



**PATIENT**

Katie Gladfelter

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

9yr

**WEIGHT**

78lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kevin Moon DVM

**HOSPITAL NAME**

Shiloh Veterinary  
Hospital

**REFERRING VET**

Dr. Owings

**INVOICE**

11424sg

**DATE**

08/19/2022

**PRESENTING CLINICAL SIGNS**

**History:** Had mammary adenocarcinoma removed from R 4th/5th mammary gland on 7/11 initially seen by oncologist on 8/1 Presented 8/16 for swelling on back R leg. Radiographs of abdomen showed increased soft tissue opacity displacing retroperitoneal fat ventrally.

**Abnormal PE/Chem/CBC/UA Results:** 8/16- WBC 20K, 18K neutrophils

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and 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 medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present in the left kidney. Mild to moderate hydronephrosis was present in the right kidney. Potential for concurrent proximal right ureter dilation extending caudally is possible.

The left kidney measured 7.6 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses. Potential for mild free fluid is possible.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was not visualized.

**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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing retained ingesta 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**

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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.

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**Free Abdomen**

Ill-defined fluid vs possible mass and hyperechoic tissue caudal to the right kidney was present measuring ~ 8-9 cm in diameter.

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Caudal thoracic vs cranial abdominal free fluid noted adjacent to the cranioventral liver.

**ULTRASONOGRAPHIC FINDINGS**

- Effusion vs mass caudal to the right kidney with associated possible right retroperitonitis
- Possible caudal thoracic vs cranial abdominal free fluid adjacent to cranioventral liver
- Mild to moderate right kidney hydronephrosis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, primary concern for potential metastatic disease (given the patient history) in the area of the right kidney to right retroperitoneal space and potentially the thoracic cavity is warranted. No obvious evidence of neoplastic criteria associated with the left kidney, spleen, liver or intra-abdominal lymph nodes. Concern for possible right ureter obstruction owing to pathology caudal to the right kidney and secondary mild to moderate right kidney hydronephrosis is warranted. Correlation with pending cytology as well as three view chest radiographs suggested if not done with potential for oncology consult.

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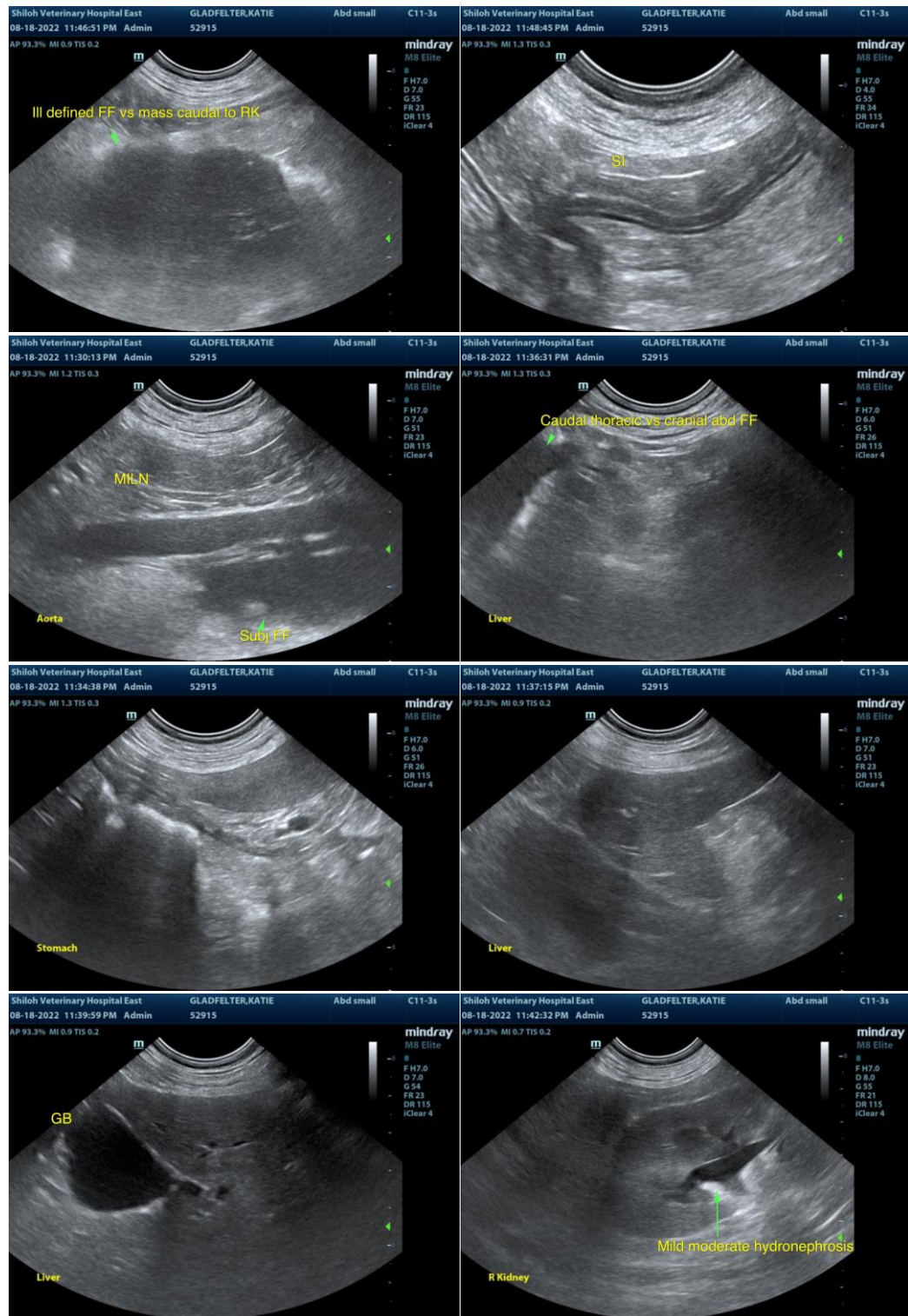
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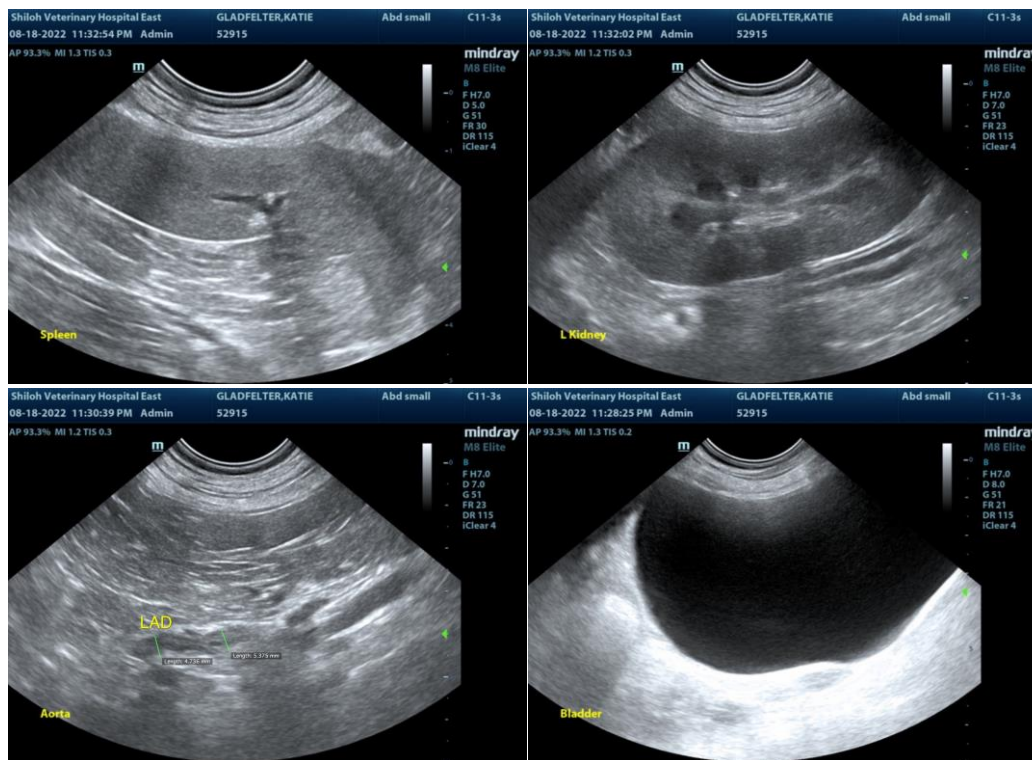
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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