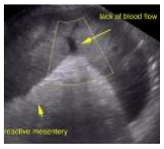
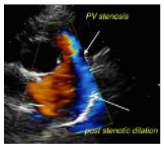
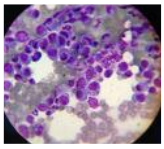
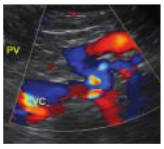
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Emma Moore

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

36 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Millbrook AC- VBF

REFERRING VET

Dr. Sorbo

INVOICE

20922

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: January 4th presenting for hyporexia/anorexia, new lesion on RHS of the neck identified, believed to be of thyroid origin (the neck lesion was imaged in today's series and submitted for FNA cytology). Was given Convenia t this visit by attending vet. P has been on levothyroxine for 8 years but nt had any for the past 3 weeks. On 1/18 attending doctor rx'd Clavamox. Presented to me for FNA of thyroid(?) mass and blood work, which evolved to an abdominal assessment after identification of severe azotemia.

Abnormal PE/Chem/CBC/UA Results: Historical labs form August 2022: UPCr 2.7, USG 1.010, no azotemia. Today: RHS neck 3cm firm SQ lesion. Severe periodontal disease. 5/5 on the FAS score (anxious). Labs: Creatinine higher than upper limit, BUN 128, Phosphorous 9.0, HCT 44%, Alb 3.2 (wnl), glob 3.4 (wnl). USG 1.008, no sediment. 4DX -> new Anaplasma + BP 170mmHg, but P very distressed here. Gave Cerenia, SQF, sending home with doxycycline for possible Lyme false -ve and cover lepto. CXR review pending. No obvious chest mets seen. FNA cytology of thyroid(?) mass sent out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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. The proximal urethra was overtly normal in structure and tone to a depth of 2.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The left kidney was normal in size with asymmetrical margination. Mild cortical hypertrophy was present in the left kidney with mildly nonuniform increased cortex echogenicity. Moderate to marked loss of corticomedullary border demarcation and subjective mild reduced medullary volume were noted. Pinpoint hyperechoic corticomedullary foci were present, which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. Mild pyelectasia, intermittent cortical cysts, mild left retroperitoneal free fluid were noted. The left kidney measured 6.4 cm. Concern for chronic progressive renal failure, underlying nonspecific nephritis, such as glomerulonephritis is warranted.

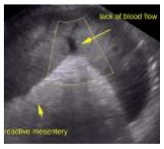
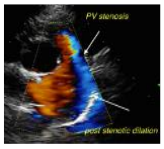
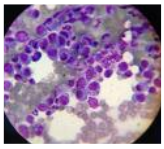
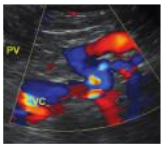
The right kidney was mildly subnormal in size compared to the left with asymmetrical margination. Mild cortical hypertrophy was present in the right kidney with mildly nonuniform increased cortex echogenicity. Moderate to marked loss of corticomedullary border demarcation and subjective mild reduced medullary volume were noted. Pinpoint hyperechoic corticomedullary foci were present, which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. Moderate pyelectasia and intermittent cortical cysts were noted. The right kidney measured 5.0 cm. No evidence of right retroperitoneal free fluid. Concern for chronic progressive renal failure, underlying nonspecific nephritis, such as glomerulonephritis is warranted.

Adrenal Glands

The left adrenal gland was indistinctly visualized, subjectively measuring 0.7 cm at the caudal pole in width.

The right adrenal gland was not visualized.

Spleen

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The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity. A discrete hyperechoic perihilar nondisruptive nodule was present, consistent with benign myelolipoma. No splenic mass was noted. Splenic vascularity was normal.

Liver

The liver was subjectively enlarged in size with symmetrical capsule contour. Generalized increased parenchyma echogenicity was present with a focal, nondisruptive, discrete hypoechoic intraparenchymal nodule in the ventral liver, measuring 2.6 cm in diameter.

The gallbladder was non-distended in size with primarily anechoic content and mild nonorganized echogenic luminal debris. 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 contained moderate, variably echogenic, nonshadowing ingesta without signs of 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.

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

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

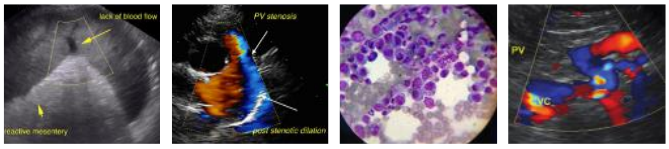
Other

A brief examination of the neck revealed well-demarcated, spherical, nonhomogenous, nonmineralized vascular mass, measuring approximately 3.4 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Neck mass- depending on location, thyroid or lymphatic origin is suspected. Neoplastic criteria is favored.
- Bilateral chronic degenerative kidneys with subjective mild subnormal right kidney size and mild left retroperitoneal free fluid
- Age-related spleen
- Hepatomegaly, exhibiting generalized hyperechoic to focal hypoechoic nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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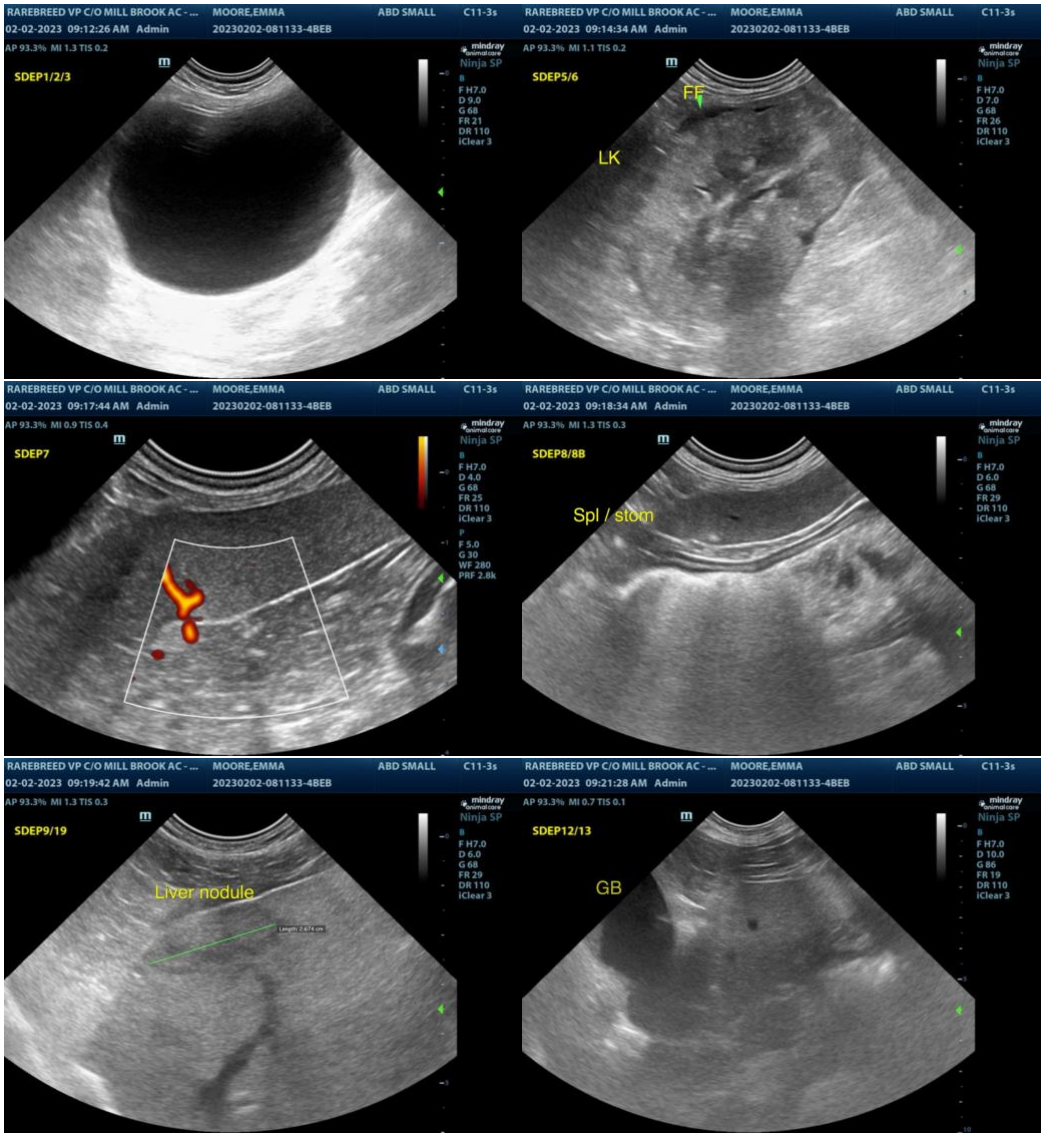
Correlation of the neck mass with pending cytology and T4 levels, if not done, is suggested.

Sonographically, the bilateral renal presentation is suggestive of non-specific chronic degenerative nephropathy, as opposed to acute kidney insult or injury. Neoplastic criteria, specifically involving the left kidney, cannot be excluded, yet considered less likely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Concurrent hepatic FNA cytology, assuming normal clotting status, could be considered for further assessment.



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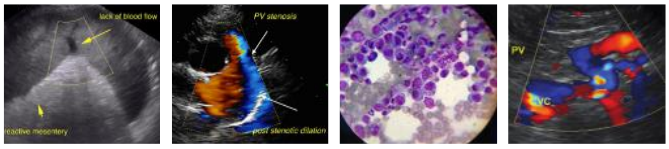

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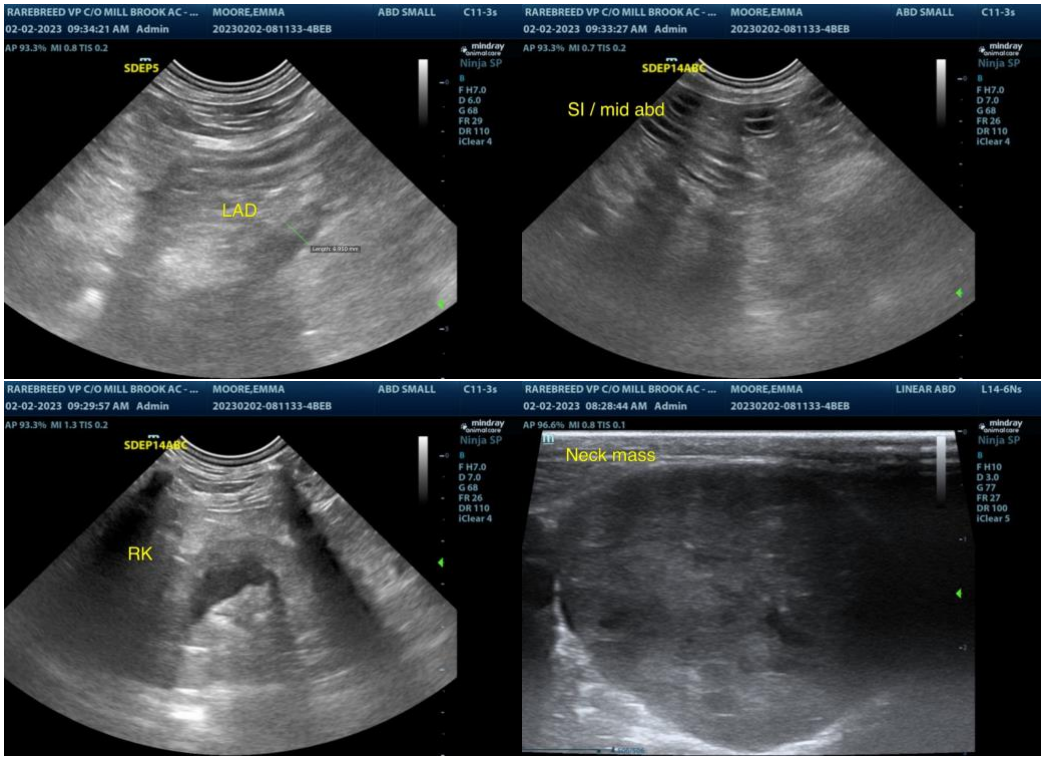

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com