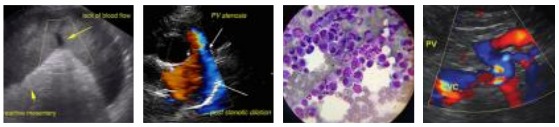


PATIENT

Opie Reed

SPECIES

Canine

BREED

Japanese Kaiken

SEX

MN

AGE

7 years

WEIGHT

60.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

17257

DATE

7/14/23

PRESENTING CLINICAL SIGNS

dental disease, fracture 108 weight loss - induced by increased activity
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings HCT = 22% SDMA = 22, Crea = 2.1, BUN = 39, K = 7.2 Na/K ratio low at 21 T4 is wnl at 1.6 Cortisol = 3.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 overt pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

A large, nonhomogeneous mixed echogenic mass was present in the left retroperitoneal space in the area of the left kidney measuring approximately 14.0 cm x 9.0 cm. Mild increased retroperitoneal echogenicity was noted around the left retroperitoneal mass. No evidence of left or right retroperitoneal free fluid was noted.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 7.2 cm in length.

Adrenal Glands

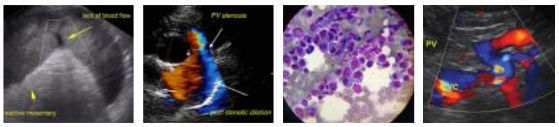
The left adrenal gland was not definitively visualized. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland subjectively measured 3.1 cm length x 0.59 cm width at the caudal pole.

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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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.

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, or foreign material.

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

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.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Left retroperitoneal mass
- Right kidney mild chronic changes
- Sonographically unremarkable visualized gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left retroperitoneal mass was most likely indicative of left renal origin, although the possibility of left adrenal involvement or origin cannot be definitively excluded. Assuming normal clotting status FNA cytology of the left retroperitoneal mass could be considered for initial screening cytology.

Sonographically, there is no evidence of significant right kidney pathology, although, given the mild azotemia, some degree of concurrent right kidney compromise could be possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Three view chest radiographs are recommended if not done. Ideally, abdominal CT for further assessment of the left retroperitoneal mass for evidence of nonobvious metastasis, vascular invasion, as well as potential surgical planning, is recommended if possible.

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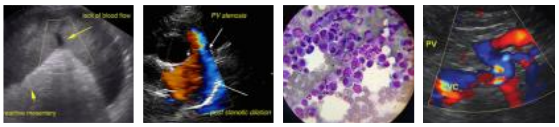

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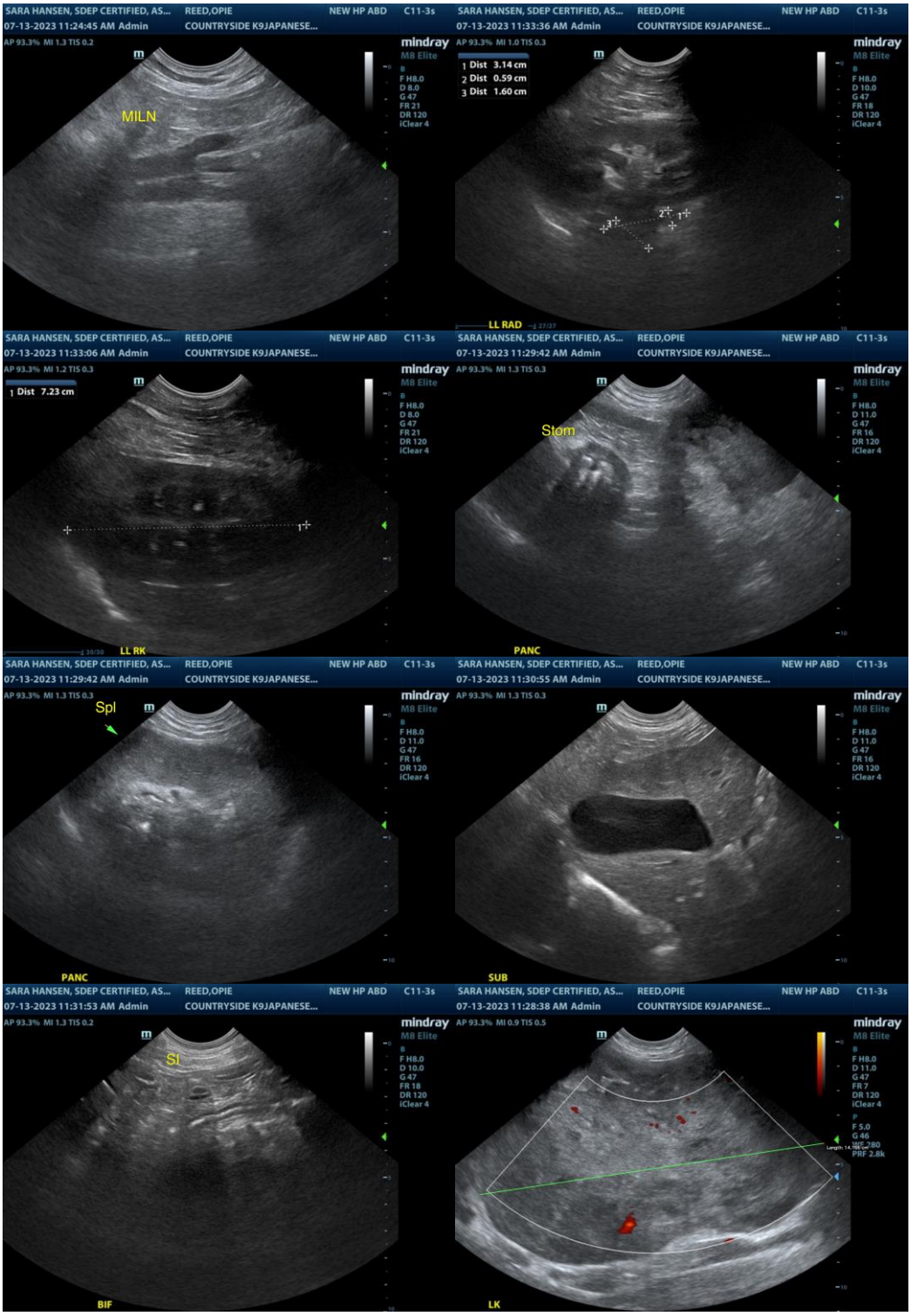

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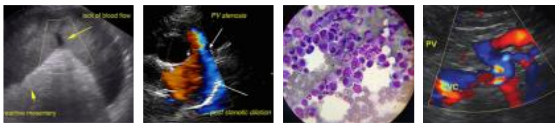

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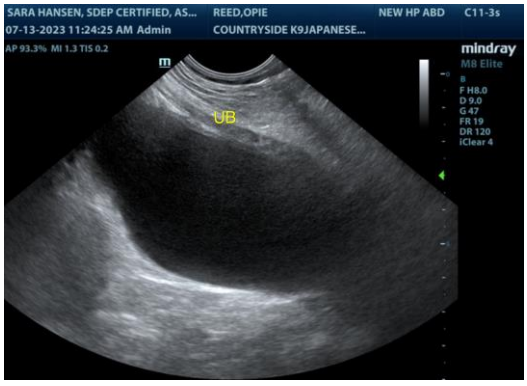

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com