

**PATIENT**

Sophie Robbins

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

55lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small  
Animal Internal Medicine*)

**IMAGING PERFORMED BY**

Dr. Velasco

**HOSPITAL NAME**

Bethany Family Pet Clinic

**REFERRING VET**

Dr. Velasco

**INVOICE**

10165

**DATE**

1/20/22

**PRESENTING CLINICAL SIGNS**

History: Sophie has been a bit ADR over the last 4-6 weeks. She seems to be painful when she is picked up. PE today would support some possible neck pain. O feels she is painful around the ribs. 5 days ago, she had an episode of vomiting, panting and restlessness. Responded well to hydration and cerenia.

Abnormal PE/Chem/CBC/UA Results: 12/21 Crea 2.4 BUN 31 ALT 43 1/15/21 Crea 2.5 BUN40 ALT 334 USG 1.026 4DX and urine culture are pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney presented normal size (4.73 cm in length); with an irregular shape. A 1.93 x 1.75 irregular hypoechoic nodule/mass is arising from the medial aspect. At least 2 other nodules/masses, each measuring 1.5 cm, are observed at the cranial pole. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. A small cortical cyst is observed at the lateral aspect. Renal vasculature is normal.

The right kidney presented normal size (7.11 cm in length); with an irregular shape. A 2.30 x 2.00 cm echogenic mass is observed at the medial aspect. The mass caused capsular expansion. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

**Adrenal Glands**

The left adrenal gland is enlarged (1.23 cm at cranial pole) (1.26 cm at caudal pole) (2.53 cm in length); with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail.

The right adrenal gland is not definitively visualized.  
(See "Other" category)

**Spleen**

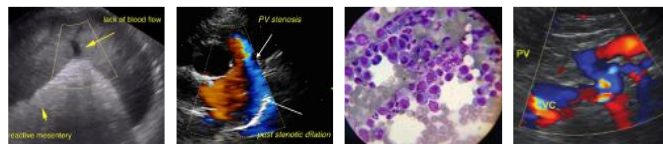
The spleen is normal in size (1.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

(See "Other" category)

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.



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**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion. (See "Other" category)

**Free Abdomen**

There is no evidence of free fluid.

**Lymph Nodes**

(See "Other" category)

**Other**

A 5.50 x 4.16 cm irregular, heterogenous mass is observed in the right cranial abdomen.

A 0.97 x 0.81 cm ring-shaped thrombus is observed in one of the great vessels, mid-abdomen. Blood flow distal to the lesion appears sluggish.

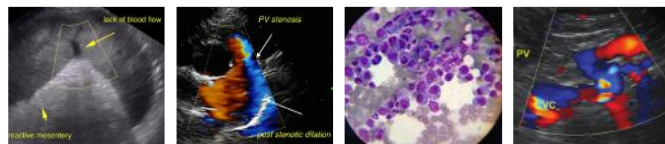
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bilateral renal masses. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of multifocal inflammatory disease. Chronic age-related renal changes are also present.
- Large right cranial abdominal mass, the origin of which is unclear. It may be arising from liver, pancreas, right adrenal gland, lymph node, mesentery, other.
- The left adrenomegaly is most consistent with benign nodular hyperplasia. However emerging neoplasia cannot be excluded.
- Great vessel thrombus with partial luminal obstruction. This lesion may represent a clot or tumor embolus.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider fine-needle aspirates of the renal masses, and the mass in the right cranial quadrant, if clotting times and blood pressure are normal. Unfortunately, due to the potential for metastatic disease, the prognosis for this patient is considered guarded.



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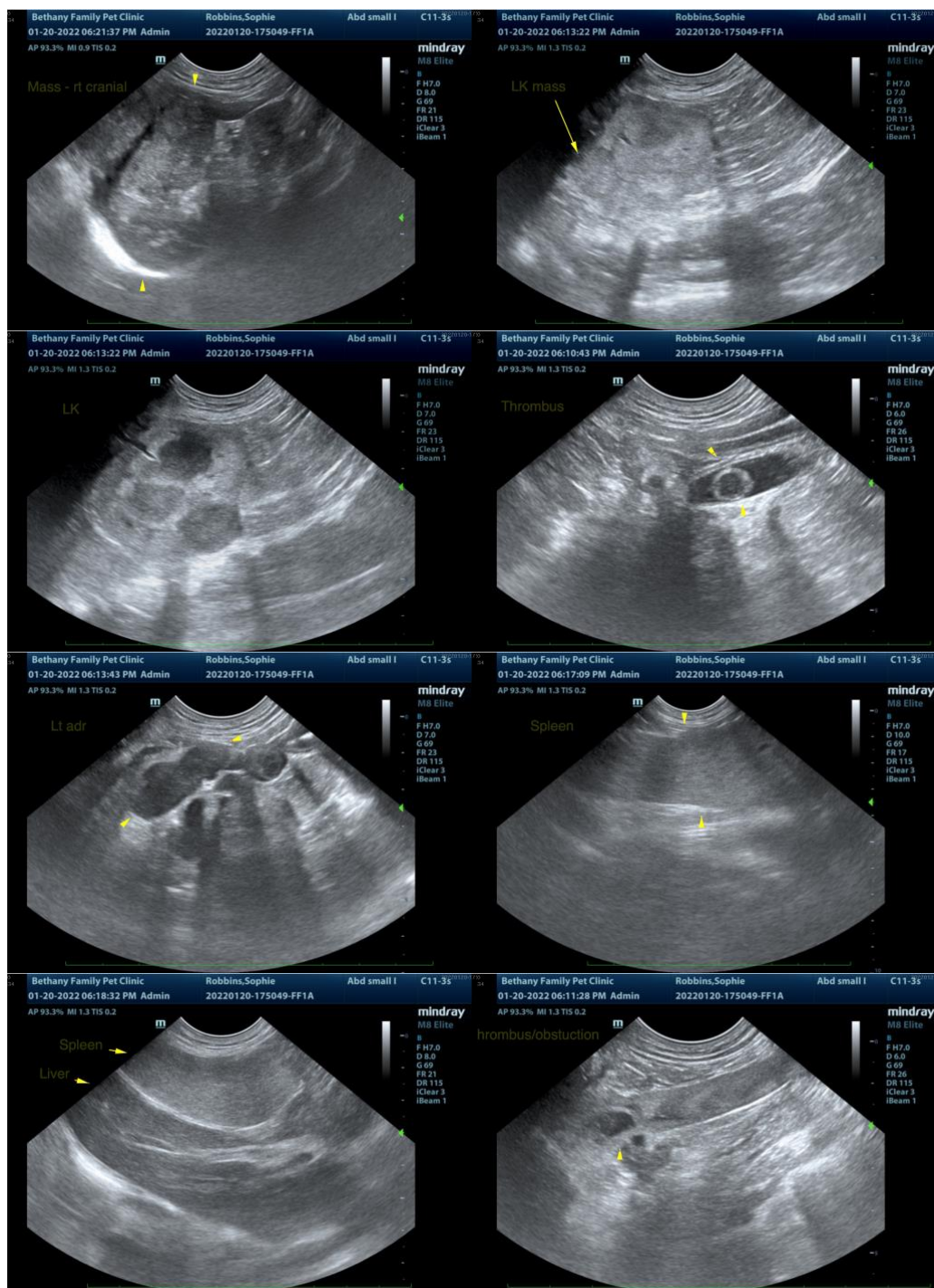
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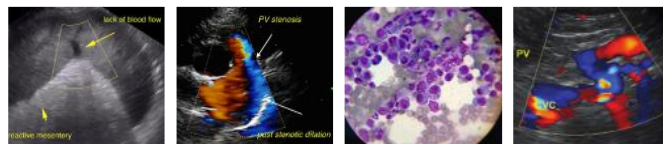
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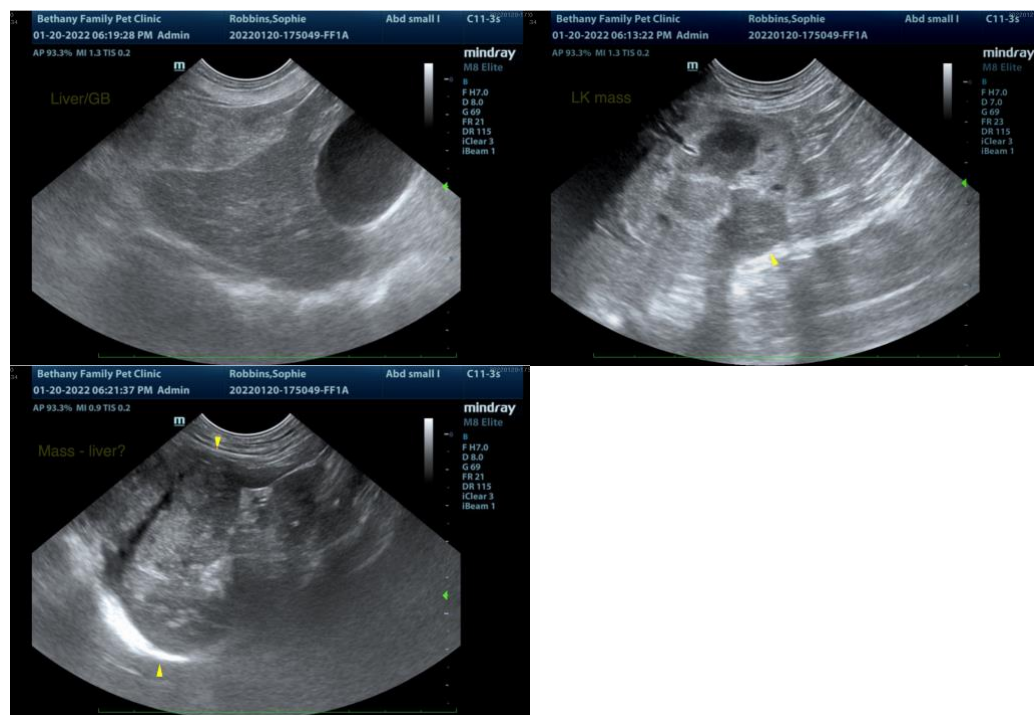
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com