

**PATIENT**

Jake Morgan

**PRESENTING CLINICAL SIGNS**

Large mid abdominal mass- splenic mass suspected.

Current meds: levothyroxine 0.5mg 1/2 BID

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA 16.5m Phos 6.1, T4 8.1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Maltese

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent accumulated mineral/sand to small calculus measuring ~ 0.8 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

MN

The left kidney exhibited moderate to marked generalized enlargement secondary to a large cyst like lesion occupying the mid to cranial kidney with associated capsule distortion. The cyst like lesion measured 9-9.5 cm in diameter. The cystic structure appeared to be thinly walled exhibiting mild irregular capsule asymmetry containing anechoic fluid with mild echogenic changes. Intact caudal left kidney corticomedullary architecture with mild to moderate loss of corticomedullary border demarcation was present. Possible concurrent mild left kidney pyelectasia was present.

**AGE**

11yr

**WEIGHT**

14.7lb

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral and minor pyelectasia was present. The right kidney measured 5.3 cm in length.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**IMAGING PERFORMED BY**

Jessica Miller

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole.

**HOSPITAL NAME**

Mt. Olive VH

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The caudal aspect of the spleen appeared to efface the large left kidney cystic lesion without evidence of involvement. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**REFERRING VET**

N/A

**INVOICE**

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**Liver/Gallbladder**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of

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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**SPECIES**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**SEX**

MN

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**AGE**

11yr

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

14.7lb

- Large left kidney cystic lesion-large renal cyst, potential for abscess or less likely neoplasia
- Right kidney moderate chronic changes with pinpoint medullary mineral and minor pyelectasia
- Mild dependent accumulated urinary bladder mineral/sand to small calculus
- Normal spleen

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An ultrasound guided centesis of the large left kidney cystic lesion with approach through intact cortex to prevent rupture or leakage with fluid analysis cytology +/- C/S could be considered. However, given the size of the left kidney cyst with potential for recurrence or progression, left nephrectomy may be ideal.

**IMAGING PERFORMED BY**

Jessica Miller

If drainage/centesis is elected, sonographic monitoring for evidence of progression/recurrence based on patient clinical impression would be ideal.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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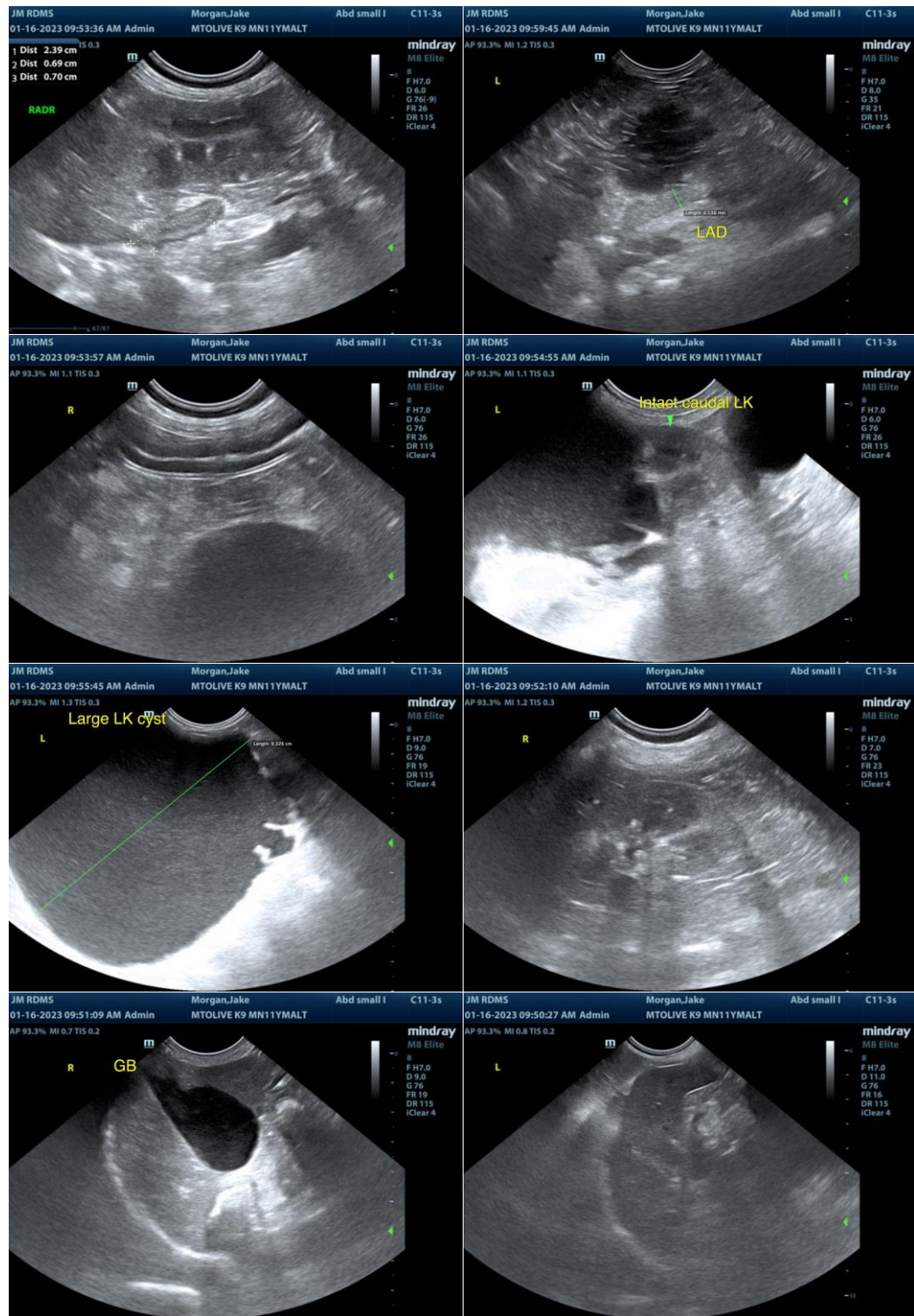
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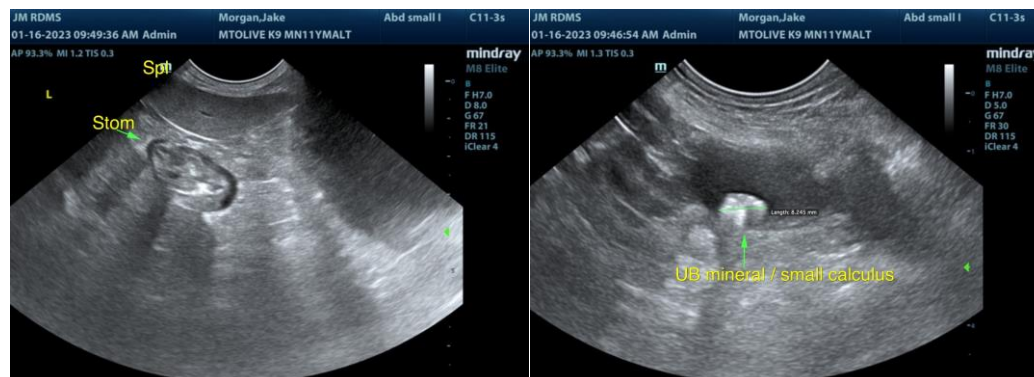
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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