

PATIENT

Missy Boyd

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

8 years

WEIGHT

51 #

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

303339

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Renal disease.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Non-regenerative anemia.

Serum Biochemistry: Azotemia, low-normal albumin.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a thickened, irregular, and hyperechogenic appearance of the wall. Moderate amount of floating and dependent hyperechogenic sediment. No uroliths evident.

Thickened and irregular appearance of the trigone area and proximal urethra (0.7 cm). Normal iliac blood vessels.

Iliac lymphadenomegaly (right 0.7 x 3.5 cm, left 0.7 x 1.9 cm) with normal shape and echogenic appearance. Left ureter not visualized, dilated right ureter (0.2 cm).

Renomegaly (left 6.6 cm, right 7.4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (both 0.4 cm).

Reproductive System

Visible uterine stump (0.7 cm) with normal appearance of the surrounding tissue.

Adrenal Glands

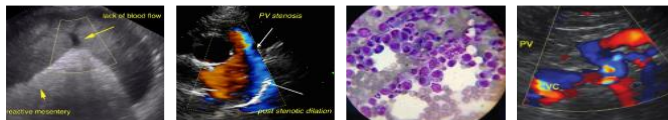
Normal shape, echogenic appearance, position, and size. Left 0.53/0.55 cm, right 0.67/0.56 cm.

Spleen

Normal size (2.7 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. Focal hypoechogenic nodule (1 cm) in the body of the spleen. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Multiple small (up to 1 cm) hypoechogenic parenchymal nodules. No masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 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 0.41 cm, jejunum 0.27 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (right 1.2 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1.9 cm).
Mild ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Urinary bladder and urethral thickening.
- Dilated right ureter.
- Iliac lymphadenomegaly.
- Renal disease.
- Hepatic nodules.
- Splenic nodule.
- Acellular ascites.

Secondary findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the appearance of the urinary bladder, urethra and dilated ureter, the most likely etiology would be neoplasia, with granulomatous disease a differential diagnosis.

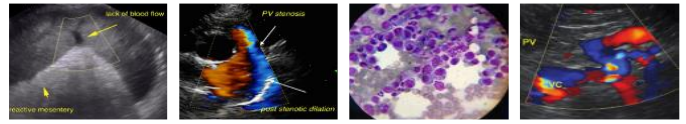
Etiologies for the iliac lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, differential diagnoses.

Etiologies for the renal disease would be obstructive uropathy, bacterial nephritis, acute kidney injury, leptospirosis, pyelonephritis, and hypertensive nephropathy.

Etiologies for the hepatic nodules would be nodular hyperplasia, granulomas, hematomas, abscessation, and neoplasia.

The most likely etiology for the splenic nodule would be hyperplasia with granuloma, abscess, hematoma, and neoplasia differential diagnoses.

Etiologies for the ascites would be transudate, modified transudate, urine, and blood.



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Further assessment would be urinalysis and culture, 3-view thoracic radiographs, blood pressure, BRAF assay, analysis of the ascitic fluid, and FNA cytology of the hepatic nodules.

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Specific therapy needs to be based on an etiological diagnosis.

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IMAGES

Urinary bladder/ascites

SEX

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Urethra

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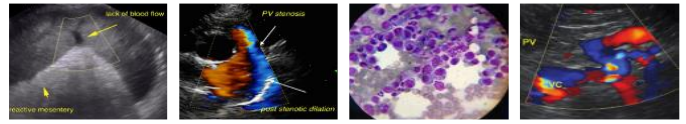
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Liver



Iliac lymph node



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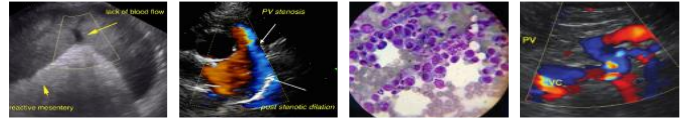
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Left kidney



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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.

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 rlobetti@mweb.co.za