



PATIENT	PRESENTING CLINICAL SIGNS
Romeo Scaglione	Patient presents for possible abdominal mass, uncontrolled diarrhea, and incontinence.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Monocytosis, mildly elevated ALT/ALP, hyperglobulinemia.
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Pomeranian Mix	The urinary bladder presented subnormal size which prohibited full evaluation of the urinary bladder walls. Potential for generalized urinary bladder mural inflammation is possible with ventral urinary bladder wall measuring 0.7 cm width. Minimal anechoic urine was present with no sediment or calculi.
SEX	The residual prostate was ill visualized owing to regional inflammation, subjectively measuring 1.1 cm diameter. Overt residual prostatic neoplastic criteria was not evident.
MN	The left kidney exhibited moderate to severe hydronephrosis exhibited by the replacement of discernable medullary parenchyma with anechoic fluid. The remaining cortex parenchyma was present. Concurrent variable yet significant left hydroureter exiting the left kidney extending caudally was present. Left ureter dilation measured 0.75 cm. Regional left retroperitonitis was present. The left kidney measured 4.7 cm in length.
AGE	The left kidney exhibited moderate to severe hydronephrosis exhibited by the replacement of discernable medullary parenchyma with anechoic fluid. The remaining cortex parenchyma was present. Concurrent variable yet significant left hydroureter exiting the left kidney extending caudally was present. Left ureter dilation measured 0.75 cm. Regional left retroperitonitis was present. The left kidney measured 4.7 cm in length.
12 years	Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present. No evidence of right kidney hydronephrosis or right hydroureter was noted. The right kidney measured 5.7 cm in length.
WEIGHT	Adrenal Glands
16 lbs.	The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.49 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Vazquez	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.
HOSPITAL NAME	
Ridge Road AH	
REFERRING VET	
Dr. Pathak	
INVOICE	
13434	
DATE	
2/25/22	



PATIENT

Romeo Scaglione

SPECIES

Canine

BREED

Pomeranian Mix

SEX

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AGE

12 years

WEIGHT

16 lbs.

INTERPRETED BY

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with minor retained anechoic fluid.

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.

The distal descending colon and colorectum walls presented intact yet prominent wall layering with mildly thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

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 were evident.

Free Abdomen

Unspecified, nonhomogeneous caudal abdominal mass measuring 5.0-6.0 cm in diameter was present. Regional, nonuniform reactive mesentery was noted around the mass involving the generalized cranial abdomen. Mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogeneous caudal abdominal mass with associated regional peritonitis
- Moderate to severe left kidney hydronephrosis with concurrent left hydroureter
- Subnormal urinary bladder size, potential cystitis
- Moderate descending colitis likely involving the rectum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the unspecified caudal abdominal mass is suggestive of undifferentiated neoplastic criteria with nonneoplastic etiologies such as consolidated abscess, necrotic granuloma, or similar possible, yet thought less likely.

The degree of left kidney hydronephrosis with concurrent left hydroureter is consistent with obstructive left ureter etiology potentially owing to the unspecified caudal abdominal mass, although concurrent obstructive pathology at the level of the urinary bladder cannot be excluded. The left kidney is not likely functional at this stage. Sampling of the unspecified caudal abdominal mass is required for further clarification.

Given this presentation, referral for CT for further definition and assessment of potential therapeutic options is recommended if possible. A very guarded prognosis is warranted.



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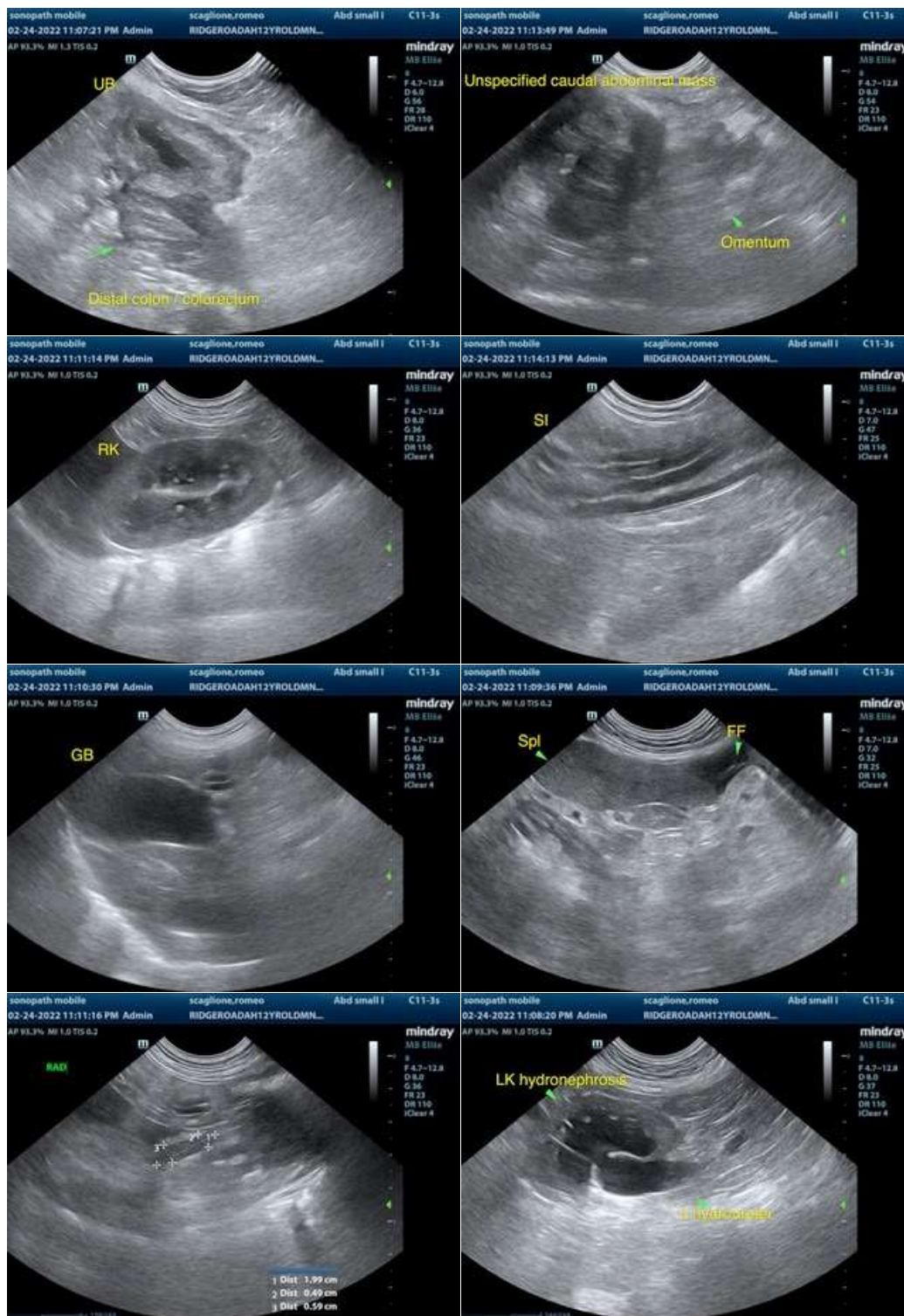
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Romeo Scaglione

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Pomeranian Mix

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown, New Jersey. More information can be found at

SEX

MN

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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