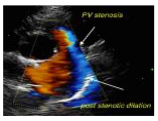
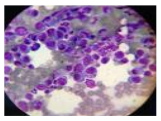
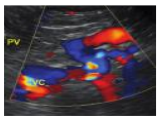





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Max Abbott

SPECIES

Canine

BREED

Pug

SEX

MN

Age

16 years

WEIGHT

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Oviedo Veterinary Care and Emergency

REFERRING VET

Dr Caja

INVOICE

303468

DATE

10/8/22

PRESENTING CLINICAL SIGNS

History: Hematuria – previously diagnosed with crystalluria and UTI.

Physical Examination: N/A.

Urinalysis: Hematuria and pyuria.

CBC: Mild anemia.

Serum Biochemistry: Elevated urea, ALP activity, and potassium.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with an irregular and thickened wall. Moderate amount of floating and depended hyperechogenic sediment. Multiple uroliths up to 1.7 cm in size.

Normal trigone area, proximal urethra (0.6 cm), and iliac blood vessels.

Normal iliac lymph nodes. Dilated left ureter (0.4 cm) with a thickened wall. Right ureter not visualized.

Left kidney – small in size (3.3 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, pyelectasia (0.9 cm), and an irregular capsule.

Right kidney – normal size (4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

Small hypoechogenic prostate (0.9 cm).

Adrenal Glands

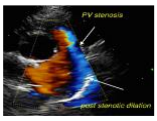
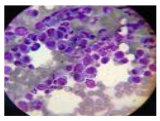
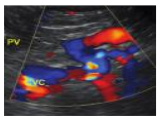
Normal shape, echogenic appearance, position, and size. Left 0.65/0.54 cm, right 0.56/0.56 cm.

Spleen

Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size with a mottled echogenic appearance, loss of portal markings, and regular curvilinear capsule. Two isoechogenic solid vascularized parenchymal masses – one in the left liver (4 x 5.2 cm) and the other one in the right liver 5 x 6.6 cm). Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.3 cm).

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.49 cm, jejunum 0.38 cm) and peristaltic activity, and no distension of the lumen. Large amount of ingesta within the stomach.

Pancreas

Normal size (right 1.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (2.2 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cystitis.
- Uroliths.
- Left renal pathology.
- Hepatic masses.
- Hepatopathy.

Secondary Findings:

- Age-related renal changes of the right kidney.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

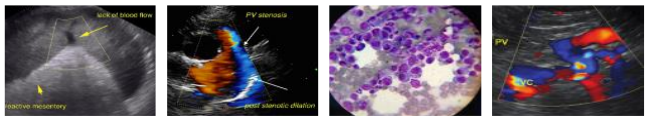
Etiologies for the left kidney and ureter would be previous obstructive uropathy and pyelonephritis; however, with the urinary bladder pathology an ascending bacterial infection needs to be considered.

Etiologies for the hepatic masses would be hepatoma, nodular regeneration, secondary to chronic hepatitis, and primary hepatic neoplasia.

Etiologies for the hepatopathy would be reactive, hyperplasia, nodular regeneration, and infiltrative neoplasia

Further assessment would be urinalysis, urine culture, 3-view thoracic radiographs, and FNA cytology of the liver and hepatic masses. Tru-cut/wedge biopsy may, however, be required for a final etiological diagnosis for the liver and masses. Laparotomy should be considered, which would allow for wedge biopsy of the liver and the masses as well removing the uroliths.

Specific therapy would be dependent on an etiological diagnosis.



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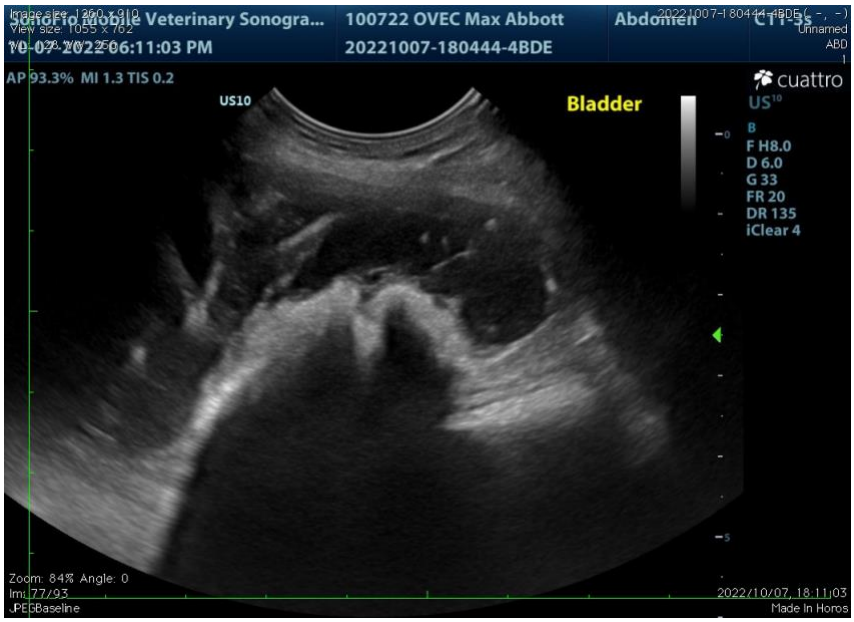
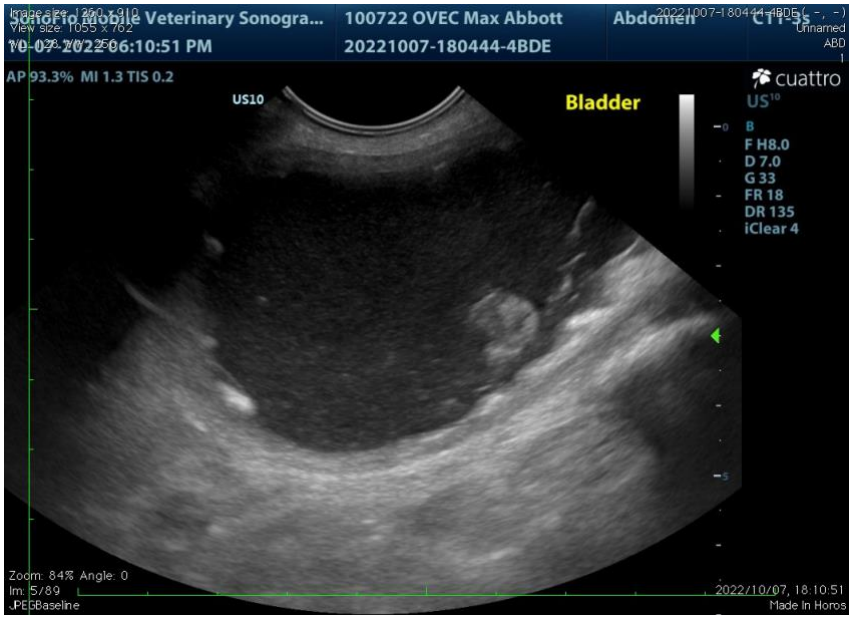
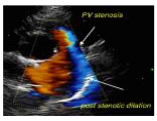
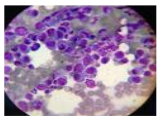
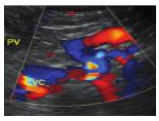
IMAGES

Urinary bladder





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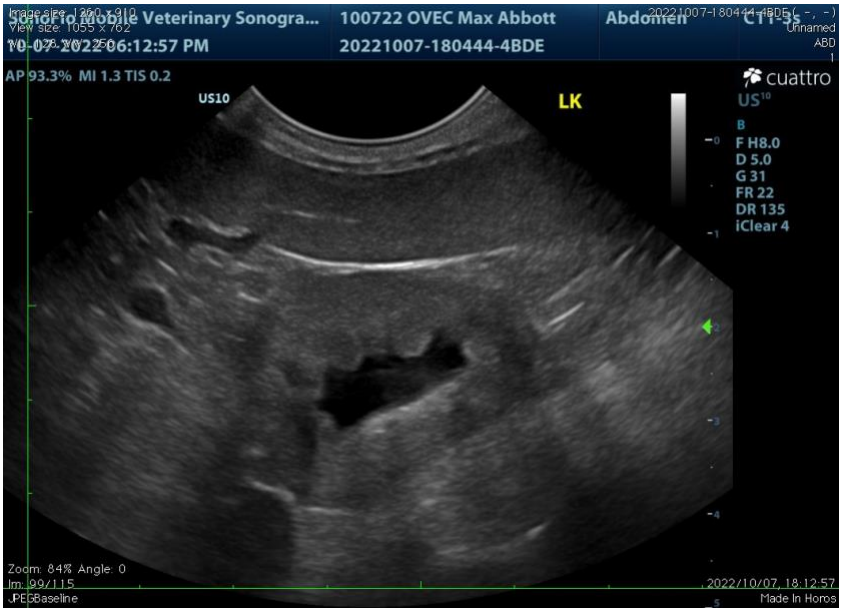
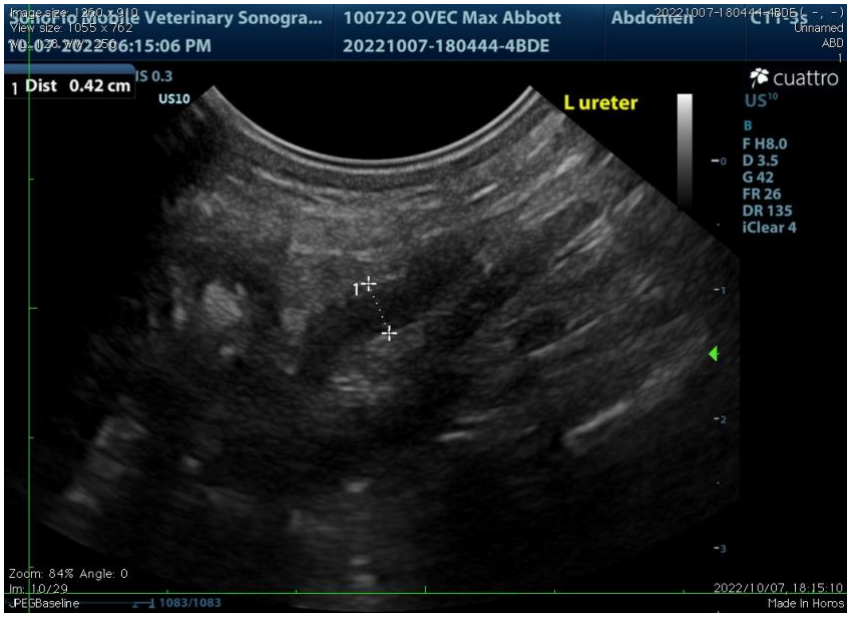
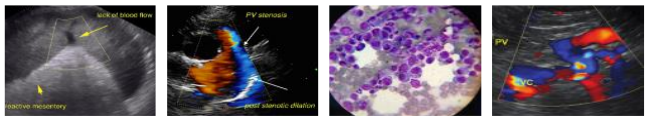
Left kidney



Left ureter





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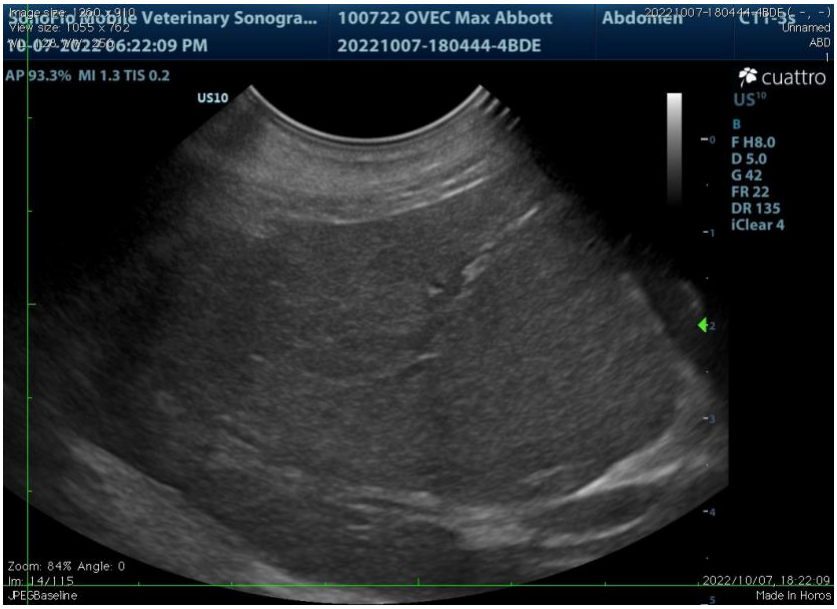
Liver



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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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