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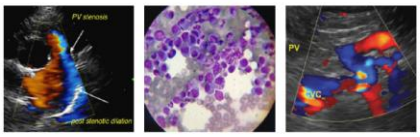

SonoPath
Clinical Sonography & Telecytology
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**PATIENT**
Oogie Hurst

**SPECIES**
Canine

**BREED**
Cattle Dog

**SEX**
MN

**AGE**
11yr

**WEIGHT**
44lb

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

**IMAGING PERFORMED BY**
Rachel Runnells RVT

**HOSPITAL NAME**
SVS Imaging KC

**REFERRING VET**
Dr. Elizabeth Wilcox

**INVOICE**
11178ag

**DATE**
07/25/2022

## PRESENTING CLINICAL SIGNS

History: Anorexia, weight loss.

Abnormal PE/Chem/CBC/UA Results: No significant findings upon exam / labs / rads.

## 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 very minor particulate 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 exhibited moderate hydronephrosis with moderate pelvis dilation and anechoic fluid extending into the lateral diverticuli. No evidence of left retroperitoneal inflammation. The left kidney measured 8.2 cm in length.

The right kidney exhibited sever hydronephrosis exhibited by replacement of discernable medullary parenchyma with anechoic fluid. Discernable right kidney cortex with intermittent inter diverticula septa was observed. An irregular mass was noted in the area of the right renal hilus measuring 2.7 cm x 2.1 cm.

Subjective bilateral ureter dilation exiting the kidneys was present.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology. No overt evidence of neoplastic criteria. The residual prostate measured 1.3 cm in diameter.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.7 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to regional artefact.

### *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 exhibited generalized nonuniform to nodular parenchyma. The nodules were primarily uniform and hyperechoic in appearance, an example measuring 2.5 cm in diameter. 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 minor debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

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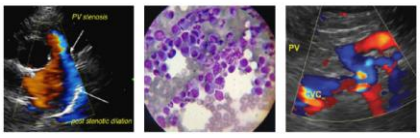

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor areas of segmental nonobstructive ileus were noted. The lumen of the small intestine was empty with no signs of 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 was evident.

### *Free Abdomen*

A moderately sized ill-defined to mixed echogenic mass was present in the are of the right retroperitoneal space and visualized somewhat in the left retroperitoneal space extending caudally to the level of the iliac trifurcation and occupying the area dorsal to the urinary bladder. The mass measured at least 8-9 cm in diameter but likely larger.

Small pockets of scant free fluid were noted.

## ULTRASONOGRAPHIC FINDINGS

- Left kidney moderate hydronephrosis
- Right kidney severe hydronephrosis with subjective irregular mass lesion in the area of the renal hilus
- Ill defined mixed echogenic mass noted in the right retroperitoneal space
- Nonhomogeneous to nodular liver

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass present in the study is most suggestive of neoplastic criteria although sampling is required for further assessment. This mass is strongly suspected to be obstructing left and right ureter flow resulting in bilateral variable hydronephrosis. Potential for neoplastic involvement of the right renal hilus is also suspected as a contributing factor to the severe right kidney nephrosis. Some degree of retroperitonitis is likely.
Given the extent of the pathology in this case, an abdominal CT would be ideal for further assessment however a likely unfavorable prognosis is indicated.
The hepatic presentation may indicate benign degenerative changes although the possibility of hepatic metastasis is of concern.

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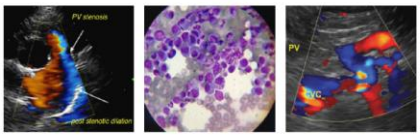

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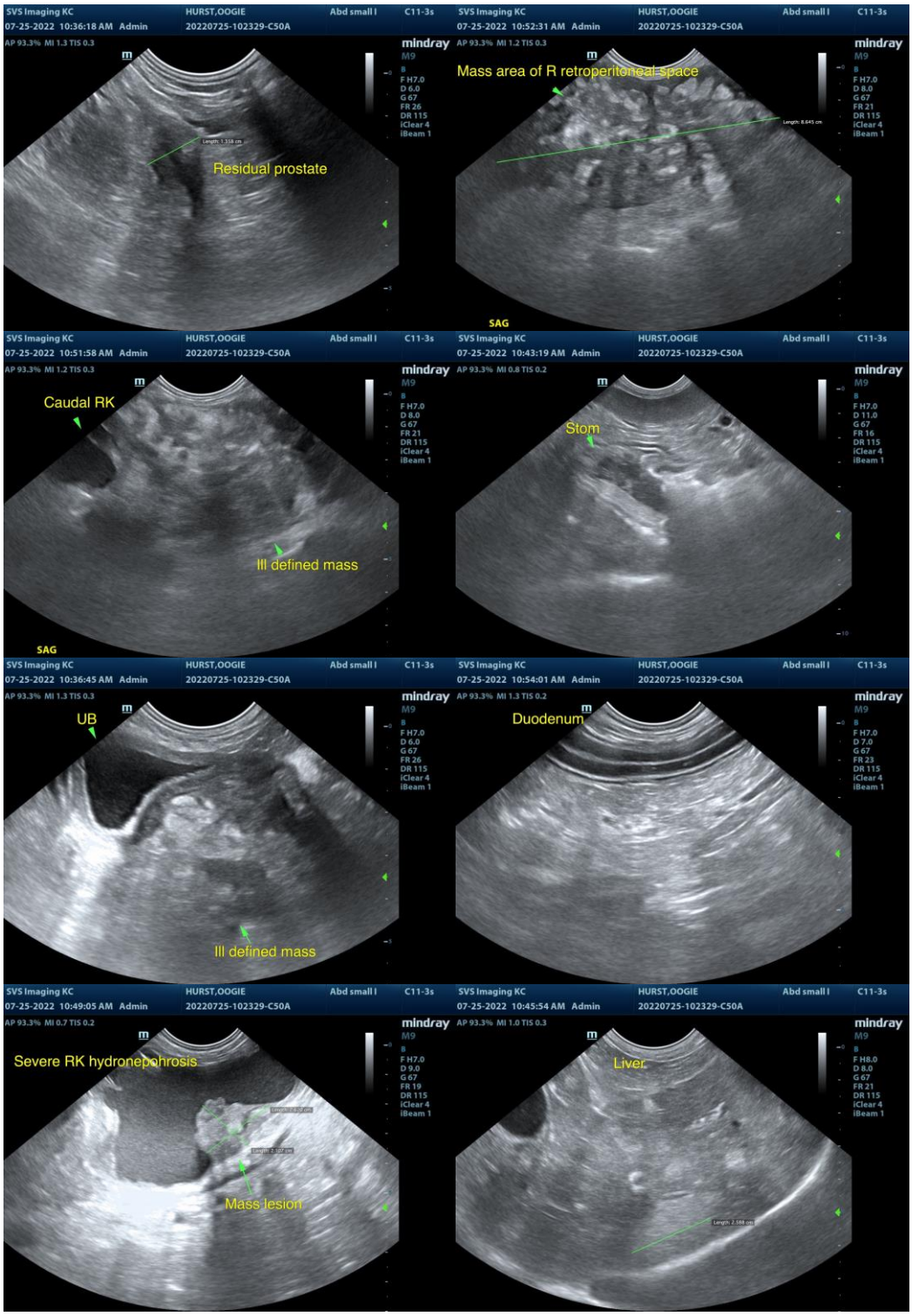

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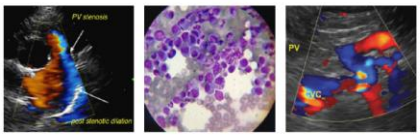

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**