



PATIENT

Daisy Rodriguez

SPECIES

Canine

BREED

Toy Poodle

SEX

FS

AGE

9yr

WEIGHT

19.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Kim

INVOICE

13049ag

DATE

02/21/2023

PRESENTING CLINICAL SIGNS

Patient has high kidney levels, so recommended a full ultrasound of the abdomen. pet has been lethargic for a couple days, not eating drinking a lot of water.

Abnormal PE/Chem/CBC/UA Results: RBC 1.66 5.65 - 8.87 M/ μ L LOW HCT 11.3 37.3 - 61.7 % LOW HGB 4.4 13.1 - 20.5 g/dL LOW MCH 26.4 21.2 - 25.9 pg HIGH MCHC 38.9 32.0 - 37.9 g/dL HIGH RDW < 6.0 13.6 - 21.7 % LOW RETIC 330.8 10.0 - 110.0 K/ μ L HIGH WBC 18.51 5.05 - 16.76 K/ μ L HIGH NEU 16.10 2.95 - 11.64 K/ μ L HIGH LYM 0.96 1.05 - 5.10 K/ μ L LOW MONO 1.42 0.16 - 1.12 K/ μ L HIGH EOS 0.03 0.06 - 1.23 K/ μ L LOW PLT * 38 148 - 484 K/ μ L LOW

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. 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.

An irregular non-homogenous to cavitated retroperitoneal mass was present in the area of the right kidney measuring ~ 6.4 cm in diameter. The mass appeared to involve the right kidney with ill-defined mid to caudal right kidney architecture and loss of corticomedullary border demarcation. Subjective mild discernable right kidney hydronephrosis was present. The overall right kidney measured 8.2 cm in length.

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 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. No evidence of splenic masses, nodules or overt neoplastic criteria.

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.



PATIENT	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.
Daisy Rodriguez	
SPECIES	Gastrointestinal
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.
BREED	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.
Toy Poodle	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
FS	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	Free Abdomen
9yr	Mild volume peritoneal to retroperitoneal free fluid was present. Possible left abdominal non-homogenous to swollen mesenteric lymphadenopathy although potential extension of the right retroperitoneal mass into the area of the left retroperitoneal space could be possible. The potential mesenteric lymph node measured ~ 2.5 cm in diameter.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
19.7lb	<ul style="list-style-type: none"> • Non-homogenous to cavitated right retroperitoneal mass • Indistinct caudal right kidney with mild right kidney hydronephrosis • Sonographically unremarkable left kidney • Peritoneal/retroperitoneal effusion • Non-specific mild hepatomegaly • Sonographically normal urinary bladder/spleen
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The right retroperitoneal mass is most likely consistent with neoplastic criteria of renal origin. The potential for adrenal origin of the mass involving the right kidney cannot be definitively excluded.
IMAGING PERFORMED BY	A screening BP is advised to assess for evidence of hypertension. Assuming normal clotting status a retroperitoneal mass FNA for screening cytology is warranted for further assessment. Effusion analysis cytology +/- C/S could be considered for further clarification. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
Dr. Kim	
HOSPITAL NAME	The left kidney did not appear to be sonographically end stage. Referral for CT could be considered for assessment of possible surgical options.
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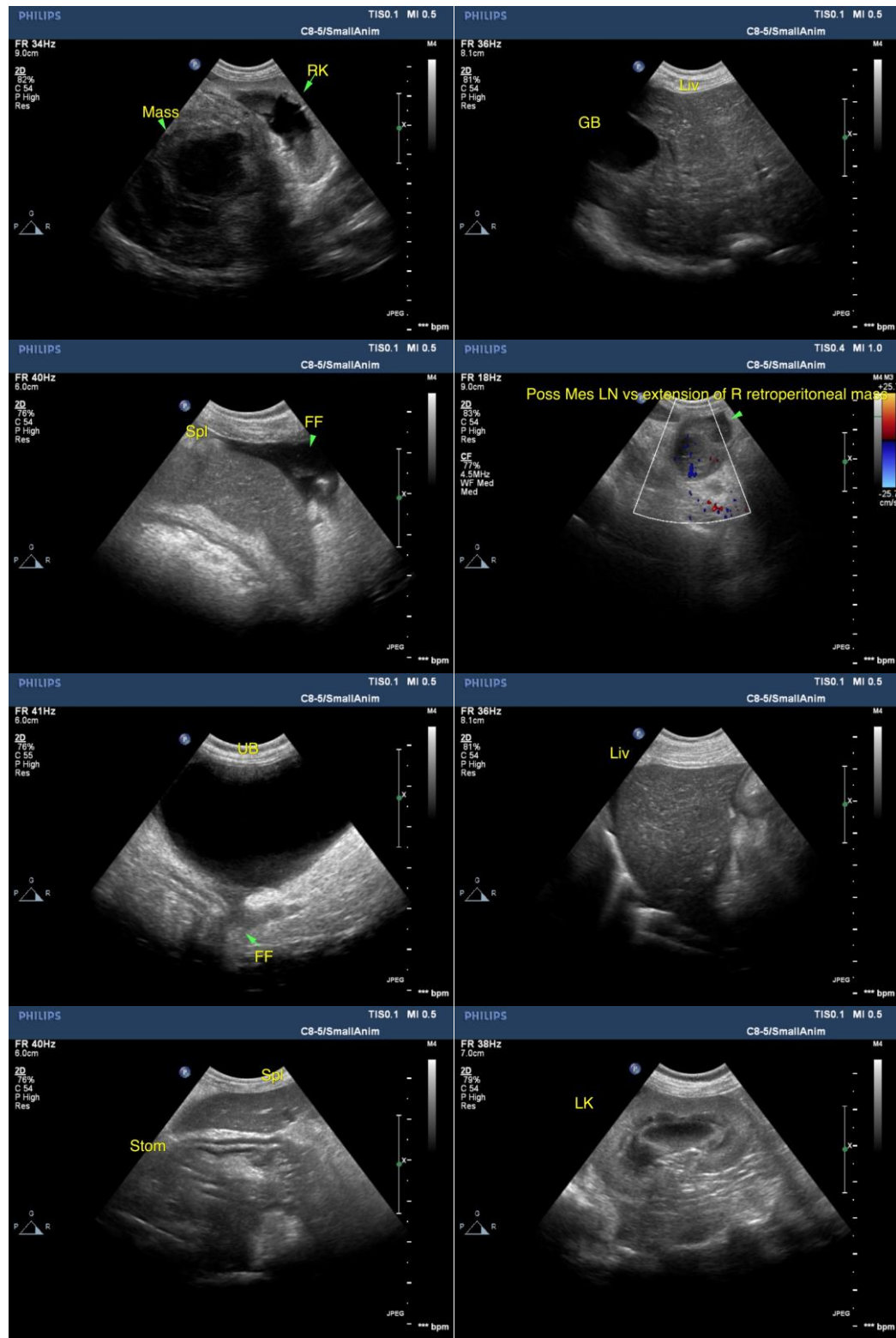
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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mac.daniel@sonopath.com

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