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Clinical Sonography & Telecytology
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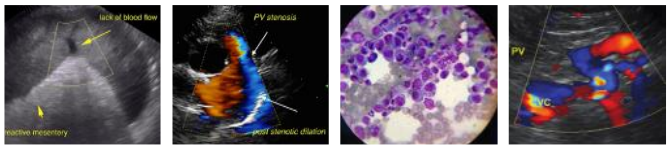


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Finn Schroeder

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

7

WEIGHT

22.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Schofield

HOSPITAL NAME

Wilvet South

REFERRING VET

Schofield

INVOICE

13395ag

DATE

04/04/2023

PRESENTING CLINICAL SIGNS

Finn is a 7 year old MN Lab who presents today for an abdominal ultrasound. An ultrasound was performed on 3/31/23, but the images did not save to DICOM and so the procedure was performed again today. The patient presents for urinary signs, but there is now concern for a mass on the bladder wall. Today, on my scan, FAF was found cranial to the urinary bladder and around the left kidney. The fluid is sent in for analysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Mild variable to generalized prominent bladder walls were present with the ventral trigone measuring 0.53 cm. The visible pelvic urethra to a depth of 3 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 were noted.

The left kidney was normal in size with moderate hydronephrosis exhibited by fluid dilation in the area of the renal pelvis extending into the lateral diverticuli. Mild bilateral loss of corticomedullary border demarcation was present. Mild right kidney pyelectasia was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology subjectively measuring 1.3 cm in diameter.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

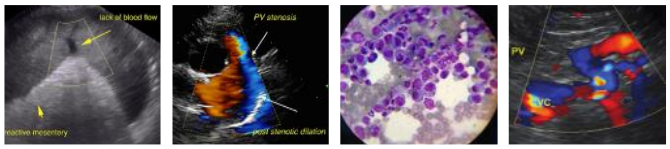
The spleen exhibited subjective borderline to mild enlargement with generalized mild parenchyma heterogeneity. No visualized splenic masses/nodules. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate congealed non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 contained mild non-shadowing ingesta/chyme 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.

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

Pancreas

The pancreas was indistinctly visualized owing to regional peripancreatic omental artefact.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild volume peritoneal free fluid was present with generalized mild non-uniform hyperechoic omentum.

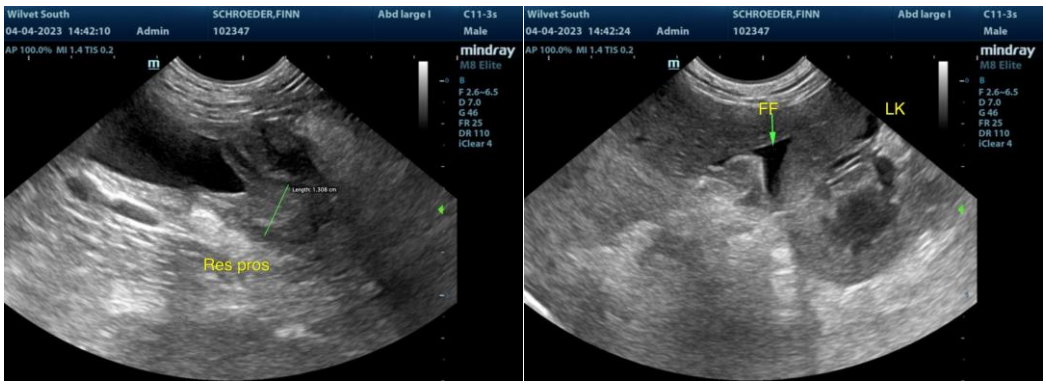
ULTRASONOGRAPHIC FINDINGS

- Subnormal to mildly thickened urinary bladder-cystitis, potential for early infiltrative neoplasia possible.
- Left kidney hydronephrosis.
- Right kidney mild chronic changes with mild pyelectasia.
- Subjective borderline to mild splenomegaly with mild parenchymal heterogeneity-hyperplasia, hematopoiesis, splenitis or possible early infiltrative neoplasia.
- Normal volume liver-no evidence of congestive criteria.
- Inspissated gallbladder debris-not consistent with mucocele criteria.
- Generalized mildly non-uniform to hyperechoic omentum and mild volume peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of peritoneal free fluid with pending fluid analysis +/- C/S is recommended. A full CBC/Chem/UA with C/S as well as screening BRAF assay is suggested. Definitive evidence of left ureter obstruction was not obvious yet may be considered a primary differential diagnosis given the degree of left kidney hydronephrosis.

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Abdominal CT is likely ideal if possible.



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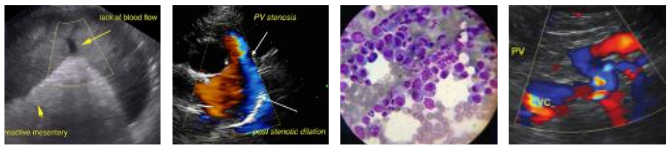

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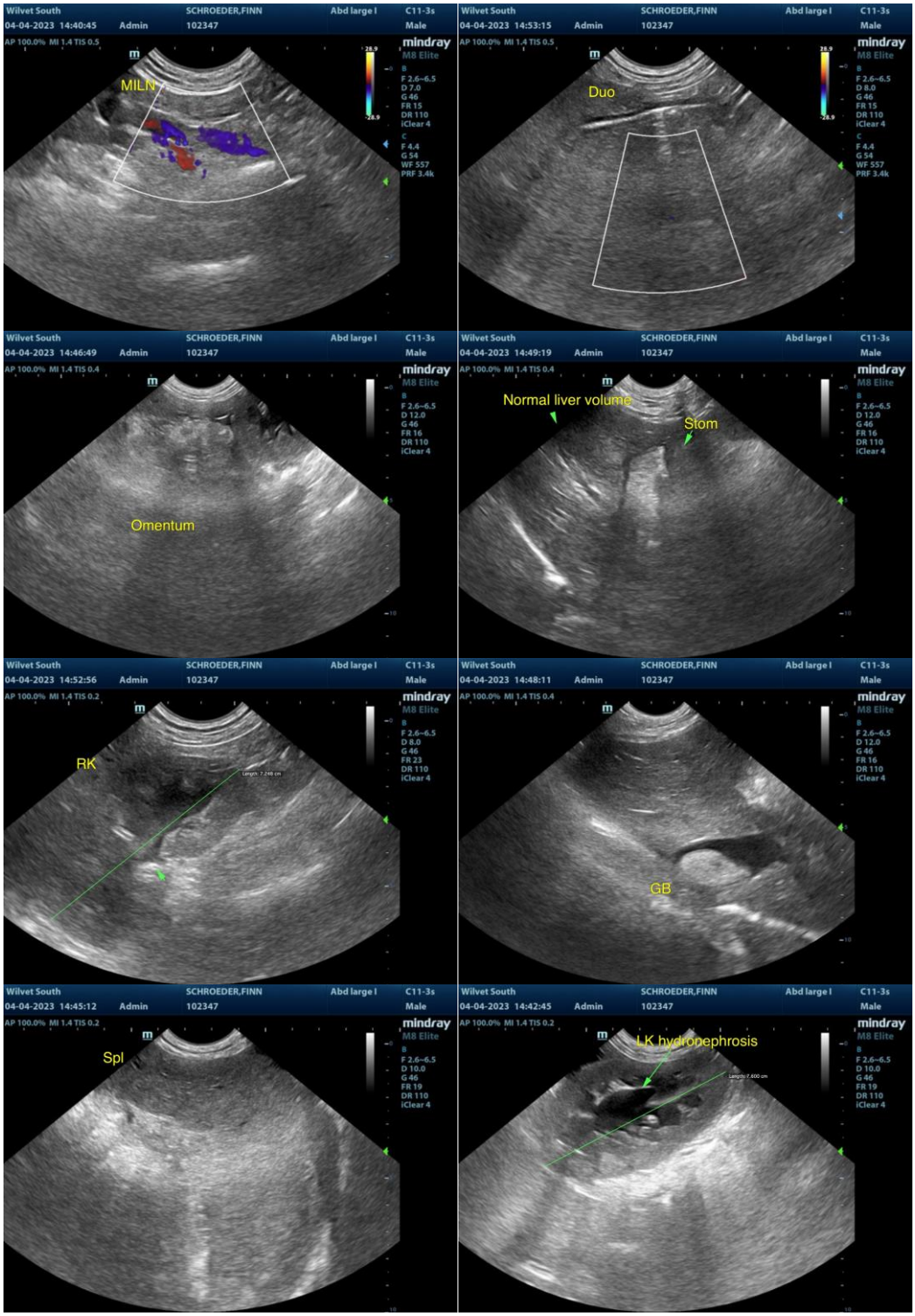

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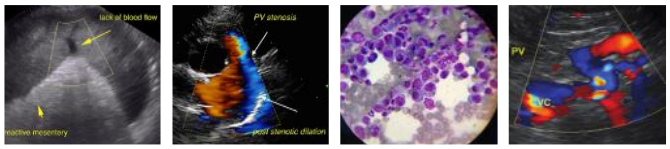

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com