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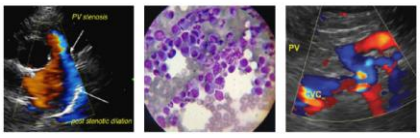

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Rosco Hartwick

SPECIES

Canine

BREED

Chihuahua

SEX

NM

AGE

11 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Johathon Renfro

INVOICE

14978

DATE

9-23-22

PRESENTING CLINICAL SIGNS

GI upset for 3 days, only vomiting once 3 days ago, having formed stool, unsure on eating. Decreased drinking and urine output. Lethargic and bloating presented 9/22.
Abnormal PE/Chem/CBC/UA Results: Abdomen distended and hard. CBC/Chem WNL. Pt is on phenobarb 16.2mg BID and keppra 250 mg 1/2t q 8 hrs. Last known seizure was 3 months ago.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the iliac trifurcation and sublumbar space were free of overt medial Iliac or sublumbar lymphadenopathy/masses.

The left kidney was enlarged primarily owing to a moderately sized to expansive cyst-like mass occupying the subjective mid to cranial left kidney, measuring 5.6 cm in diameter. The cyst-like mass appeared to be encapsulated containing anechoic fluid along with solid, nonhomogeneous portion of the cyst-like mass measuring 4.3 cm in diameter. Discernable caudal left kidney corticomedullary architecture with moderate concurrent pyelectasia was noted. Moderate loss of corticomedullary distinction was present with pinpoint medullary mineral.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal medullary mineral, along with small cranial cortical cysts were present in the right kidney. No evidence of right kidney pelvic dilation was present. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.45 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 0.64 cm width at the caudal pole and 0.84 cm width at the cranial pole.

Spleen

The spleen exhibited mildly expansive, hypoechoic nodule with mild distortion of the associated splenic capsule. Generalized mild parenchyma heterogeneity with minor areas of capsule asymmetry were noted. The splenic nodule measured 1.2 cm in diameter.

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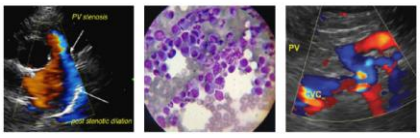

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Liver/ Gallbladder

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 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 exhibited regional thickened yet intact wall layering in the subjective cranial gastric body. Cranial gastric body wall width measured 0.75 cm. The stomach was empty without evidence of retained ingesta, fluid, 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

Moderate to marked volume peritoneal free fluid exhibiting moderate to marked echogenic changes, suggestive of fluid cellularity, were present. Generalized nonuniform hyperechoic mesentery was present with intermittent small mildly hypoechoic omental nodules vs. minor mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Cyst-like left kidney mass lesion
- Right kidney intact architecture exhibiting chronic renal changes and focal small cortical cysts
- Nonspecific yet suspicious mildly expansive splenic nodule
- generalized peritonitis pattern exhibiting moderate to marked subjective cellular peritoneal free fluid, intermittent omental nodules vs. minor omental lymphadenopathy
- Nonspecific mildly thickened cranial stomach wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis for effusion analysis, cytology +/- C/S if evidence of inflammatory cells. Concurrent ultrasound-guided centesis/FNA of the cyst-like left kidney mass lesion +/- splenic nodule FNA using a 25-gauge needle if accessible, is also warranted. Potential multicentric neoplasia i.e., carcinomatosis or similar is of concern yet not definitive. A very guarded prognosis is warranted, pending effusion analysis and sampling if elected.

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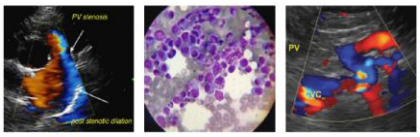

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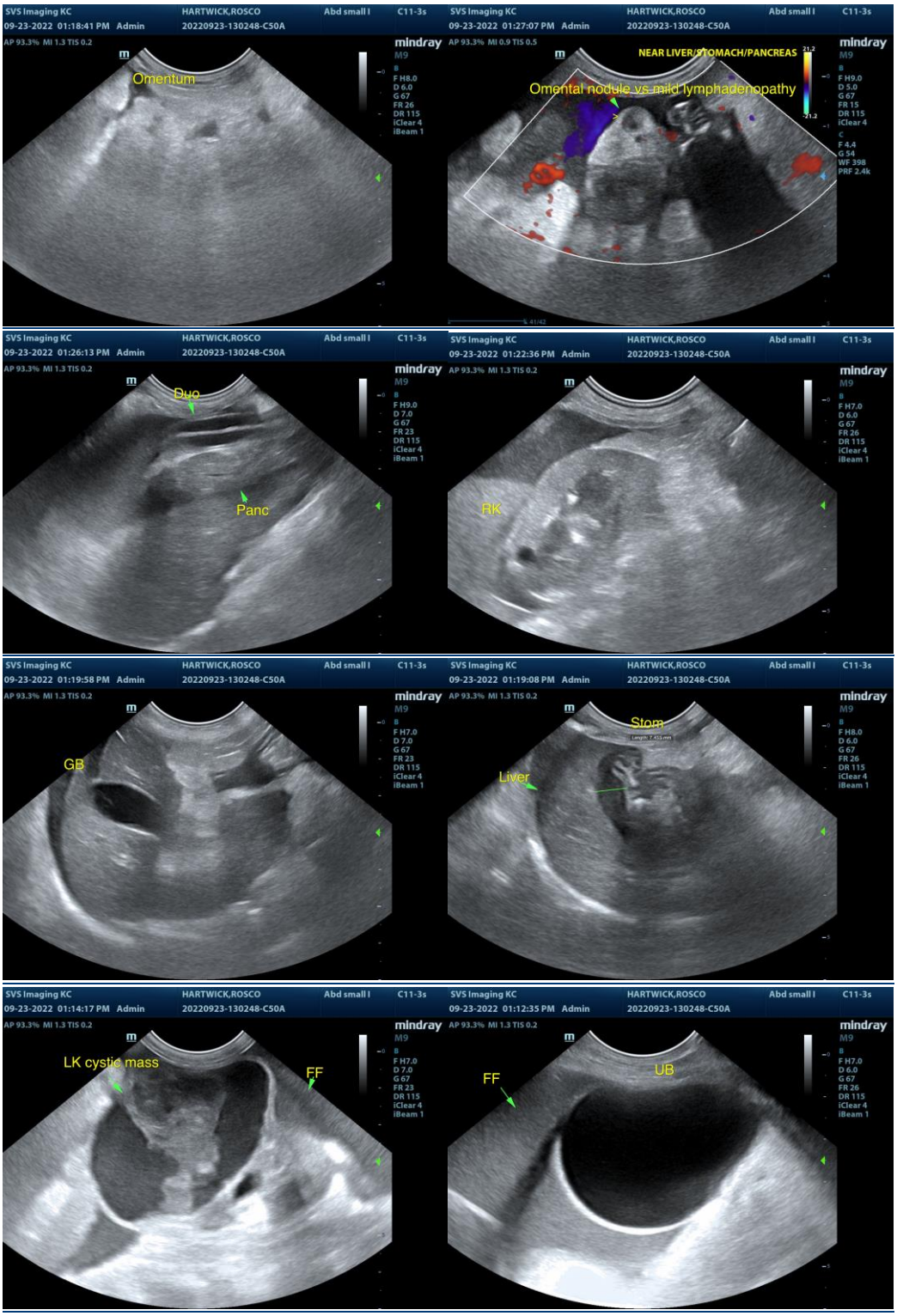

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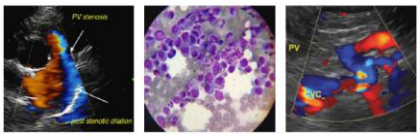

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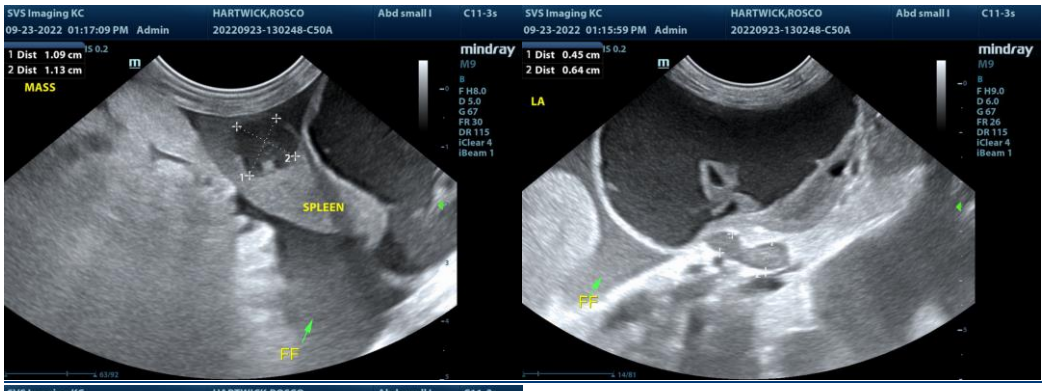

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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