



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tetley Kinnon	persistent blood in urine meds: metro, tramadol, clavaseptin CBC- HCT 0.34, WBC 6.7, BUN 25.9, Creatinine 21, SDMA 43
<b>SPECIES</b>	Urine specific Gravity- 1.020, 2+Protein, marked rods, 1+Epthilial cells
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Shep X	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder was normal in overall size and tone containing primarily anechoic urine with mild nondependent, particulate sediment suggestive of cellular debris. Mild thickening in the area of the cystourethral junction exhibiting mild nonhomogeneous mural echogenicity without evidence of overt mural mineralization measuring approximately 0.5 cm wall width, was present. The urethra was normal structure and tone to a depth of 0.3 cm.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
17 years	
<b>WEIGHT</b>	Marked loss of corticomedullary border demarcation was present in the left kidney with mild nonuniform cortex hypertrophy. Pinpoint areas of medullary mineral were noted in the left kidney with mild pyelectasia. The left kidney measured 4.8 cm in length.
34.8 lbs.	
<b>INTERPRETED BY</b>	The right kidney exhibited nonhomogeneous to mixed echogenic mass subjectively occupying the mid to cranial right kidney measuring approximately 3.5 cm in diameter. Marked loss of corticomedullary border demarcation was present with replacement of discernable medullary parenchyma with anechoic fluid in the mid to caudal aspect of the right kidney. The right kidney measured 6.0 cm in length. Potential subtle concurrent retroperitoneal free fluid was noted around the right and potentially left kidney.
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Kelly Reschny	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.8 cm length x 0.79 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length x 0.65 cm width in the caudal pole.
<b>HOSPITAL NAME</b>	
Maples AH	
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Kazienko	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.
<b>INVOICE</b>	
13481	
<b>DATE</b>	
3/15/22	



**PATIENT** *Liver/ Gallbladder*

**Tetley Kinnon** 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 contained moderate, nondependent, hyperechoic, subjectively mobile gallbladder debris was present. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

**BREED** *Gastrointestinal*

**Shep X** The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

**SEX**

**FS** 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. Mild, nonspecific duodenojejunal mucosal speckling was present.

**AGE**

**17 years** Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**WEIGHT**

**34.8 lbs.** 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**

**INTERPRETED BY**

**R. McKenzie Daniel, DVM, DABVP** No overt lymphadenopathy was present. Small pockets of scant peritoneal free fluid were noted primarily caudal abdomen around the apical urinary bladder.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

**Primary Findings**

- Left kidney chronic degenerative changes with focal medullary mineral and mild pyelectasia
- Right kidney mass with possible concurrent mildly hydronephrosis
- Nonspecific mildly thickened cystourethral junction with mild urinary bladder sediment

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

Dr. Kazienko

**Secondary Findings**

- Moderate gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

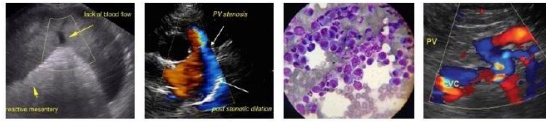
**INVOICE**

13481

**DATE**

3/15/22

Although sampling is required for further clarification, the right kidney mass is consistent with neoplastic criteria and suspected to be the primary source of the persistent hematuria in this patient. The possibility of emerging pathology in the area of the cystourethral junction cannot be definitively excluded. Screening BRAF Assay +/- FNA of the right kidney mass could be considered, assuming normal clotting status.



**PATIENT**

Tetley Kinnon

**SPECIES**

Canine

**BREED**

Shep X

**SEX**

FS

**AGE**

17 years

**WEIGHT**

34.8 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

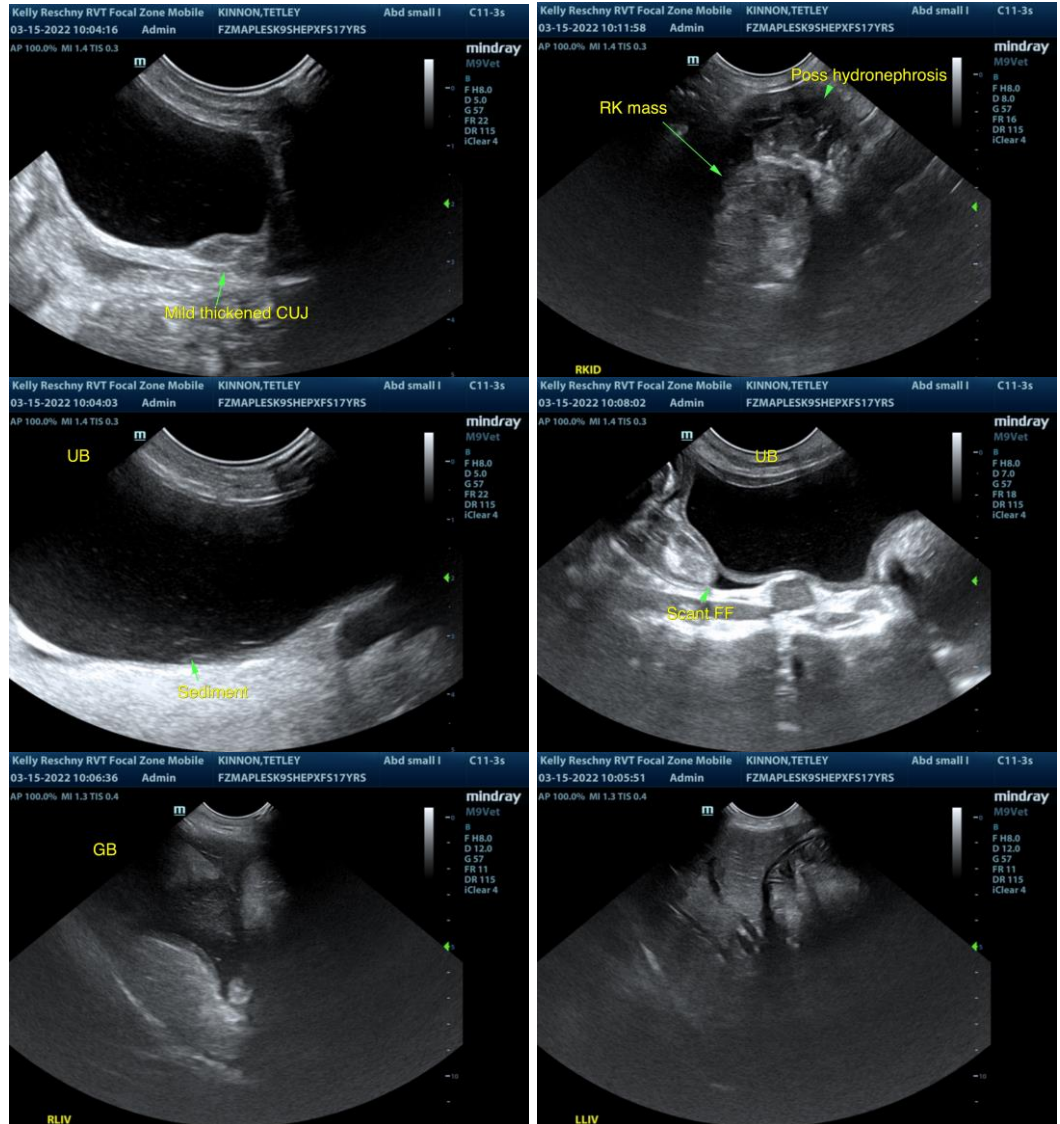
Dr. Kazienko

**INVOICE**

13481

**DATE**

3/15/22





**PATIENT**

Tetley Kinnon

**SPECIES**

Canine

**BREED**

Shep X

**SEX**

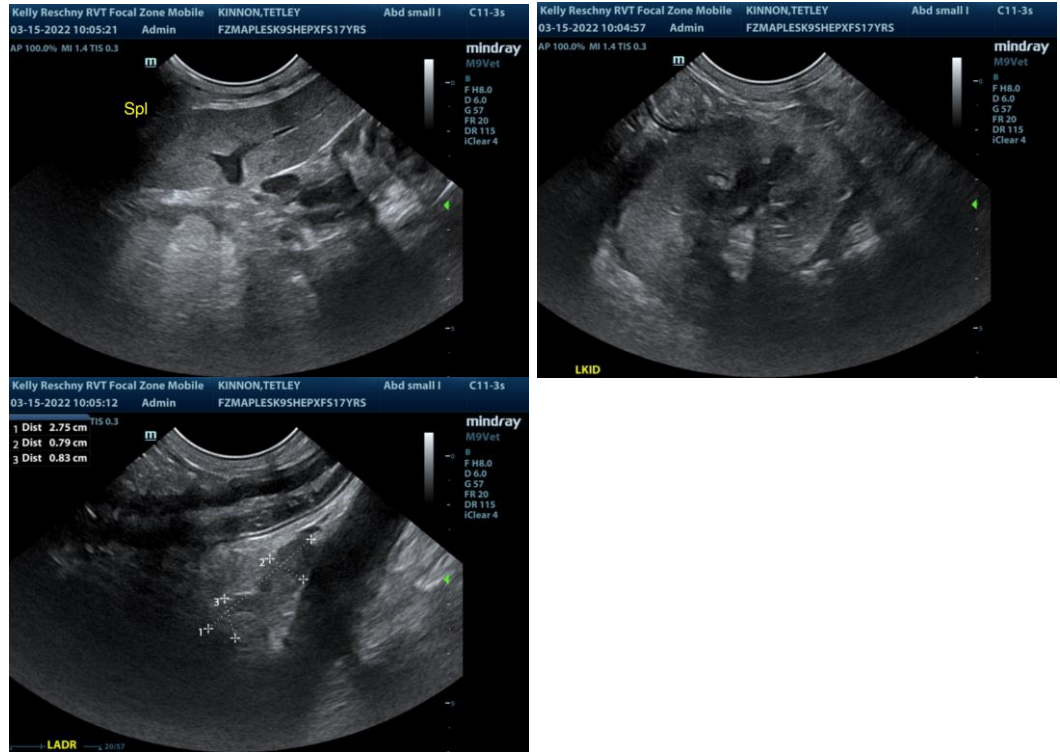
FS

**AGE**

17 years

**WEIGHT**

34.8 lbs.



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

13481

**DATE**

3/15/22

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)**  
info@SonoPath.com