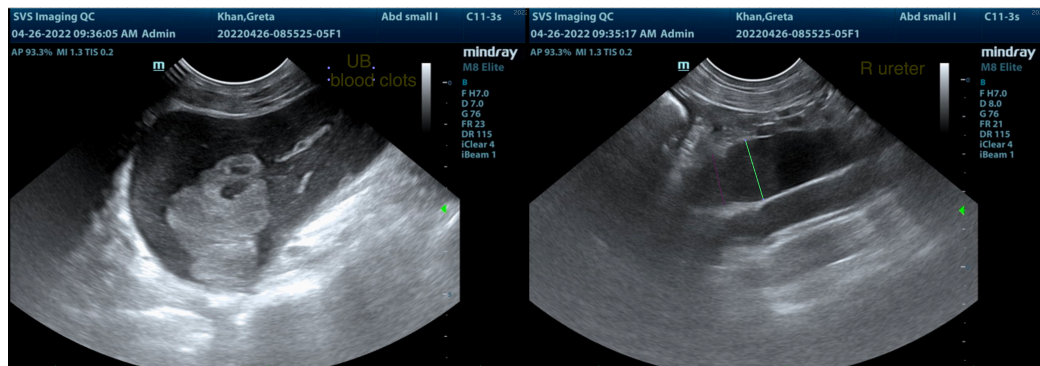
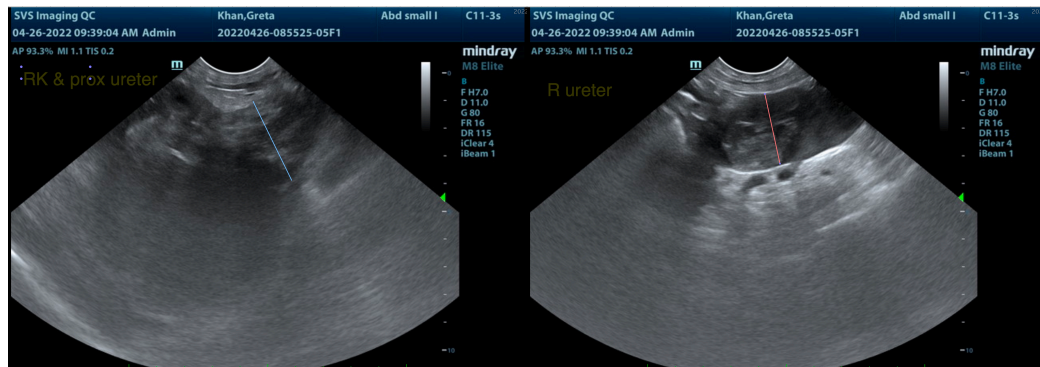
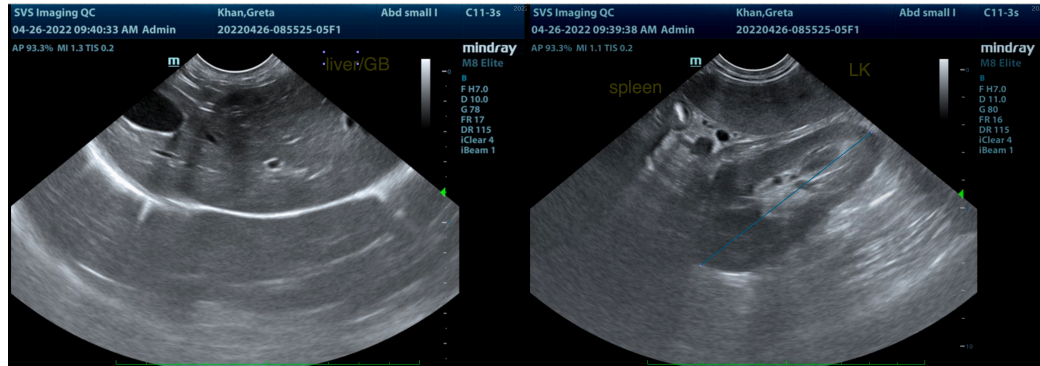
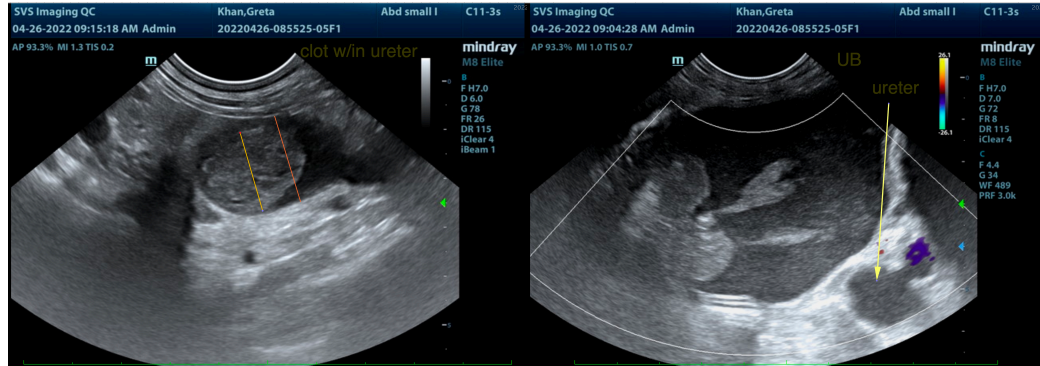
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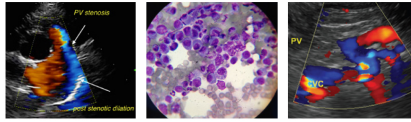
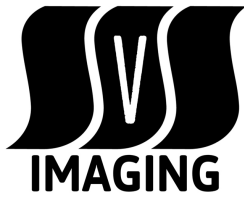
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svsimaging.net 309-737-3070



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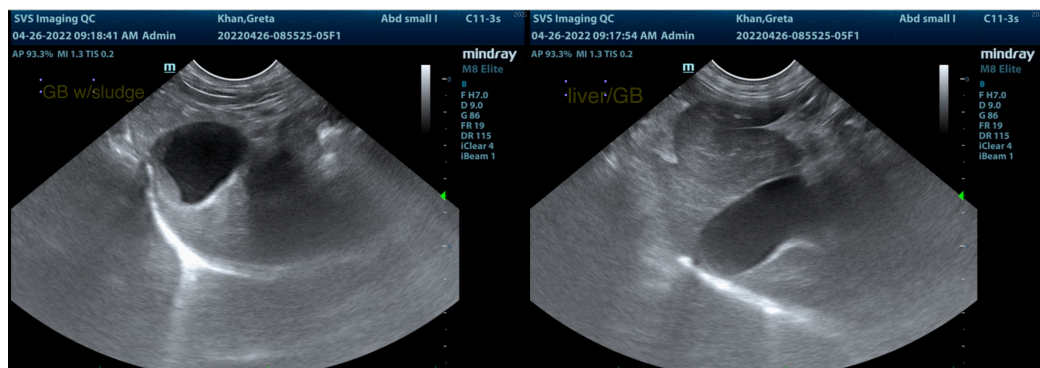
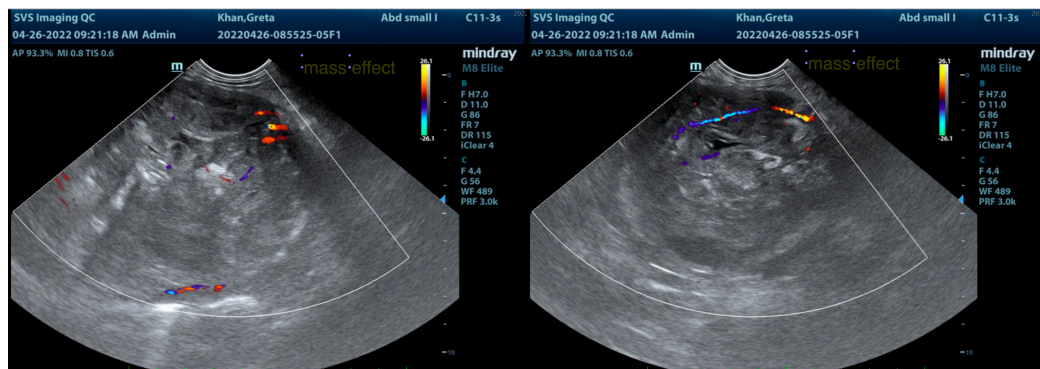
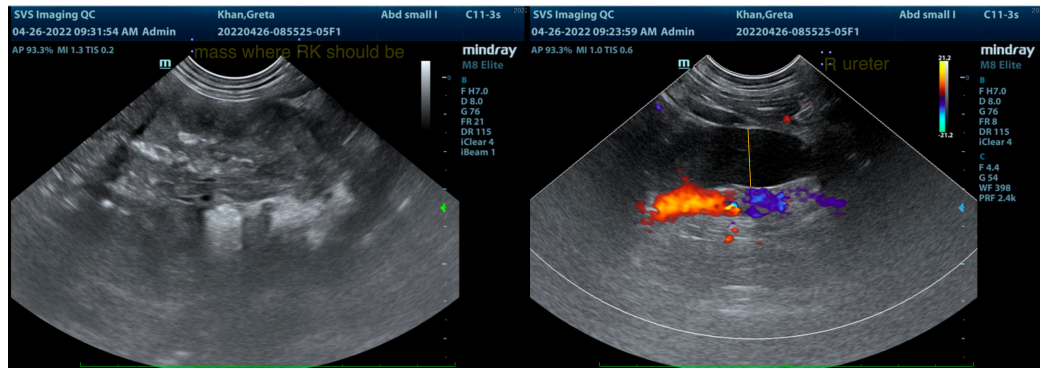
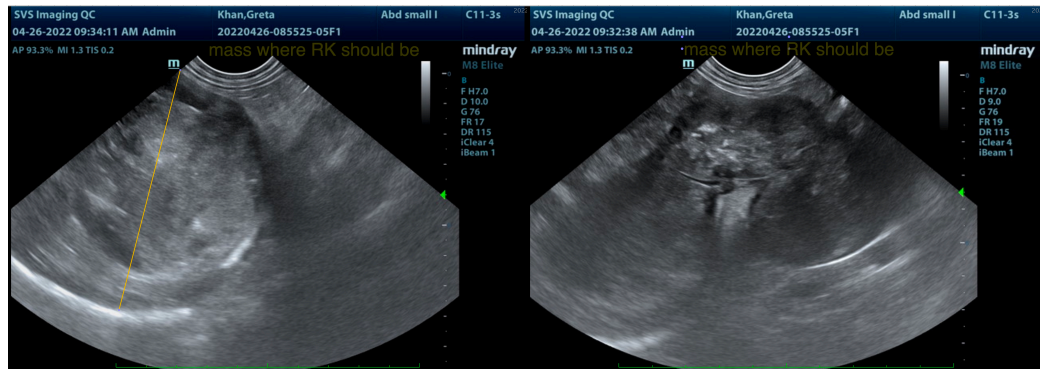
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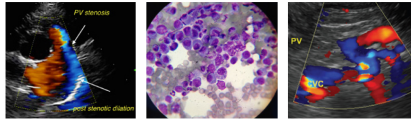
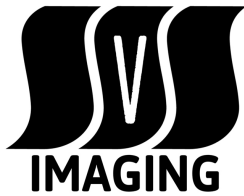
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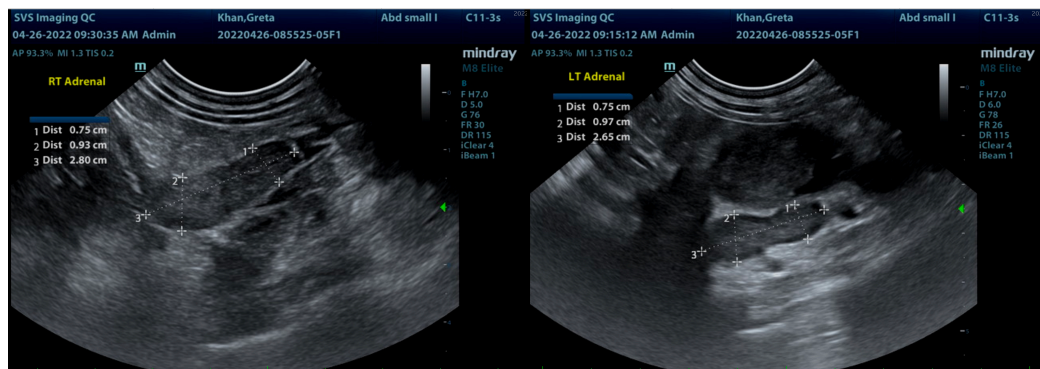
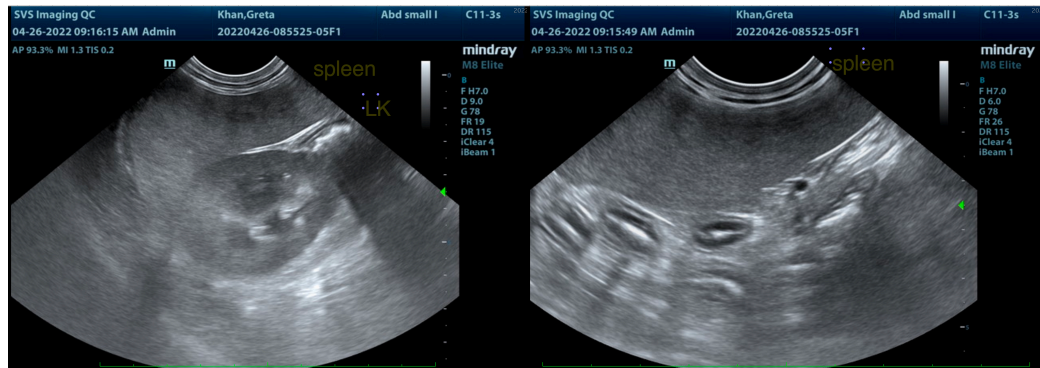
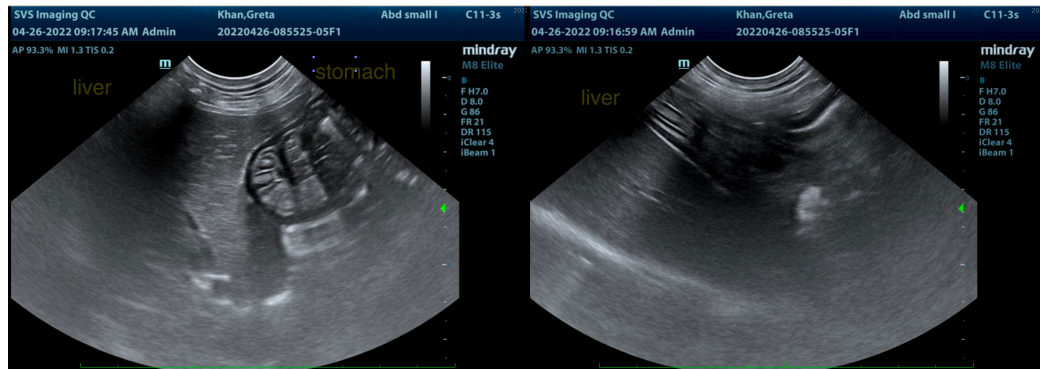
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com