



PATIENT PRESENTING CLINICAL SIGNS

Cotton Walpole ABD is distended and tense, patient is very uncomfortable. concerned possible mass. patient did have free fluid in ABD in January of this year.

SPECIES

Canine

BREED

Husky

SEX

Intact Male

AGE

11 Years

WEIGHT

55.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Companion Pet Clinic

REFERRING VET

Dr. Mills

INVOICE

36855

DATE

4/12/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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 were 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. Anechoic, thinly walled parenchyma cysts were present. An example measured 1.2 cm diameter. The prostate itself measured 7.5 cm diameter.

Both kidneys were normal in size and margination. Both kidneys exhibited moderate to emerging severe hydronephrosis exhibited by replacement of medullary parenchyma with anechoic fluid extending into the lateral diverticuli. Concurrent mild left and right ureter dilation exiting the left and right kidney respectively and extending caudally were present. The dilated ureters were not distinctly visualized passed the level of the left and right kidney extending caudally. Subtle evidence of nonobstructive medullary mineral present without evidence of obstructive nephrolithiasis. The right kidney measured 8.3 cm. The left kidney measured 8.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.61 cm at the caudal 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

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT *Gastrointestinal*

Cotton Walpole 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.

SPECIES

Canine

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.

BREED

Husky

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

SEX

Intact Male

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.

AGE

11 Years

Free Abdomen

Moderate to severe volume cellular peritoneal effusion was present. An indistinct area of regional non-uniform to nodular mesentery noted in the mid abdomen, directly caudal to the stomach and within the area of the left pancreas, measuring approximately 6-7 cm in diameter.

WEIGHT

55.3 Pounds

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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(Canine and Feline)

- Non-uniform prostatomegaly with intermittent parenchymal cyst – benign prostatic hyperplasia with parenchymal cysts, prostatitis possible. Prostatic neoplasia considered a less likely differential.
- Bilateral moderate to severe hydronephrosis – non-obvious left and right ureter obstruction suspected.
- Regional indistinct, non-uniform to nodular mesentery in the mid abdomen caudal to the stomach and in the area of the pancreas.
- Moderate to severe volume cellular peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis for fluid analysis and cytospin cytology +/- culture and sensitivity if evidence of inflammatory cells. The free fluid exhibited mild echogenic changes, assuming no evidence of subnormal albumin levels with lack of hepatogastrointestinal pathology. Carcinomatosis, lymphomatosis or similar with free fluid potentially secondary to non-obvious lymphatic obstruction is of primary concern in this case. Potential for non-specific peritonitis also possible.

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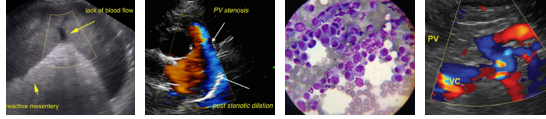
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Correlation with full lab work to include CBC/Chem to assess renal functionality as well as full urinary workup including culture and sensitivity and baseline UPC with assessment of blood pressure warranted. However, given the bilateral hydronephrosis with the possibility of intraabdominal neoplasia or peritonitis, very guarded to potential unfavorable prognosis is indicated.

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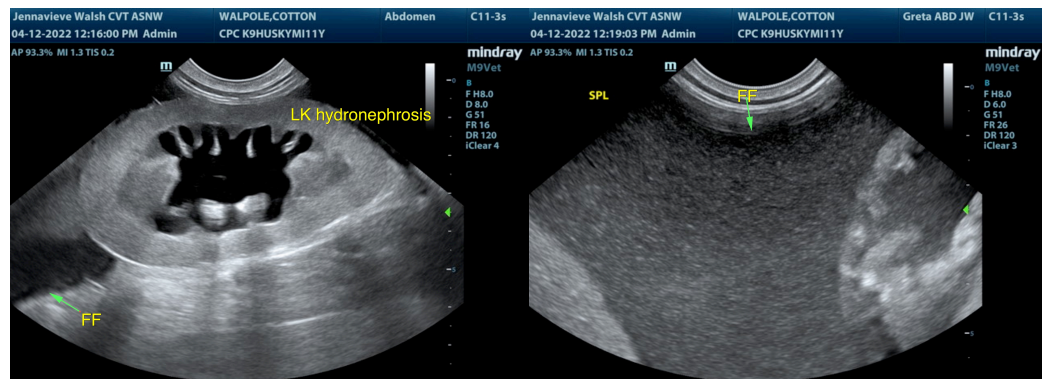
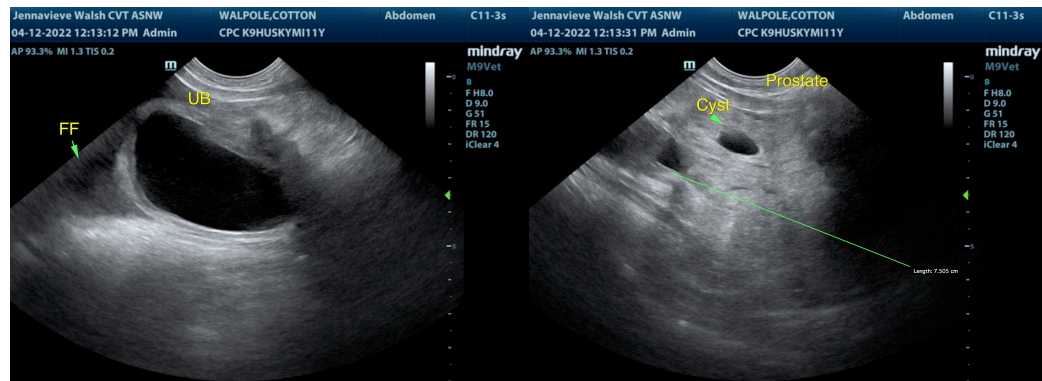
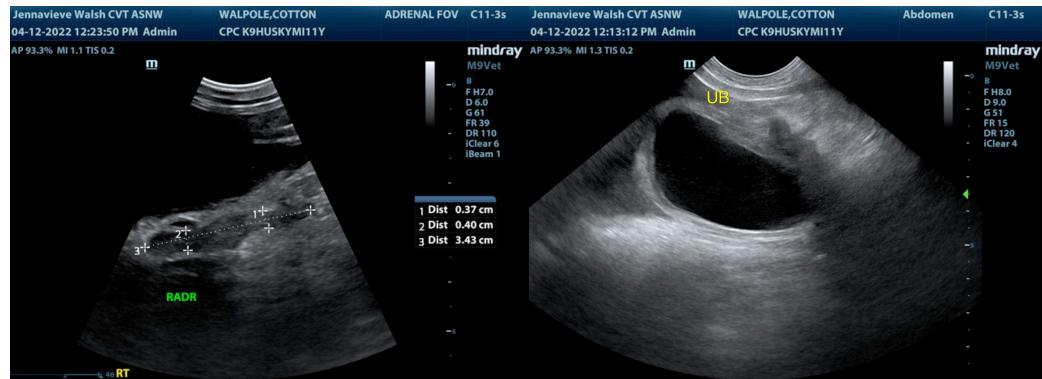
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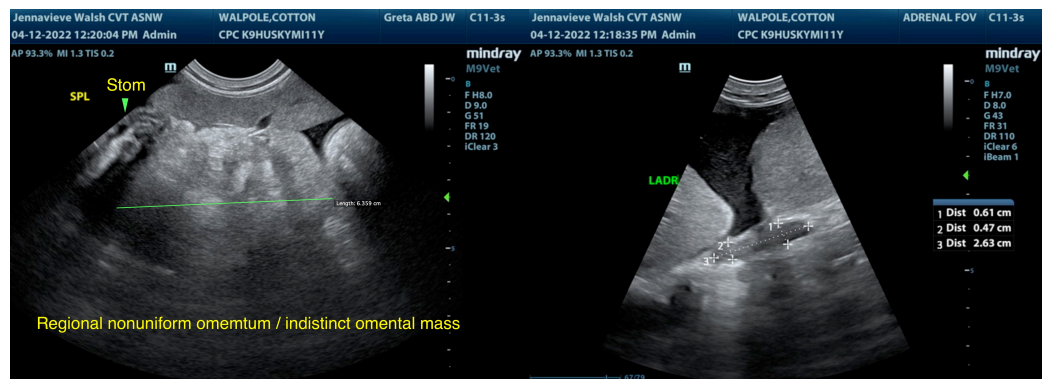
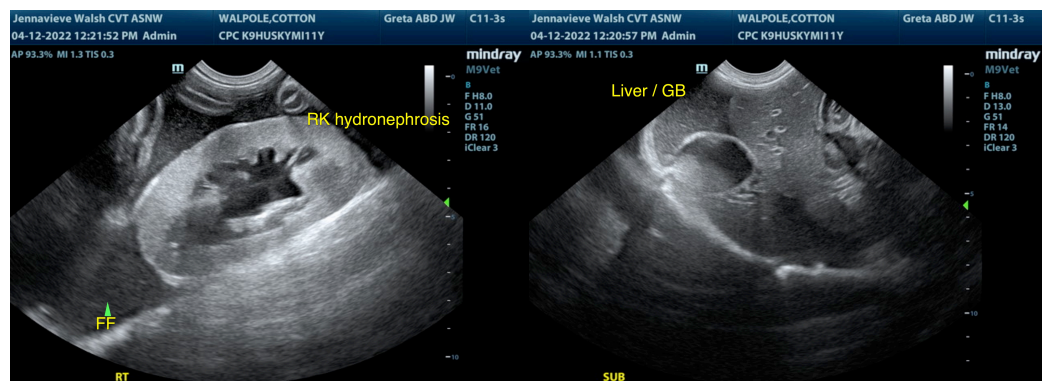
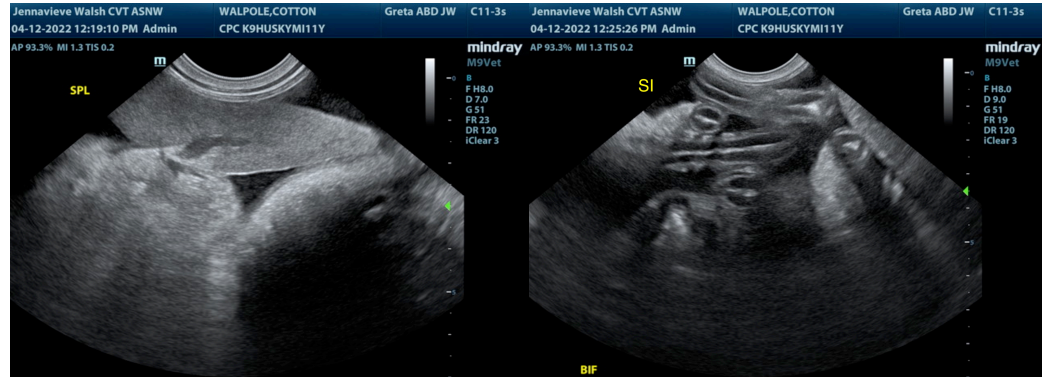
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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