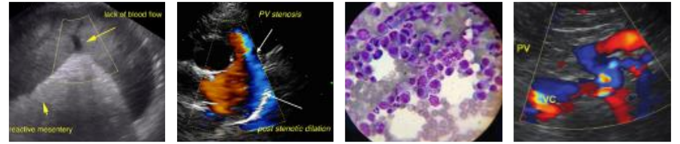

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1-800-838-4268 info@sonopath.com

PATIENT

Chewy Rivera

SPECIES

Canine

BREED

Newfoundland

SEX

Spayed Female

AGE

8.5 Years

WEIGHT

108 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Doyle

INVOICE

17298

DATE

9/16/22

PRESENTING CLINICAL SIGNS

History: Night before coming in was lethargic, didn't want to get up unless encouraged, and vomiting. Came in with temp at 106.7. T at time of scan 104.8. Still lethargic.

Abnormal PE/Chem/CBC/UA Results: Some abnormalities seen in abdomen, including loss of detail, and enlarged liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mild to moderately distended in size with subjective normal tone. Anechoic urine was present primarily with mild nondependent particulate sediment, which may indicate mild cellular debris/protein, crystalline debris or mucus. A solitary small sessile based homogeneous lesion was noted, appearing to arise from the apical urinary bladder wall, extending mildly into the urinary bladder lumen, measuring 1.3 cm x 1.3 cm. Blood flow was confirmed within the lesion on color doppler. No overt pathology in the area of the trigone or cystourethral junction. No calculi were noted.

Both kidneys were normal to mildly prominent in size with mild loss of corticomedullary border demarcation. A large nonobstructive left kidney renolith was noted, occupying the majority of the medullary parenchyma, measuring approximately 4.0 cm in diameter. No evidence of left pyelectasia or hydronephrosis. The left ureter was sonographically unremarkable. The left kidney measured 8.3 cm. The right kidney measured 9.7 cm. The right kidney exhibited moderate to possible emerging severe hydronephrosis with fluid dilation extending into the lateral diverticula. Concurrent smaller yet multiple right kidney renoliths were present in the area of the medulla and pelvis, an example measured 1.1 cm in diameter. Concurrent proximal right hydroureter was noted, measuring 0.76 cm in diameter. No overt or visualized calculi were noted in the proximal right ureter. Evidence of right retroperitoneal increased echogenicity with concurrent right retroperitoneal free fluid noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.72 cm width at the cranial pole.

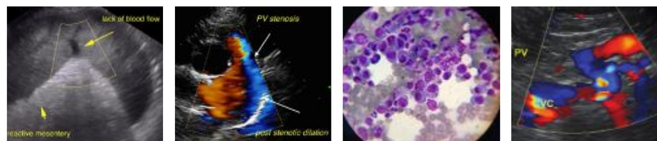
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.1 cm width at the caudal pole.

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

The liver exhibited moderate enlargement, with the ventral liver extending caudally past the level of the gastric axis. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.



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The gallbladder was non distended in size with minor hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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 was evident.

Free Abdomen

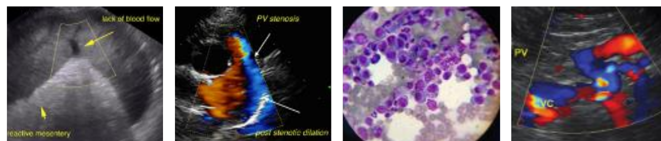
No omental masses or lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Small focal sessile based apical urinary bladder lesion- focal cystitis, polyp, emerging neoplastic mass possible
- Left kidney, large nonobstructive renolith
- Right kidney, moderate to possible severe hydronephrosis with concurrent medullary and pelvic renoliths, evidence of right retroperitonitis
- Concurrent proximal right hydroureter
- Hepatomegaly, exhibiting parenchyma hypoechogenicity- acute hepatitis (viral, bacterial, toxin, etc.), congestion, reactive hepatopathy, occult neoplasia are possible potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample, screening BRAF assay +/- Leptospirosis titers/PCR indicated. Potential for concurrent right pyelonephritis cannot be definitively excluded. If negative urine culture and sensitivity on bladder obtained urinary sample, potential right pyelocentesis may be indicated. Possible non visualized right ureter obstruction is of concern given the presence of right renolithiasis. Further assessment may include advanced imaging, such as contrast urography or CT with contrast. Screening hepatic FNA cytology, assuming normal clotting status may be considered if evidence of hepatic enzyme elevations or for further assessment.



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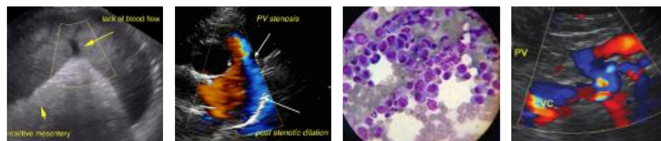

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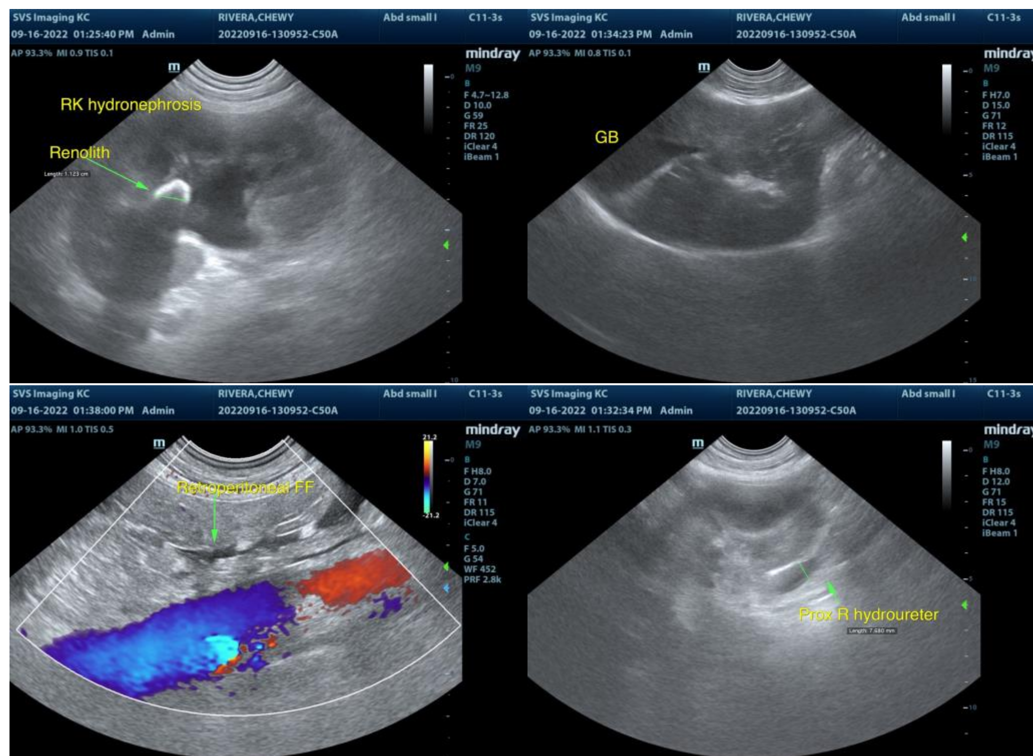

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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