



PATIENT PRESENTING CLINICAL SIGNS

Nisha Oster

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

History: Patient presented for evaluation of behavior changes; Dog has recently become dog aggressive - will lunge bite at other dogs during play and during routine interactions. Has not attacked dogs within residence. Behavior: Activity: P does seem to be weaker in her hind end. Over the past month she has also started to sit splay legged. She has been falling and getting knocked over more easily. Patient has been receiving Galliprant, Thyroxine, Tramadol Patient received Butorphanol for the first portion of AUS, was poorly compliant and required dexdomitor + additional butorphanol to complete AUS

Abnormal PE/Chem/CBC/UA Results: PE: - -Dog painful on extension of the right hip -- -Right ear has a lot of wax, moderate inflammation in the ear canal present. 8/19/2022 CBC is WNL Chemistry -- Albumin 2.6 (2.7-3.9) -- Amylase 336 (337-1469) -- SDMA 15 (0-14) Page 7 of 53 UA -- 1 plus protein -- 2 plus blood -- red blood cells seen -- 1 plus struvite crystal -- Rare epithelial cells. 9/1/2022: Re-check UA: -- 2 plus blood with rbc seen in sediment, some epithelial cells seen and some white blood cells, no bacteria seen and some unclassified cells seen. Blood has not resolved as well as the protein (seen on 8/18/2022), now there is some white blood cells. Urine C/S: neg for growth ABD rads: Lateral and VD of the abdomen shows no signs of any renal or bladder stones. Nothing else abnormal seen in the x-rays.

AGE

9 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

WEIGHT

33 kg

No overt pathology in the area of the uterine remnant.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Patti Mayfield, DVM

The left kidney was enlarged with marked loss of corticomedullary border demarcation and overall loss of left kidney architecture. The left kidney measured 6.3 cm in length. Several to multiple thinly walled cysts were present containing anechoic fluid. An example of left kidney cyst measured 1.4 cm in diameter. Pinpoint areas of medullary mineral noted.

HOSPITAL NAME

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A mild to moderately expansive nonhomogeneous mass was present in the subjective mid to cranial right kidney with associated regional parenchymal distortion, measuring approximately 4.0 cm in diameter. Concurrent mild right kidney hydronephrosis was present. The right kidney measured 9.6 cm length. Subtle evidence of right increased retroperitoneal echogenicity noted.

Adrenal Glands

REFERRING VET

Kevin Long, DVM

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.45 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized yet did not overtly appear to be involved or infiltrated by the right kidney mass, measuring 0.68 cm at the caudal pole in width.

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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

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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.

Liver

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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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

WEIGHT

33 kg

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.

Free Abdomen

INTERPRETED BY

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

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Patti Mayfield, DVM

- Sonographically normal urinary bladder
- Left kidney mild chronic renal changes with multiple cysts
- Right kidney mass with concurrent renomegaly and mild hydronephrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the right kidney mass is most suggestive of neoplastic criteria with possible some degree of obstruction to urine outflow and secondary hydronephrosis. It is suspected that the urinalysis abnormalities are most likely secondary to the right kidney pathology. FNA cytology of the right kidney mass, if accessible is warranted for further assessment and potential for oncology consult. Given this presentation, abdominal CT is likely ideal for further clarification of the right kidney mass, assessment for possible nonobvious perinephric metastasis, as well as surgical planning if surgery is a potential in this case. Three-view chest radiographs are recommended if not done.

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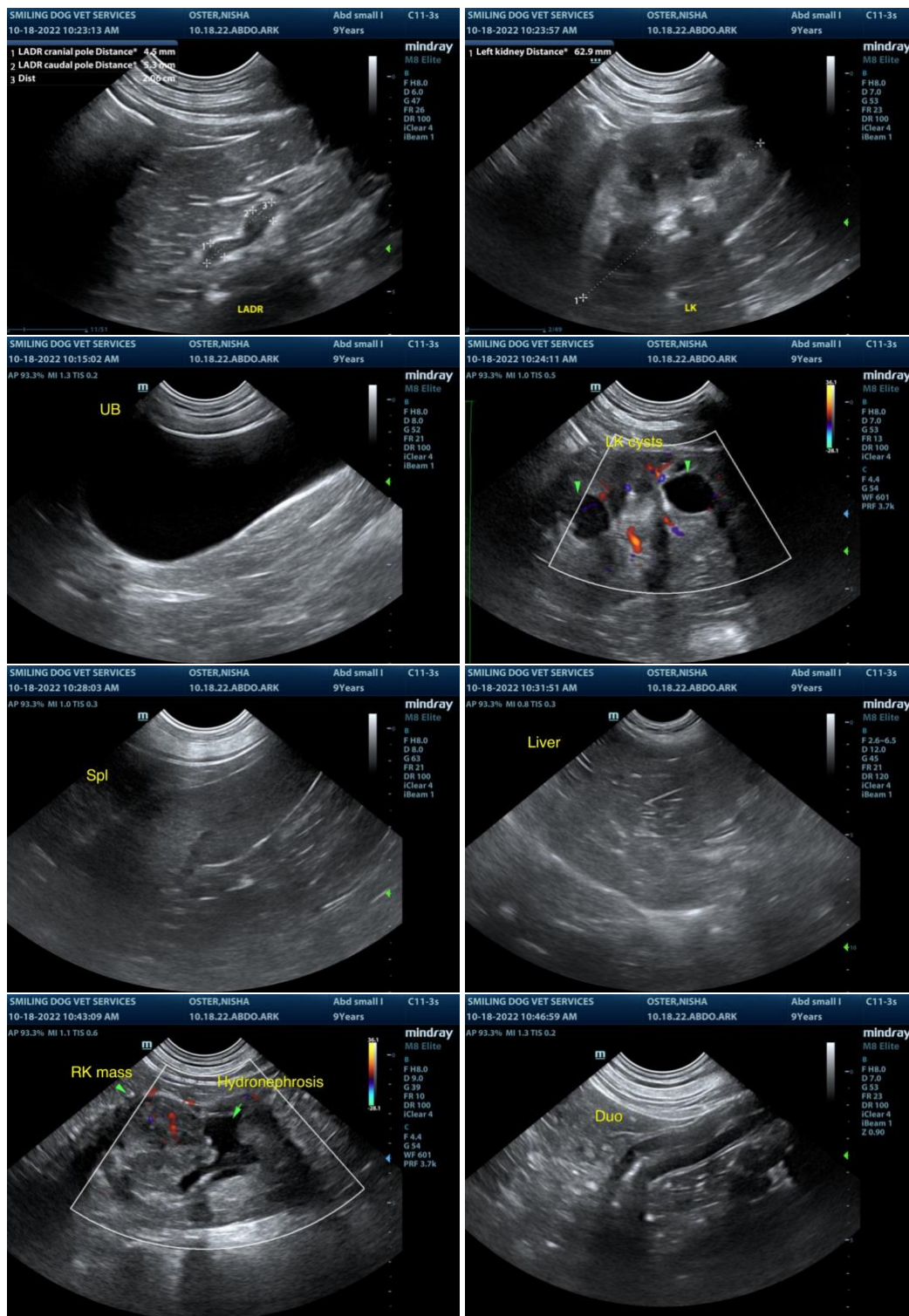
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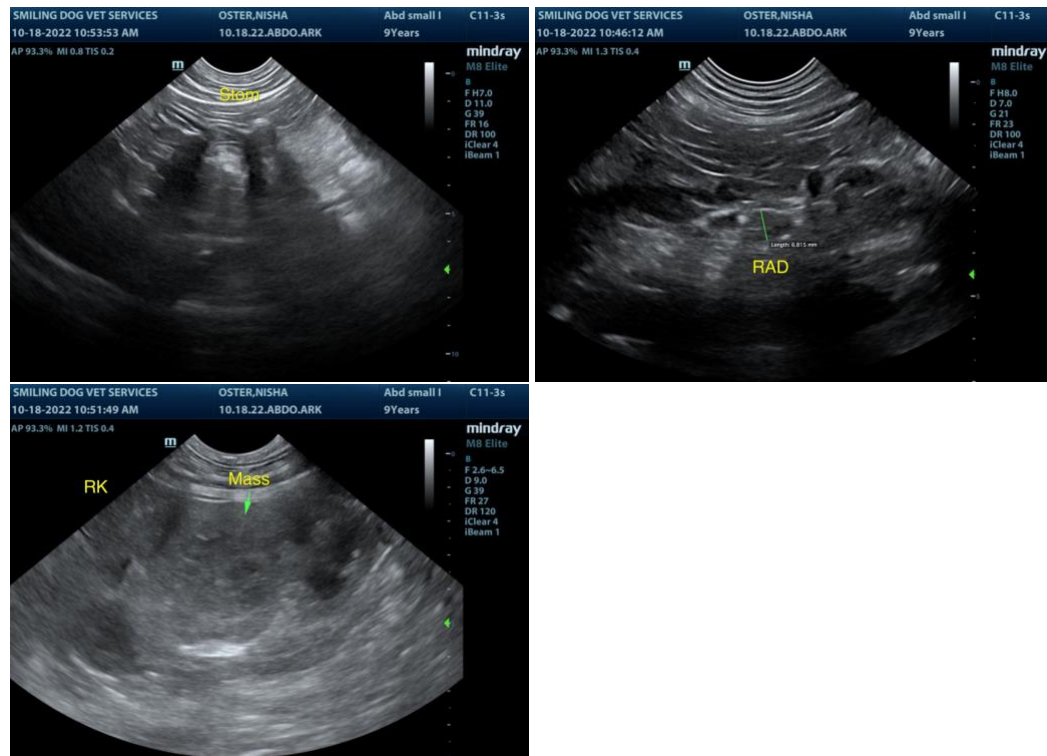
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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