



PATIENT PRESENTING CLINICAL SIGNS

Hope Moreck Large palpable and visible abdominal mass, leaking urine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Golden Retriever

The urinary bladder was normal in size and tone. The urinary bladder was mildly distended with anechoic urine. No sediment or calculi noted. Potential for minor ventroapical to dorsoapical cystitis pattern. The ventroapical urinary bladder wall measured 0.38 cm. No overt pathology in the area of the urinary bladder neck or proximal urethra, which exhibited normal subjective structure and tone to a depth of 2.0 cm.

SEX

F

The area of the aortic trifurcation was free of pathology.

AGE

5 M

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia or overt retroperitoneal inflammation/free fluid. The right kidney measured 7.2 cm in length.

WEIGHT

32

A large cystic structure was present in the area of the left kidney, containing anechoic fluid with mild echogenic changes, suggestive of cellular component. The cystic structure measured approximately 11.0 cm x 7.7 cm.

Adrenal Glands

INTERPRETED BY

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

The left and right adrenal glands were not definitively visualized owing to regional periadrenal reactive mesentery and increased omental artifact.

Spleen

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

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Liver/ Gallbladder

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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. The cystic and common bile ducts were normal.

INVOICE

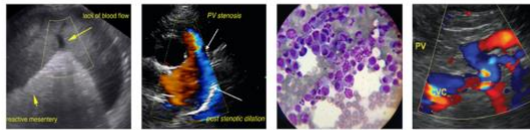
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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing ingesta/chyme was noted.



PATIENT

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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.

SPECIES

Canine

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.

BREED

Golden Retriever

Free Abdomen

Multiple mesenteric and medial iliac lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of mesenteric lymph node measured 4.8 cm x 1.8 cm.

SEX

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Regional hyperechoic mesentery to tissue, primarily around the cystic structure in the area of the left kidney with mild volume peritoneal to retroperitoneal free fluid. No overt lymphadenopathy.

AGE

5 M

ULTRASONOGRAPHIC FINDINGS

- Intact urinary bladder with potential mild apical cystitis
- Large cystic structure in the area of the left kidney
- Normal right kidney- no evidence of concurrent pyelectasia
- Moderate volume peritoneal to retroperitoneal free fluid and generalized reactive mesentery, most notable around the cystic structure in the area of the left kidney
- Intermittent nonspecific yet subjectively benign/reactive mesenteric and medial iliac lymph nodes- lymphoid hyperplasia, reactive lymphadenitis or immunologic immaturity likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large cystic structure in the area of the left kidney is compatible with the reported palpable abdominal mass, most consistent with significant to end-stage left kidney nephrosis. The possibility of unspecified cystic structure or mass in the area of the left kidney without distinct visualization of the left kidney owing to dystrophy or other pathology possible yet thought less likely. This finding would suggest an unspecified potential for left ureter obstruction. However, a definitive source of left ureter obstruction or other ureteral pathology (i.e., ectopic ureter) was not distinctly visualized. However, the possibility of an ectopic left ureter given the patients clinical history of leaking urine with secondary end-stage left kidney hydronephrosis or pyelonephritis with concurrent or secondary left retroperitonitis could be possible.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Free fluid analysis +/- centesis of the cystic structure for cytology +/- culture and sensitivity could be considered. Advanced imaging such as gold standard CT with contrast, especially if ectopic ureter is suspected and for surgical planning is likely ideal, given this presentation.

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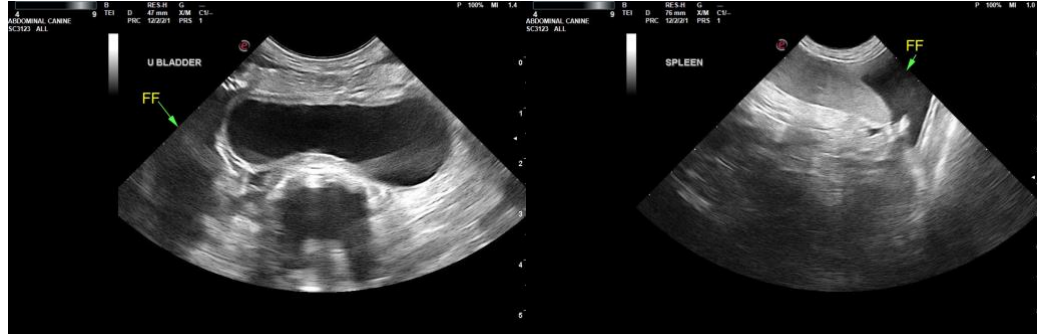
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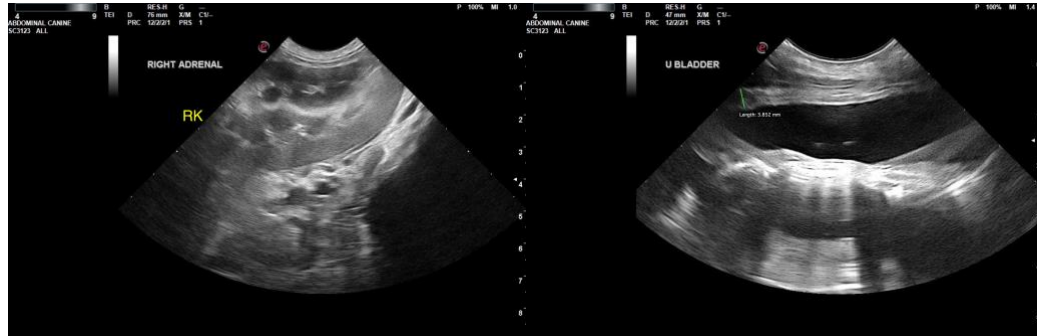
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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