

PATIENT PRESENTING CLINICAL SIGNS

Tuk Baxter presented Sept 3/22. lethargy, inappetence for 24 hours. no v/d. went for morning walk, had normal BM. does walk around sniffing a lot. food is kibble, fed 3X a day, O aware of torsions and trying to prevent. on flea/tick medication. was at rDVM previously for lethargy, previously gums were white when took him in. bloodwork was done at rDVM and was ok as per O. xrays not done yet by rDVM

Canine lethargy, inappetence in past 24 hours - pancreatitis vs gastritis vs other. some concern for hemangiosarcoma given history of "gums turning white" when previous collapse occurred.

BREED

Golder Retriever

Abnormal PE/Chem/CBC/UA Results: rads: 3 view abd rads ---no obvious masses in abdominal cavity but decreased serosal detail in cranial abdomen on lateral and R cranial quadrant on VD. colon appears ventrally displaced on V/D view and decreased retroperitoneal serosal detail. brief AFAST (no charge) showed no obvious free abdominal fluid please see attached BW

SEX

MI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

7yr

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.

WEIGHT

33kg

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 8.0 cm in length.

INTERPRETED BY

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

An ill-defined non-homogeneous mass in the area of the right kidney was present measured ~ 10 cm in length. The right kidney measured ~ 8.5 cm in length. Mild associated increased retroperitoneal tissue echogenicity along with scant retroperitoneal free fluid was present.

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Kelly Reschny

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

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The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.4 cm in diameter.

Adrenal Glands

REFERRING VET

Dr. Kazienko

The left adrenal gland was indistinctly visualized owing to increased retroperitoneal artifact and patient size without overt pathology. The right adrenal gland was not definitively visualized.

Spleen

INVOICE

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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.

DATE

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Liver



PATIENT

Tuk Baxter

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.

SPECIES

Canine

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

BREED

Golder Retriever

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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

AGE

7yr

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

WEIGHT

33kg

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined mass in the area of the right kidney with associated retroperitonitis/regional peritonitis
- Intact overtly normal left kidney
- Mild gastric ingesta
- Benign prostatic hyperplasia-minor potential for prostatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the mass in the area of the right kidney is suspected to indicate primary renal mass which meets neoplastic criteria i.e. sarcoma, adenocarcinoma or other. The potential for non-renal primary origin cannot be definitively excluded. No obvious evidence of hepatosplenic or left kidney involvement/metastasis. Abdominal CT for assessment of regional metastasis and possible surgical planning would be ideal. Three view chest radiographs suggested if not done to assess for thoracic pathology. No overt evidence of GI structural pathology was present. The presence of gastric ingesta is nonspecific and may indicate some degree of gastric stasis.

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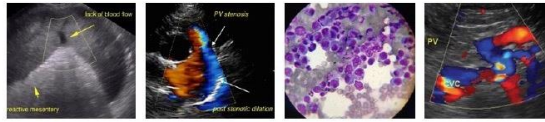
Assuming normal clotting status and using a 25g needle a right kidney mass FNA is recommended for initial screening cytology.

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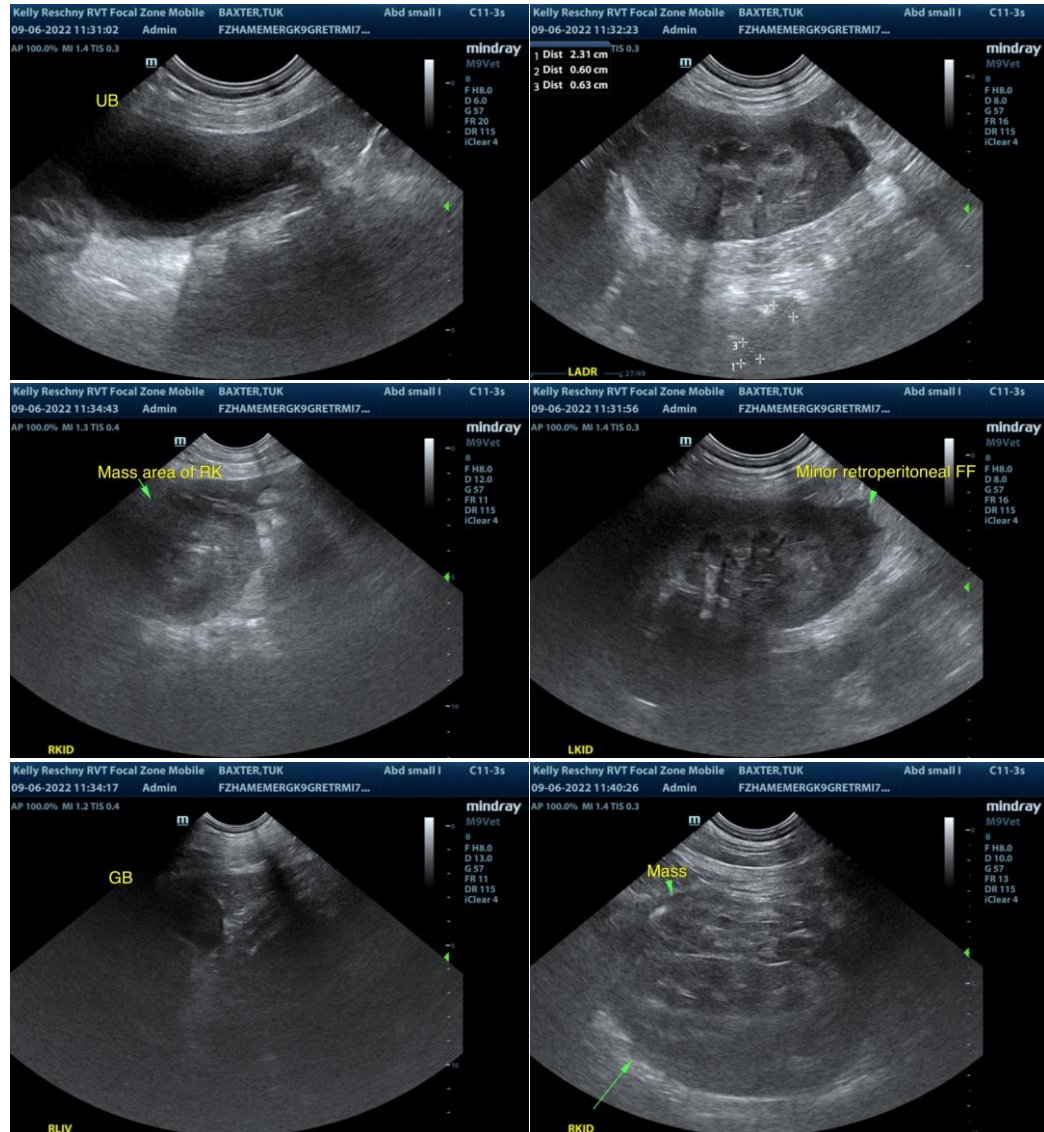
Dr. Kazienko

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SPECIES

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BREED

Golden Retriever

SEX

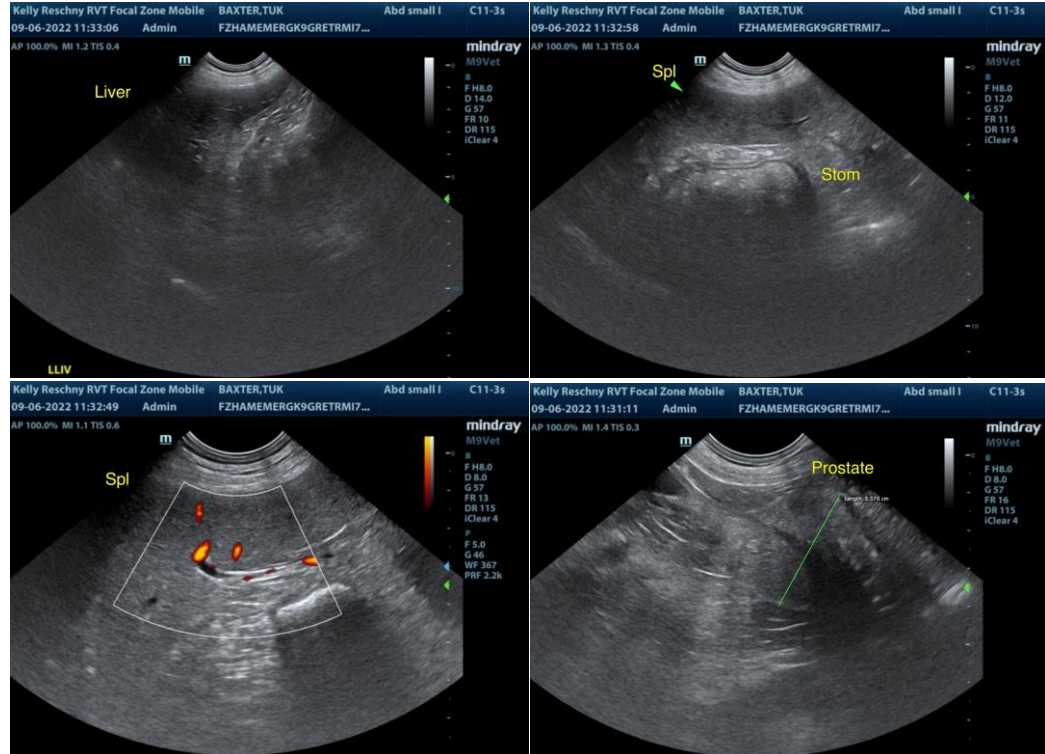
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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