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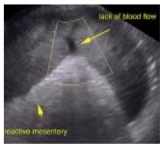
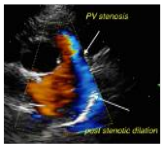
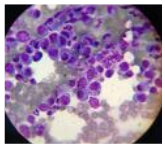
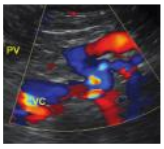
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Scout Whyte

SPECIES

Canine

BREED

Bichon X

SEX

M/N

AGE

15

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Chaparall AC

REFERRING VET

Dr. Gadzhev

INVOICE

16466

DATE

3/28/23

PRESENTING CLINICAL SIGNS

Lethargic with some diarrhea. Cranial abdominal mass seen on X-ray suspect left kidney or spleen

Abnormal PE/Chem/CBC/UA Results: Mild regenerative anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. Minor micropolyploid urinary bladder luminal changes were noted. Lack of urine distention prohibited full evaluation of the urinary bladder wall. Minimal anechoic urine was present with small dependent cystic calculi.

The residual prostate was free of pathology measuring 0.76 cm in diameter. Nonobstructive proximal and prostatic urethral mineral were noted to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical renal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary renoliths along with cortical cysts were present. The discernable left kidney measured 5.0 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

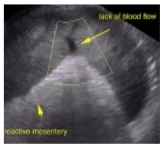
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.52 cm width at the cranial pole.

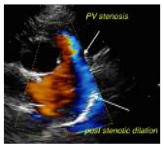
Spleen

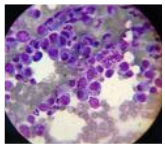
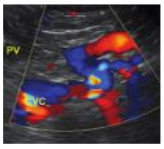
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. 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.

Liver/ Gallbladder

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 mildly distended in size containing anechoic content with moderate, non-dependent to organized, variably hyperechoic to pinpoint mineralized gallbladder debris and mild stellate debris pattern. No evidence of peripheral gallbladder





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inflammation was noted. The common bile duct was overtly normal without evidence of post hepatic obstructive criteria.

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 pattern, or foreign material. Focal discrete duodenojejunal hyperechoic mucosal speckling was noted.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon, consistent with patient history.

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

A large, solid, homogeneous mass was present in the area of the left kidney measuring 5.0-6.0 cm in diameter. No evidence of retroperitoneal or peritoneal free fluid was noted. No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Mild nonobstructive urinary bladder and proximal urethral luminal mineral / small calculi, suspect mild polyploid cystitis
- Bilateral chronic degenerative renal changes with medullary renolithiasis and cortical cysts
- Large solid homogeneous mass lesion in area of the left kidney
- Hepatic parenchymal remodeling
- Gallbladder mucocele
- Gastroenterocolitis pattern
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The visualized mass lesion is suspected to be of left renal origin with considerations including neoplasia, granuloma, consolidated abscess, or other. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the mass is warranted for further clarification.

This patient is suspected to be passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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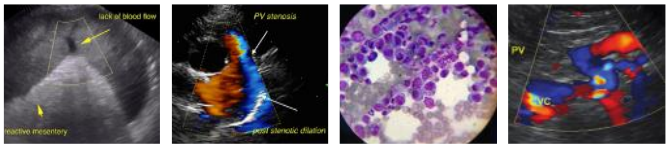

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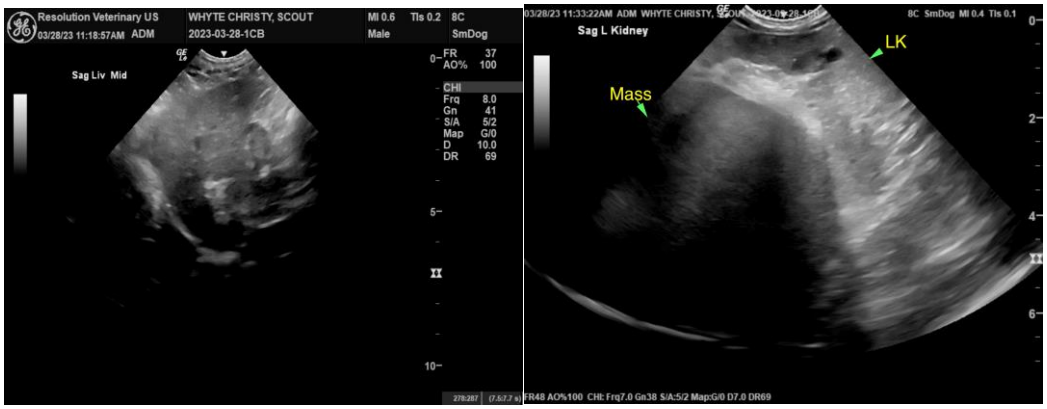
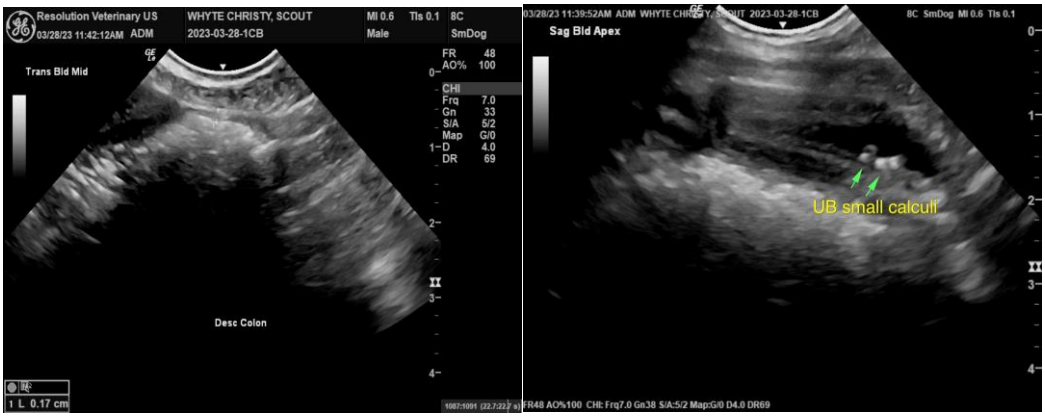
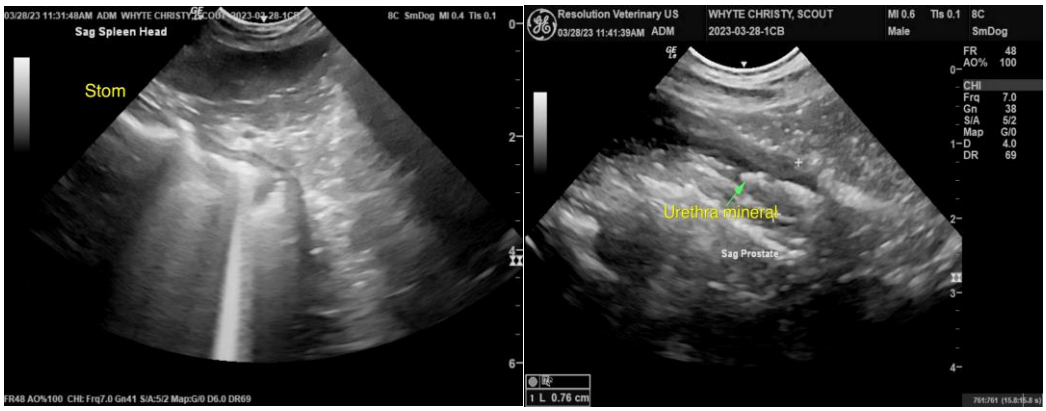
Pending mass FNA cytology if elected and assuming no evidence of pathology on three view chest radiographs, abdominal CT for further clarification of mass, assessment for nonobvious metastasis, and surgical planning (if surgical options are a possibility in this patient,) may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for occult intestinal or pancreatic disease as a contributing factor to the gastrointestinal signs. Empirical gastrointestinal support which may include dietary therapy and high colony count probiotics may prove beneficial.







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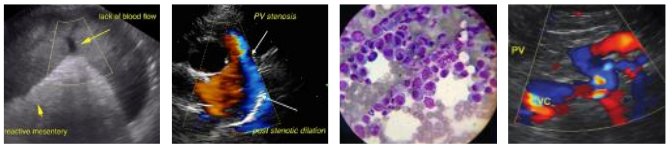

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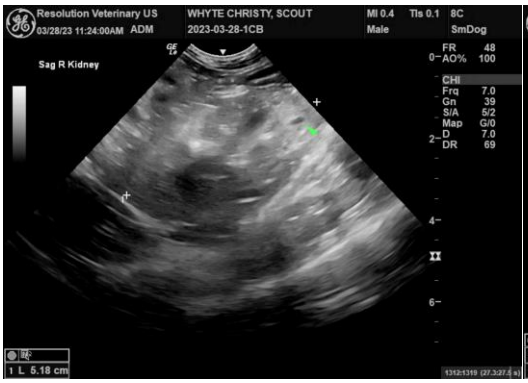

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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