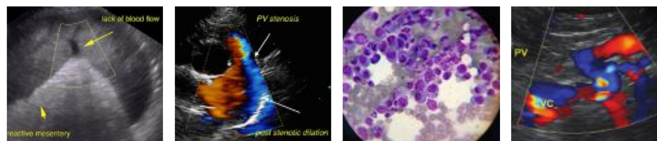


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Goober Rao

SPECIES

Canine

BREED

Basset Hound

SEX

MN

AGE

9 years

WEIGHT

45 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Dapolito

INVOICE

16370

DATE

3/14/23

PRESENTING CLINICAL SIGNS

High grade MCT removed from R hock last fall, recurred within 2 weeks. When operated again, mass was intertwined with tendons/ligaments in the hock. Consult with oncology, treated with Palladia and Vincristine but mass continued to grow. Previously ulcerated and inflammed, now healed over. Owner d/c chemo, is on Benedryl 50mg BID. FNA done of Spleen in preparing for possible amputation. Benedryl injection given pre-FNA. *Sedated with Torbugesic and low dose DexDom for US/FNA*

Abnormal PE/Chem/CBC/UA Results: PE: BCS 5/9, good mobility and muscle mass. Apx 5" x 3" firm SQ mass wrapped around hock. No palpable enlarged LN (politeal or inguinal).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

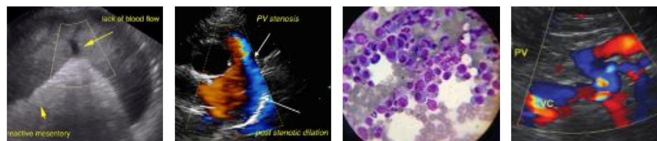
A solitary, visualized, normal-sized medial iliac lymph node was present. The lymph node parenchyma was homogeneous to isoechoic compared to adjacent perilymphatic tissue without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.6 cm x 0.58 cm.

The left kidney was subnormal in size compared to the right and expected renal size given the body weight of the patient. Minor asymmetrical contour was noted with a non-thickened nonhomogeneous left kidney cortex. Moderate hydronephrosis exhibited by replacement of discernable left kidney medullary parenchyma with anechoic fluid was present. No evidence of left ureter dilation exiting the left kidney or at the level of the left ureteral papilla.

Normal size and minor capsule asymmetry were present in the right kidney. Mild loss of corticomedullary border demarcation was present in the right kidney. Mild hydronephrosis with fluid extending mildly into the lateral diverticuli was noted. The right kidney measured 7.2 cm in length. No evidence of right ureter dilation exiting the right kidney or at the level of the right ureteral papilla was noted.

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 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.



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Spleen

The spleen exhibited normal size and contour with primarily finely textured and homogenous parenchyma. A discrete, non-disruptive, hypoechoic splenic nodule measuring 0.92 cm diameter was present in the mid-parenchyma. No splenic masses were noted.

Liver/ Gallbladder

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.

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 were evident.

Free Abdomen

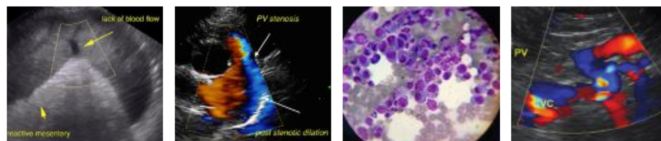
No evidence of omental lymphadenopathy, masses, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder / residual prostate
- Minor subjective benign / reactive incidental medial iliac lymph node - not sonographically consistent with inflammatory neoplastic or metastatic criteria
- Left kidney subnormal size exhibiting moderate hydronephrosis
- Right kidney normal size exhibiting mild chronic changes and mild hydronephrosis
- Normal splenic size with discrete nonspecific nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of evidence of left or right hydroureter and without evidence of lower urinary tract pathology, a definitive cause of the bilateral variable hydronephrosis was not obvious. If not recently done, an assessment of renal parameters, as well as full urinary workup to include urinalysis, screening C/S, and baseline UPC level if evidence of proteinuria, is recommended.



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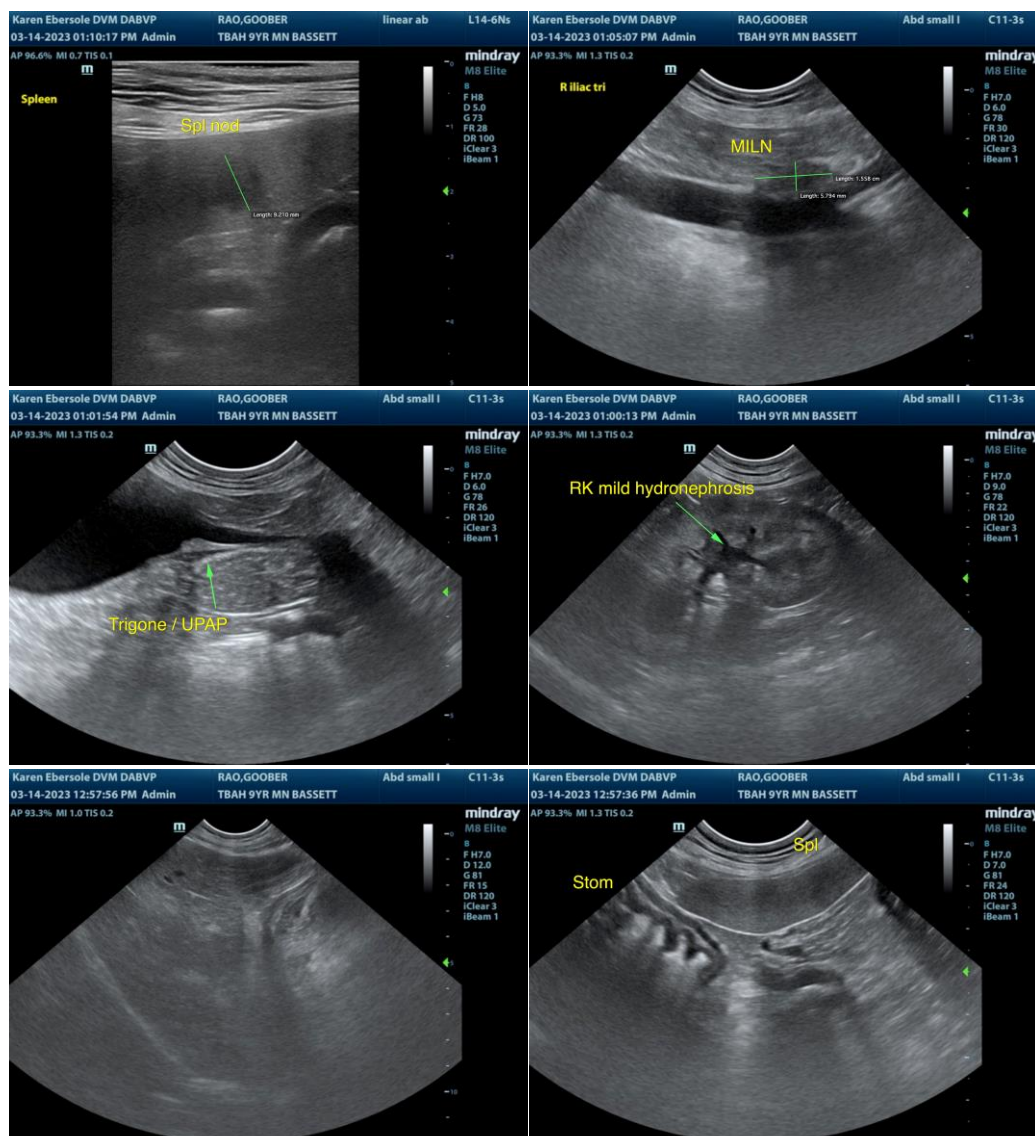
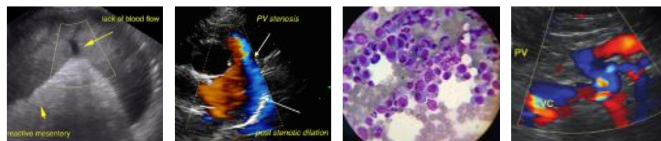
Serial monitoring of renal parameters going forward is advised. If surgery is elected on this patient, appropriate perioperative fluid administration and monitoring of renal values post-op are suggested. Correlation with a discrete splenic nodule and pending cytology is recommended.

No definitive evidence of intraabdominal metastatic or neoplastic criteria was noted. Sonographic monitoring of the medial iliac / sublumbar lymph nodes, splenic nodule, as well as bilateral kidneys, based on the clinical impression of the patient or oncology recommendations, is suggested.





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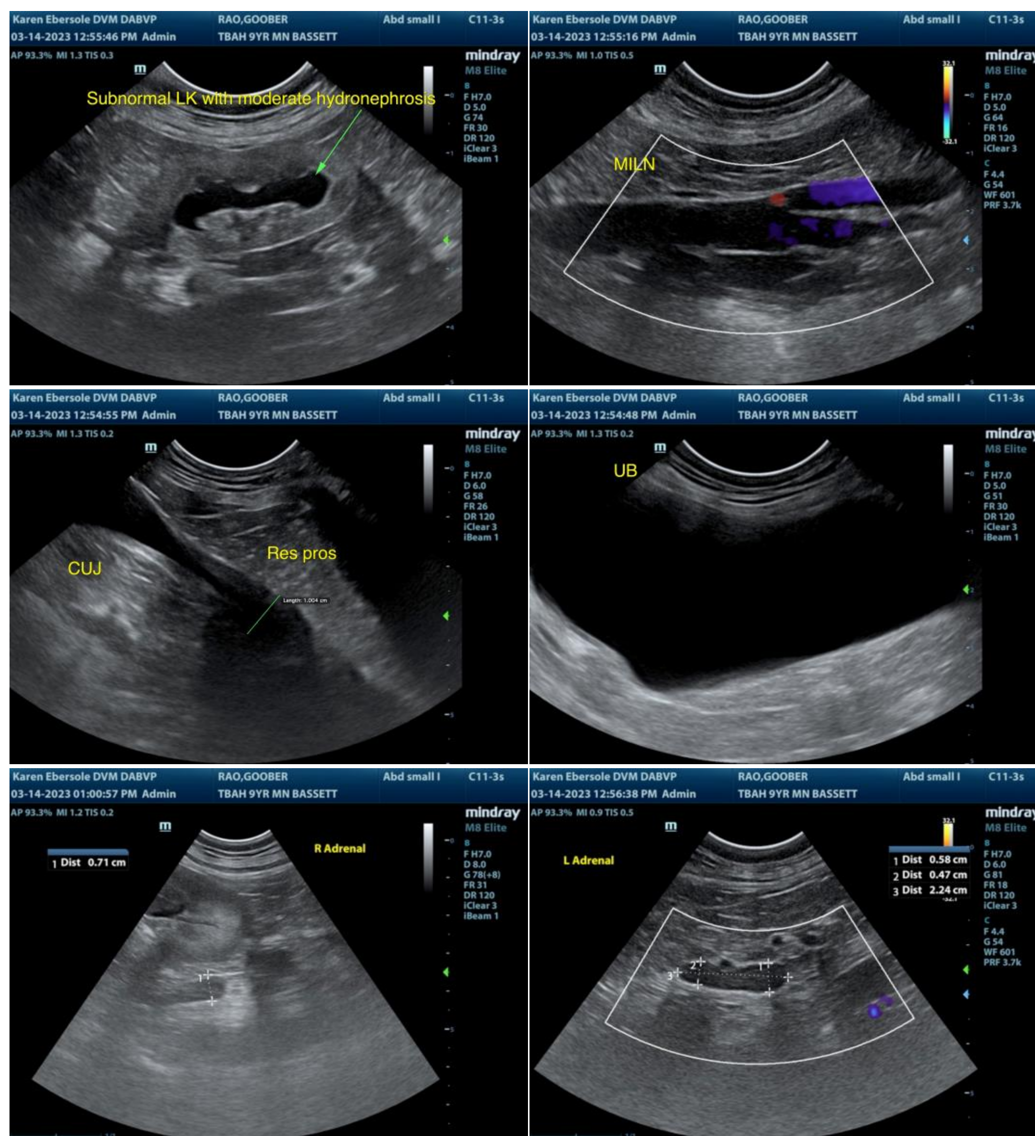

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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