



PATIENT

Thor Aucoin

PRESENTING CLINICAL SIGNS

Recurrent episodes of GI upset (vomiting, diarrhea). Had cystotomy for bladder stones a couple weeks ago. Collapsing type episode a few days ago.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Neutrophilia and monocytosis. Mild elevated globulins, mild elevation in ALP. USG 1.010, ph 9.0, mild pyuria, no bacteria seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

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 to focally adhered luminal mineral. Mild irregular cystitis pattern was present primarily ventral to ventroapical urinary bladder exhibiting mild asymmetrical surface contour. No evidence of neoplastic criteria was present.

SEX

MN

The left kidney was mildly enlarged in size compared to the right kidney. An ill-defined non-homogeneous mass/lesion was present in the left kidney with concurrent cystic component. Potential for subcapsular or mild associated retroperitoneal fluid possible.

AGE

9yr

Normal size and margination were present in the right 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.

WEIGHT

33kg

The left kidney measured 8.5 cm in length. The right kidney measured 7.5 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 measuring 1.1 cm in diameter.

IMAGING PERFORMED BY

Dr. Barthelemy

Adrenal Glands

The left adrenal gland was indistinctly visualized owing to regional periadrenal artifact. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.6 cm width at the cranial pole.

HOSPITAL NAME

Alpine 24 Hour Pet Hospital

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.

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Liver

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

INVOICE

12102ag

DATE

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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 mild to moderately gas distended with potential for minor retained fluid/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

AGE

9yr

No omental masses or peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric 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).

WEIGHT

33kg

ULTRASONOGRAPHIC FINDINGS

- Mild primarily dependent to adhered urinary bladder mineral with mild ventroapical cystitis pattern
- Left kidney mass/lesion with cystic component
- Benign hepatopathy-subjective vacuolar hepatopathy pattern
- Overtly normal GI tract
- Heterogeneous pancreas-age related pancreatic changes, remodeling owing to previous inflammation or low grade to chronic pancreatitis possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Barthelemy

A urine C/S on sterile urine sample is recommended. Assuming normal clotting status and using a 25g needle, a left kidney mass FNA for screening cytology is warranted for further assessment. Dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal, less likely infiltrative GI neoplasia are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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

Pending left kidney mass cytology, abdominal CT for further clarification and assessment for potential regional metastasis as well as surgical planning is likely ideal if left nephrectomy is a potential in this case.

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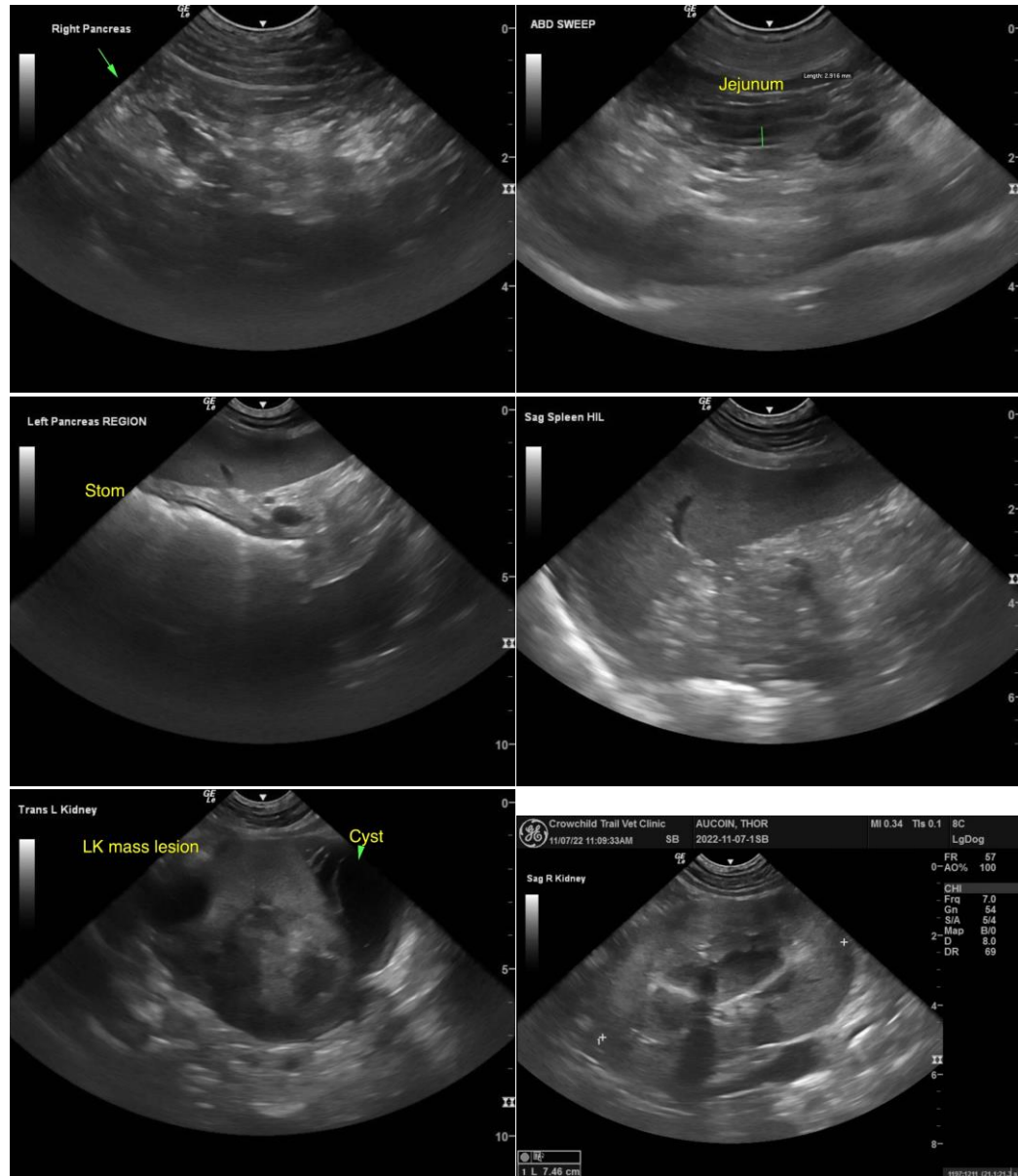
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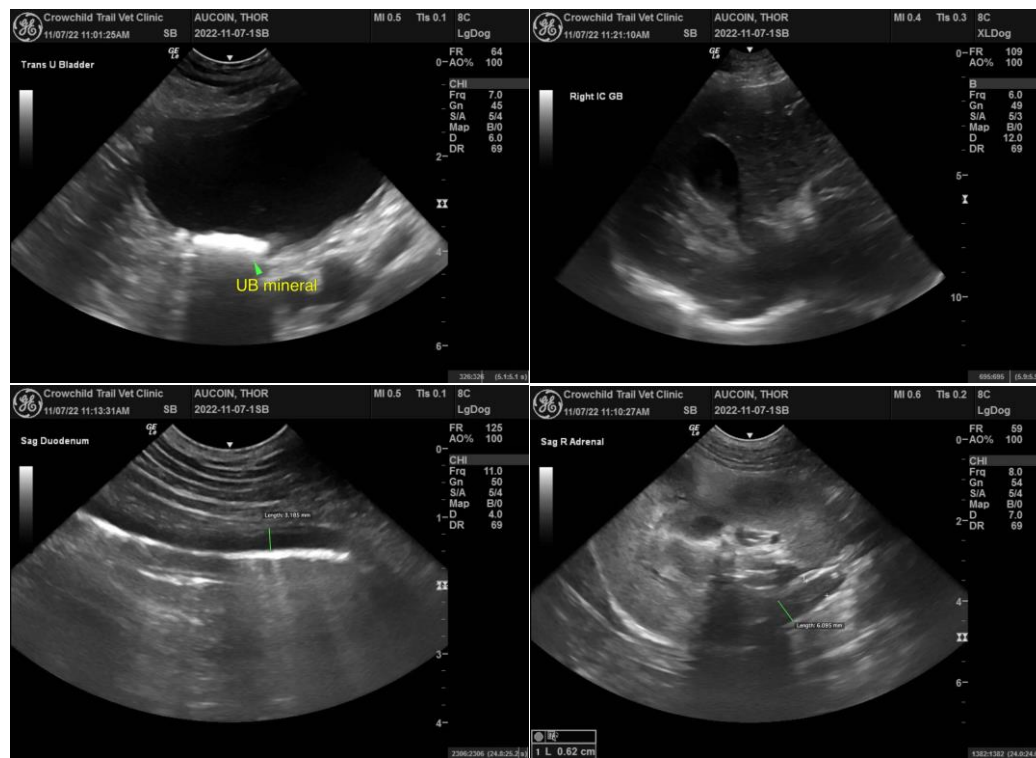
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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