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Clinical Sonography & Telecytology
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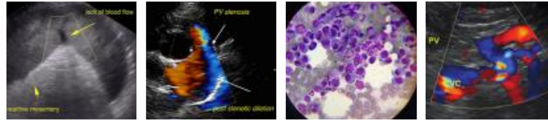


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Rokkie Byrd

SPECIES

Canine

BREED

Pomeranian

SEX

MI

AGE

8 years

WEIGHT

14.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hovenden

INVOICE

16407

DATE

3/21/23

PRESENTING CLINICAL SIGNS

Presented for vomiting 3/19, unable to keep food down. Abdominal palpation Palpation non-diagnostic - Tense nontender, no gross organomegaly or masses, Will not allow for deep palpation, seems uncomfortable. DDx: R/O vomiting- 1. Gastroenteritis secondary to infectious vs dietary indiscretion, 2. Pancreatitis, 3. GI disease (GI ulceration, IBD, cobalamine deficiency, EPI, lymphangitis, neoplasia), 4. Metabolic disease (hypoadrenocorticism vs hyperadrenocorticism, 5. Open Continued vomiting after Cerenia injection, ate bland diet that night and vomited it up.

Presented again 3/20, no interest in food/water, no vomiting that morning. Hydration: Dehydration - Est 5% Abdominal palpation: Palpation non-diagnostic, tense patient - Moderately tense but not overtly painful for abdominal palpation. Digestive: Vomitus DDx: r/o GI foreign body, pancreatitis, metabolic disease, toxicity, open Current Medications Phenobarbital SID(unable to give due to vomiting, p vomited it up 3/19), Levothyroxine BID

Radiographic Findings 3-view abdominal rads: Stomach appears empty, moderate amount of formed stool in the colon, moderate amount of gas in the large intestine without overt evidence of GI foreign body or mechanical bowel obstruction, large soft tissue-density structure in the left mid-abdomen resulting in a significant mass effect r/o renal cyst, hydronephrosis, abscess, neoplasia, open Primary Question/Differential to Be Answered in This Exam r/o renal cyst, hydronephrosis, abscess, neoplasia, open

Abnormal PE/Chem/CBC/UA Results: From 3/20: CBC: WBC 10,730 with lymphopenia, PLT 523, PCV 44%, TS 6.6 g/dL Chemistry profile: GLU 120, PHOS 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

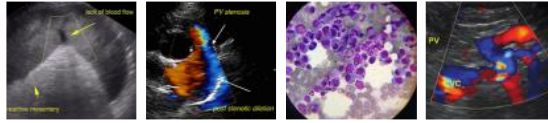
Urinary System

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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.7 cm diameter.

The area of the aortic trifurcation was free of pathology.

The left kidney exhibited generalized renomegaly primarily owing to a large, thinly walled cystic-appearing lesion occupying the majority of the mid to cranial left kidney measuring approximately 6.5 cm in diameter with associated corticomedullary distortion. No evidence of left retroperitoneal inflammatory criteria or free fluid was noted. The cystic lesion appeared to contain primarily anechoic fluid with mild particulate to echogenic debris. No obvious evidence of left ureter dilation was noted. The overall left kidney measured approximately 7.0 cm in diameter.



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Normal size and margination were present in the right kidney. Loss of corticomedullary border demarcation primarily owing to mild nonuniform increased right kidney medulla echogenicity was present with no evidence of right kidney pyelectasia, hydronephrosis, or concurrent cystic lesions. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.55 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with a primarily finely textured homogeneous parenchyma. Intermittent, discrete, non-disruptive, hypoechoic splenic nodules were noted. An example of a splenic nodule measured 0.59 cm in diameter. 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. A solitary nondisruptive well-demarcated, uniform hyperechoic intraparenchymal nodule was present in the mid liver measuring 0.9 cm diameter. The gallbladder was non-distended in size containing moderate, non-dependent, variably echogenic nonorganized gallbladder debris. No evidence of peripheral gallbladder inflammatory criteria was noted. 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. Subjective mild decreased duodenal mural echogenicity was noted with minor nonobstructive duodenal ileus.

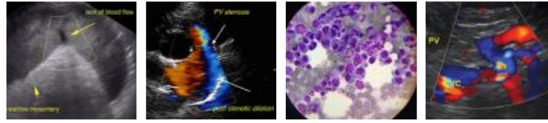
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

No overt lymphadenopathy or peritoneal effusion was present.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left kidney large thinly walled cystic lesion with nonspecific mild chronic changes - suspect large renal cyst, potential for abscess or partial hydronephrosis
- Right kidney nonspecific chronic changes - no evidence of right kidney cyst, pyelectasia, or pyelonephritis
- Nonspecific discrete splenic nodules - suspect benign
- Benign hepatic nodule - sonographically consistent with benign lipogranuloma or hyperplasia
- Overtly normal gastrointestinal tract - suspect mild gastroduodenitis
- Heterogeneous pancreas - no evidence of sonographically active pancreatitis

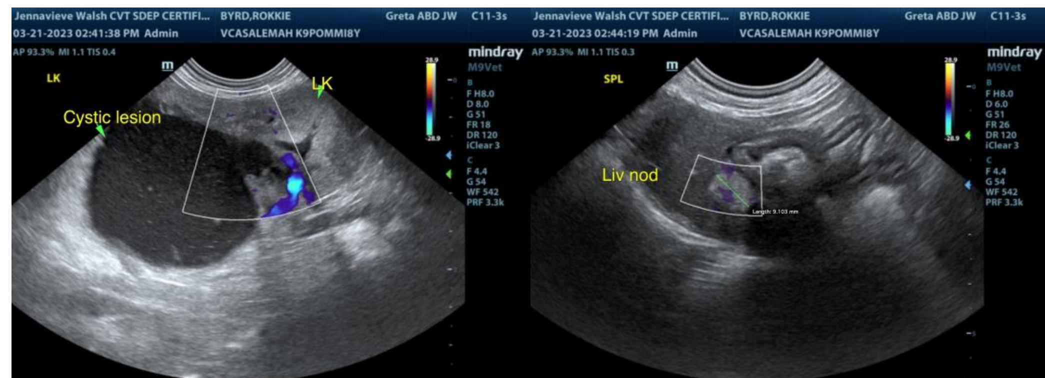
Secondary Findings

- Benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided centesis of the left kidney cystic lesion for fluid analysis, cytology, +/- C/S, if clinically indicated, could be considered. No overt suspicion of left kidney neoplastic criteria. If inflammatory criteria is noted on fluid analysis or strong concern for continuous discomfort, a left nephrectomy may be indicated.

Spec cPL is warranted to assess for evidence of potential low-grade / chronic pancreatitis. No evidence of gastrointestinal obstructive criteria was noted. As-needed gastrointestinal support is suggested.



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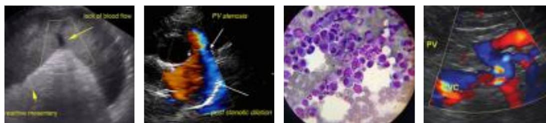

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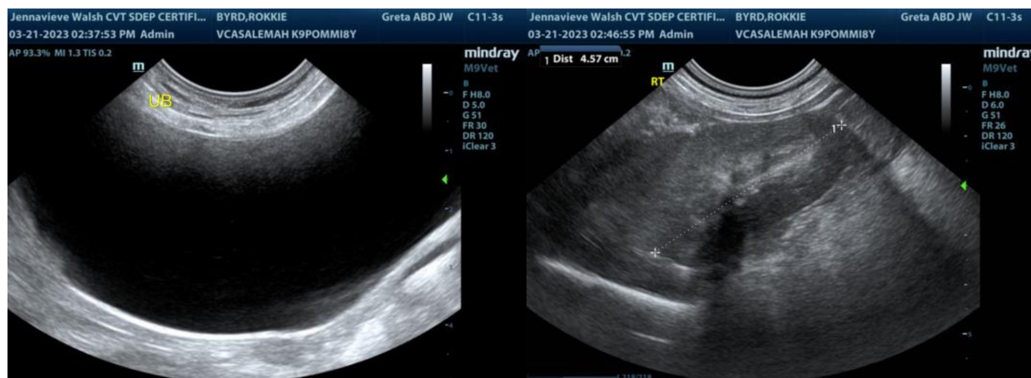

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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