



PATIENT

Oni Kazienko

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

9 years

WEIGHT

30.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. Stevenson

INVOICE

16709

DATE

4/27/23

PRESENTING CLINICAL SIGNS

April 17, 23 not eating, seems uncomfortable, panting. April 24, 23 Not eating much other than cooked chicken. Drinking more. Vomiting. Seems to have upset stomach. Restless at night. Cannot settle. Has vomited a few times over last few days. Normal BMs. Has been on Gabapentin but did not give it over the last few days. Urinalysis shows dilute urine 1.010 and xrays suggestive of enlarged kidney. April 25, 23 owner called to say Oni seems to be declining. Booked US. Has been on Cerenia.

Abnormal PE/Chem/CBC/UA Results: RBCs low 4.3, Hematocrit low 95, Retics high 172.0, Retic/Hemoglobin low 17.7, Platelets low 54, ALP mild elevation 164. Sent urine out for Culture. Please see attached rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 free of pathology.

There is no overt evidence of medial Iliac lymphadenopathy.

An irregular nonhomogeneous to mixed echogenic mass was present in the area of the left kidney measuring 10.0-11.0 cm in diameter. Concurrent increased left retroperitoneal echogenicity was present with possible scant left retroperitoneal free fluid.

Mild right renomegaly was present with asymmetrical renal margination and ill-defined corticomedullary architecture. Subtle increased right retroperitoneal echogenicity was noted. The right kidney measured 8.1 cm in length.

Adrenal Glands

The left or right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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



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without signs of congestion. Several to multiple mildly expansive nonhomogeneous hypoechoic intraparenchymal nodules were present with an example measuring 2.1 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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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.

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

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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.

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Free Abdomen

No overt omental masses or evidence of significant omental lymphadenopathy were noted.

ULTRASONOGRAPHIC FINDINGS

- Retroperitoneal mass area of left kidney with associated mild left retroperitonitis
- Concurrent mild right renomegaly with ill-defined corticomedullary architecture
- Nonspecific yet highly suspicious hepatic intraparenchymal nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the left retroperitoneal mass appears to be of renal origin with less likely potential for left adrenal origin with concurrent abnormal right kidney and suspicious hepatic nodules consistent with multicentric neoplasia. FNA cytology of the left retroperitoneal mass +/- accessible hepatic nodule, assuming normal clotting status, could be considered for further clarification and potential oncology consult for chemotherapeutic intervention. Three-view chest radiographs are suggested. Unfortunately, an unfavorable prognosis is likely indicated.

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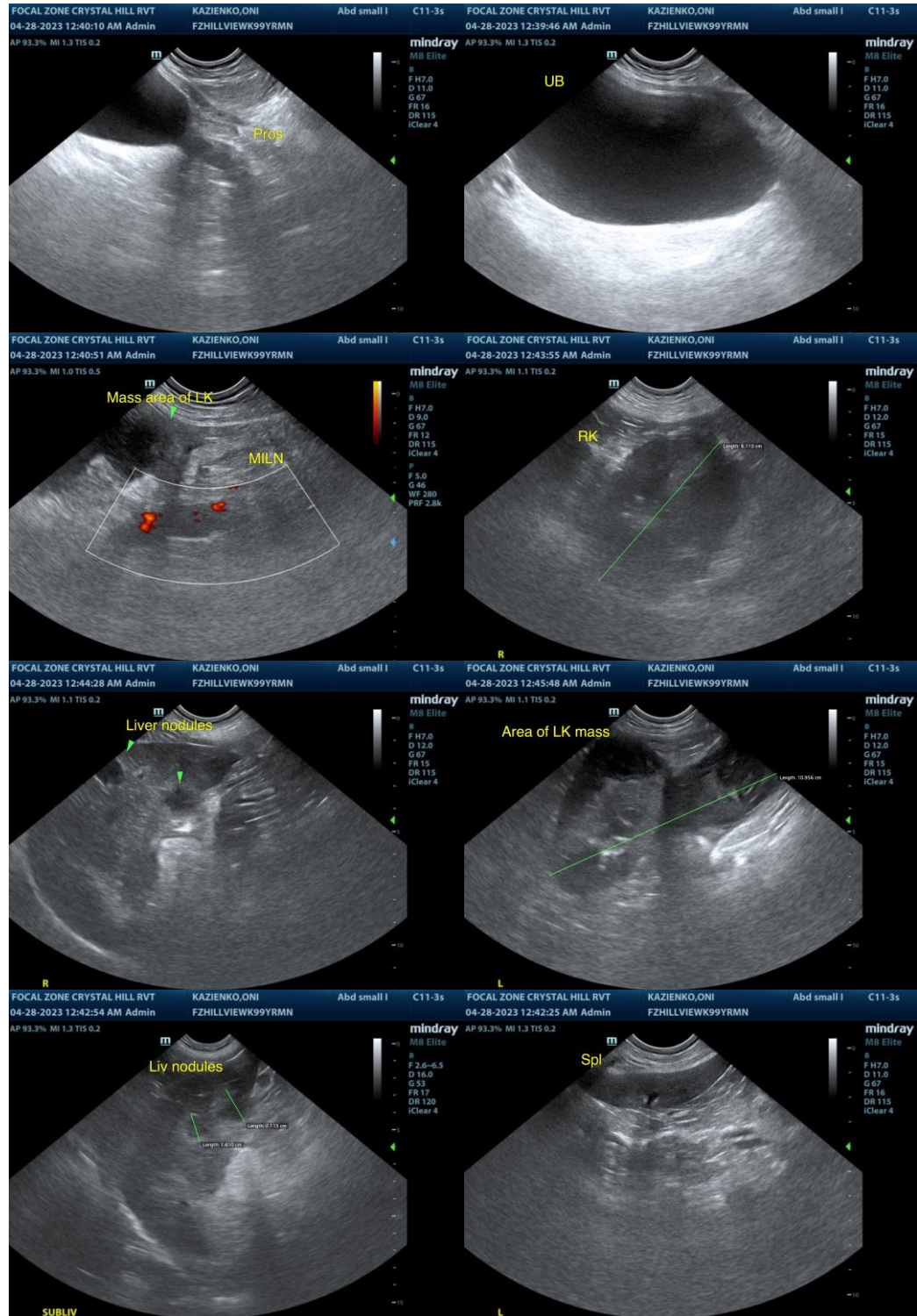
Dr. Stevenson

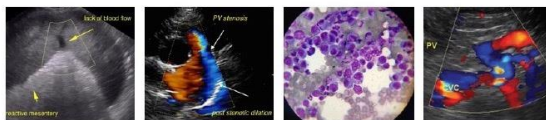
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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