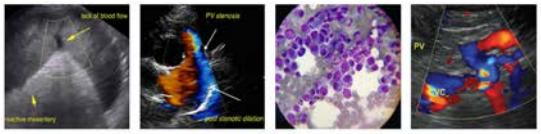
Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Prancer Okonski

SPECIES

Canine

BREED

GSP

SEX

Neutered Male

AGE

9 years

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Collins

INVOICE

25981

DATE

9.30.2021

PRESENTING CLINICAL SIGNS

History: Hematuria, constipation?, straining, 2nd opinion, possible dorsal abdominal mass

Medication: Baytril

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. Apical urinary bladder wall measured 0.33 cm. Anechoic urine was present in the lumen. Accumulated echogenic sediment as well as non-dependent particulate sediment was present. The accumulated, primarily dependent sediment measured 4.3 cm x 1.4 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.93 cm in width.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm.

The right kidney exhibited a large, expansive, non-homogeneous to focally cavitated or cystic mass occupying the majority of the mid to caudal right kidney, measuring approximately 8.0 cm x 8.0 cm. Associated mild retroperitonitis present. Mild remaining discernable cranial pole right kidney architecture was present.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.54 cm at the caudal pole. The right adrenal gland was not overtly visualized owing to the presence of the right kidney mass.

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.

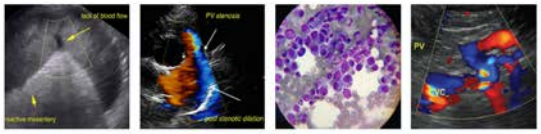
Liver

The liver 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 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.

Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Prancer Okonski

SPECIES

Canine

BREED

GSP

SEX

Neutered Male

AGE

9 years

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Collins

INVOICE

25981

DATE

9.30.2021

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

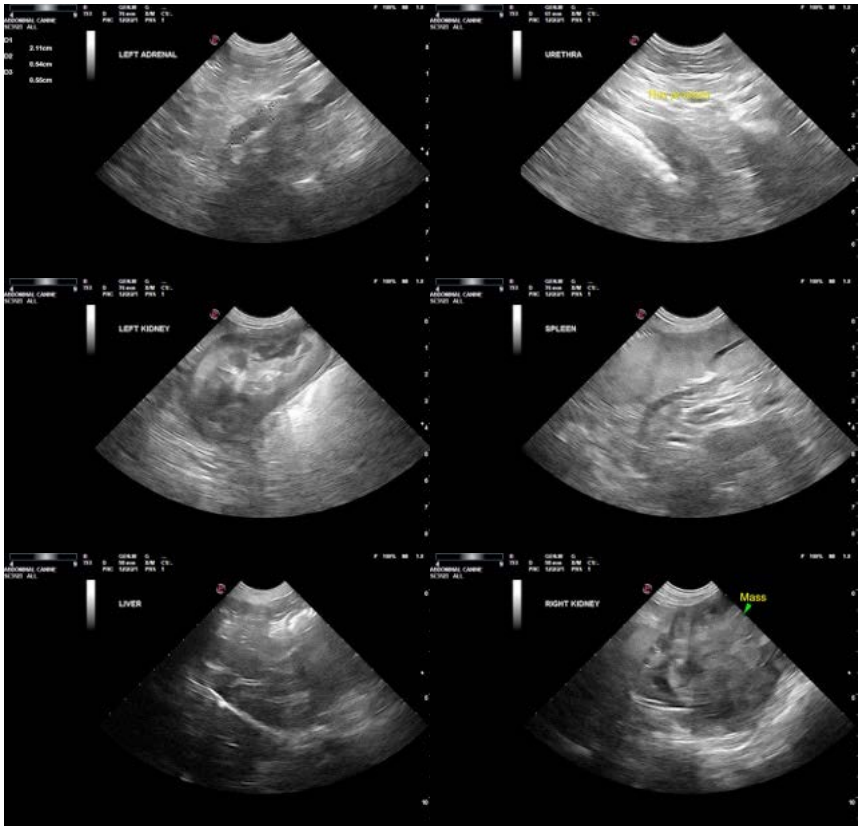
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Right kidney mass
- Urinary bladder blood clot and particulate cellular debris
- Sonographically unremarkable left kidney

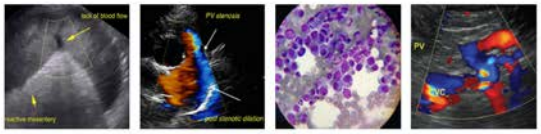
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the right kidney mass is most consistent with neoplasia with secondary hematuria and urinary bladder blood clot. No overt evidence of regional metastasis, although mild associated retroperitonitis is probable. Assuming no evidence of thoracic pathology or metastasis on 3-view chest radiographs, right nephrectomy with gross inspection of the urinary bladder +/- cystotomy and urinary bladder flush may be considered. Alternatively, CT assessment for surgical planning and rule out of non-obvious metastasis may be considered.



Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Prancer Okonski

SPECIES

Canine

BREED

GSP

SEX

Neutered Male

AGE

9 years

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

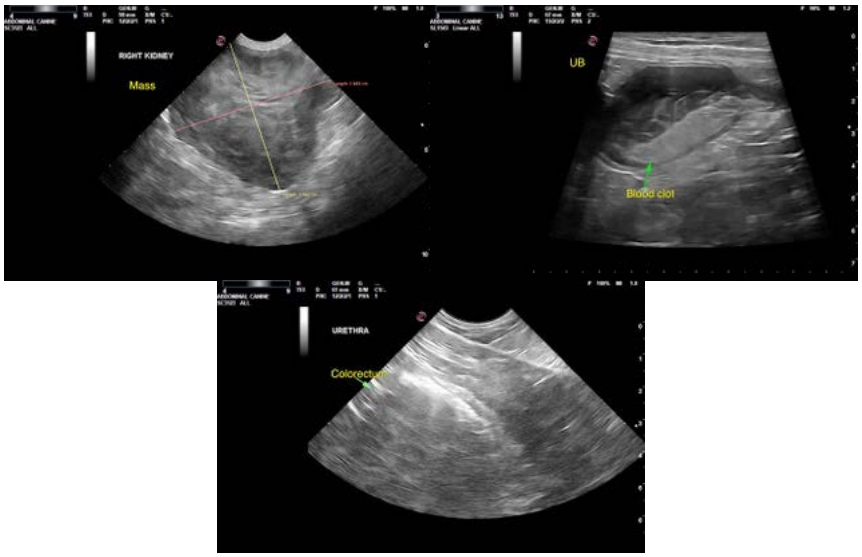
Dr. Collins

INVOICE

25981

DATE

9.30.2021



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)
mac.daniel@sonopath.com