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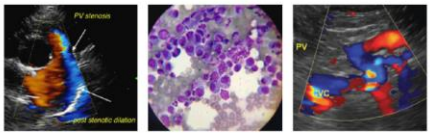
fredgromalak@gmail.com



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Clinical Sonography & Telecytology
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PATIENT

Lula Dammen

SPECIES

Canine

BREED

St. Bernard

SEX

FI

AGE

11mo

WEIGHT

86lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Weidman

INVOICE

11938ag

DATE

10/19/2022

PRESENTING CLINICAL SIGNS

History of not eating vomiting on and off for 2 days. Febrile, temperature today 103.7. Radiographs show loss of detail in peritoneal area. Difficult to identify kidney.

Abnormal PE/Chem/CBC/UA Results: WBC elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Pinpoint areas of minor luminal mineral were present. 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.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.8 cm in length.

The right kidney was mildly enlarged compared to the left kidney exhibiting increased cortex echogenicity and mild to moderate loss of corticomedullary border demarcation. Mild right kidney pyelectasia was present. The right kidney measured 9.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterus was indistinctly visualized yet without overt evidence of pathology or luminal fluid accumulation. The left and right ovaries were not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was indistinctly visualized. The right adrenal gland measured 0.50 cm width at the caudal pole.

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 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

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.

Gastrointestinal

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.

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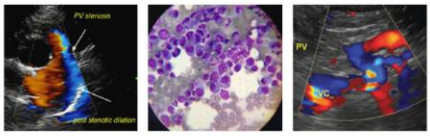

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

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

Moderate increased right retroperitoneal echogenicity with concurrent retroperitoneal free fluid exhibiting potential for mild fluid echogenic changes which may suggest fluid cellularity. The fluid appeared to extend from the level of the right kidney caudally to the approximate level of the iliac trifurcation.

Focal, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.6 cm x 0.7 cm. Not overtly consistent with inflammatory or neoplastic criteria.

No evidence of omental lymphadenopathy or masses.

ULTRASONOGRAPHIC FINDINGS

- Suspect non-specific right kidney nephritis with concurrent right retroperitonitis
- Overtly normal left kidney
- Mild medial iliac lymphadenopathy-subjectively benign/reactive
- Sonographically normal urinary bladder with pinpoint minor dependent luminal mineral
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Retroperitoneal fluid analysis cytology as well as C/S is recommended for further assessment if clinically indicated. Gross external investigation in the area of the right kidney for evidence of potential penetrative trauma may be considered. The potential for emerging non-specific right retroperitoneal neoplastic process cannot be definitively excluded.

A urine C/S on a sterile urine sample is recommended to assess for evidence of right pyelonephritis. CT assessment pending additional diagnostics may be considered for further assessment of the right kidney and right retroperitoneal space.

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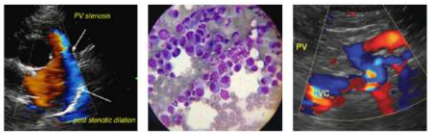

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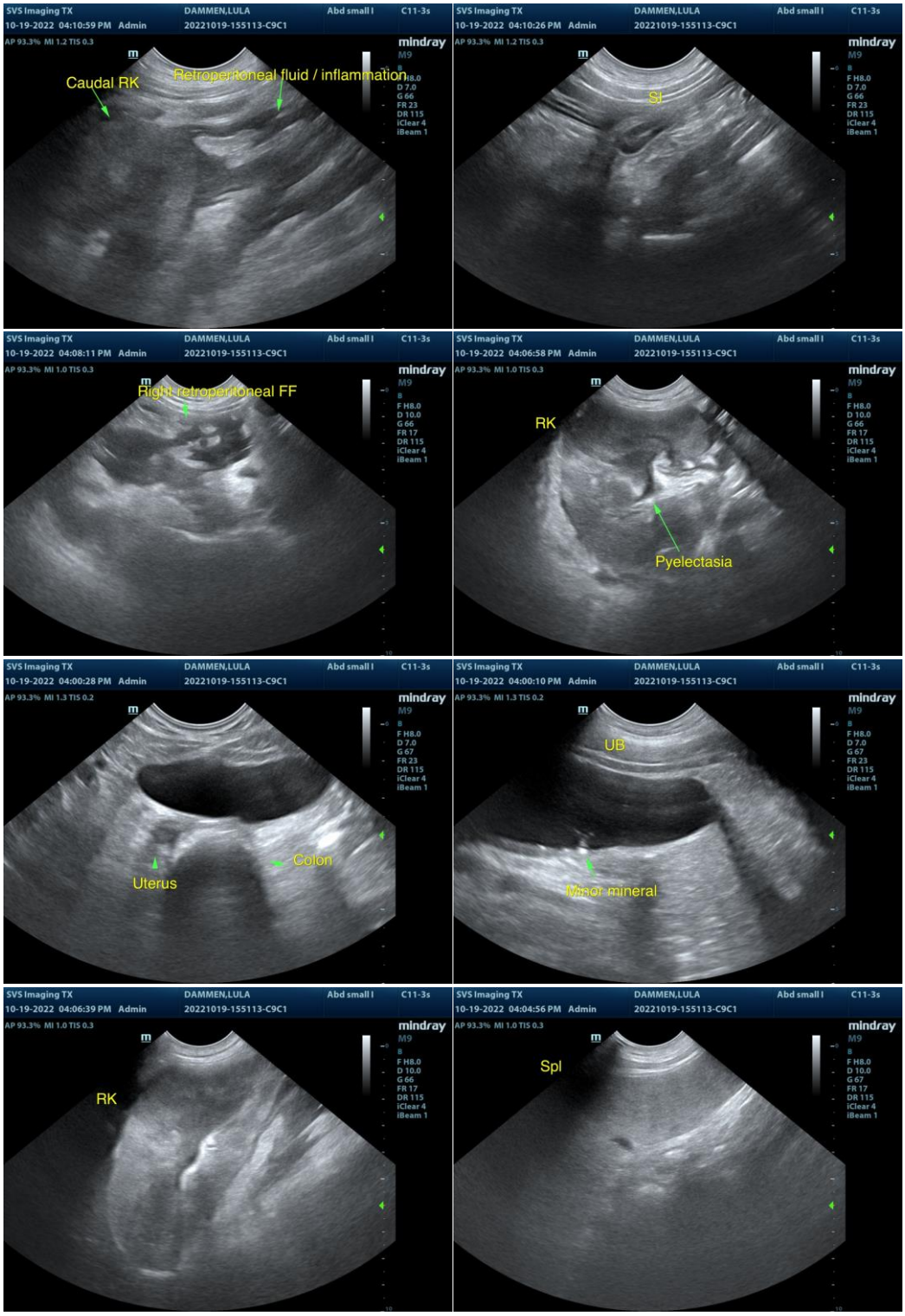

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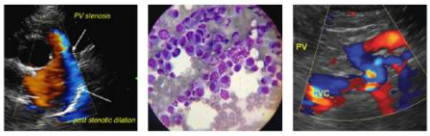

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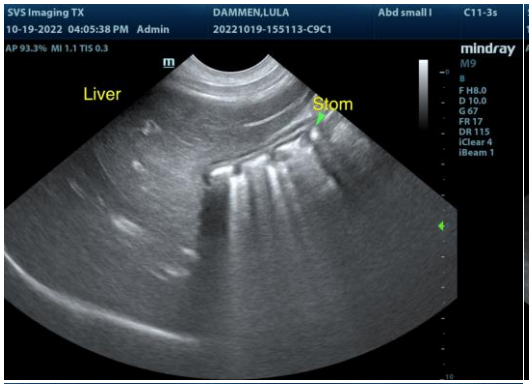

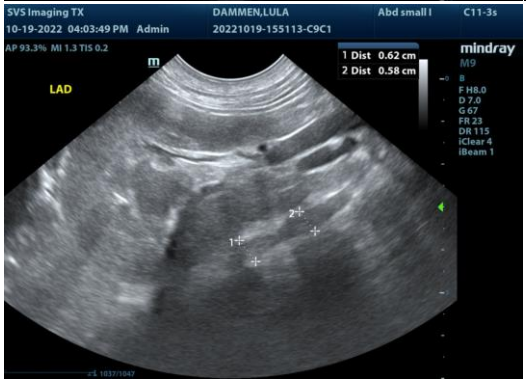

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com