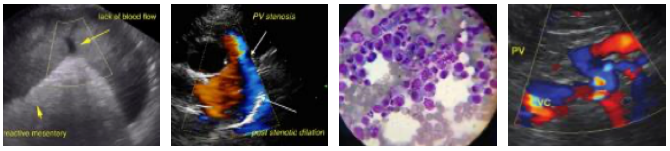
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Murphy Howe

SPECIES
Canine

BREED
Golden Retriever

SEX
Male, neutered

AGE
7.5 Yrs.

WEIGHT
40.6 kg.

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

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks VH

REFERRING VET
Dr. Trudeau

INVOICE
14520

DATE
1/31/23

PRESENTING CLINICAL SIGNS

History: had an episode where he was stretching and seeming uncomfortable and wanting to stay outside When he came inside this afternoon he wobbled and fell over, then was laying on the floor. No vomiting or diarrhea
Abnormal PE/Chem/CBC/UA Results: CBC/Chem - NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

3 still images are available for interpretation. The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.19 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal to slightly enlarged size (6.98 cm in length) with irregular peripheral contours. An approximately 3.5-4 cm hyperechoic to mildly heterogeneous mass with suspected small cavitated areas is observed at the cranial pole. In the remainder of the kidney, the margins are curvilinear and there is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Medial to the left kidney and extending caudally, a well circumscribed area (>7 cm) of fluid and echogenic material is observed. The mesentery surrounding the kidney is hyperechoic. Trace retroperitoneal fluid is observed.

The right kidney is normal size (7.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. The mesentery surrounding the kidney is mildly hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.83 cm at cranial pole) (0.75 cm at caudal pole) (xxx cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

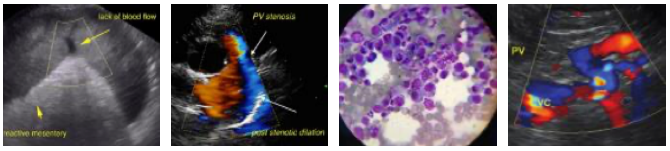
The right adrenal gland is normal size (0.60 cm at cranial pole) (0.56 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (xxx cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly heterogeneous in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. There is no evidence of an obstructive pattern.

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.

Free Abdomen

Trace free fluid is suspected. A 1.81 cm sublumbar lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

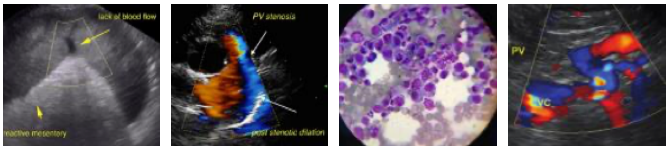
- Left renal mass at the cranial pole. Neoplasia (i.e., hemangiosarcoma, carcinoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., granuloma, inflammatory focus). The well-circumscribed lesion extending from the medial aspect of the left kidney caudally is suspected to represent an area of hemorrhage/thrombus. However, a tumor cannot be completely excluded. Retroperitonitis is present.

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The prominent sublumbar lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status
- Clotting times (PT/PTT) are recommended to assess for coagulopathy.
- Serial monitoring of the patient's PCV is also recommended to assess for the development of anemia.



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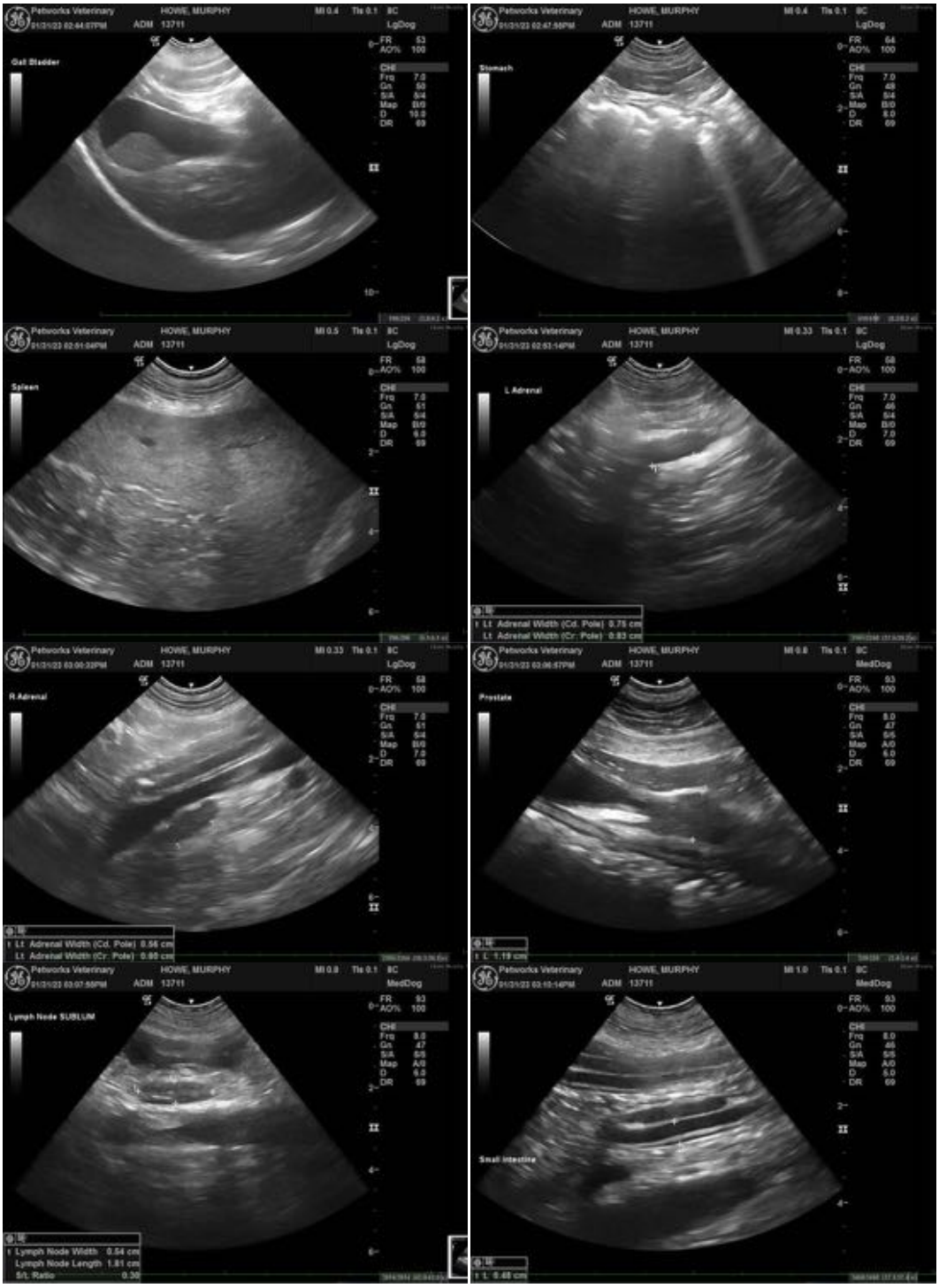
- An abdominal CT scan would be useful in further characterizing the left renal mass and adjacent pathology. Depending on the results, a left nephrectomy may be warranted.



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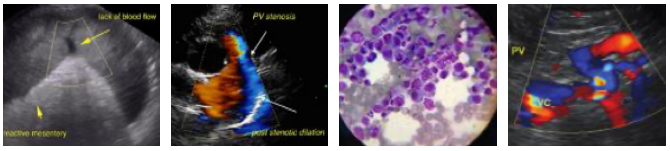

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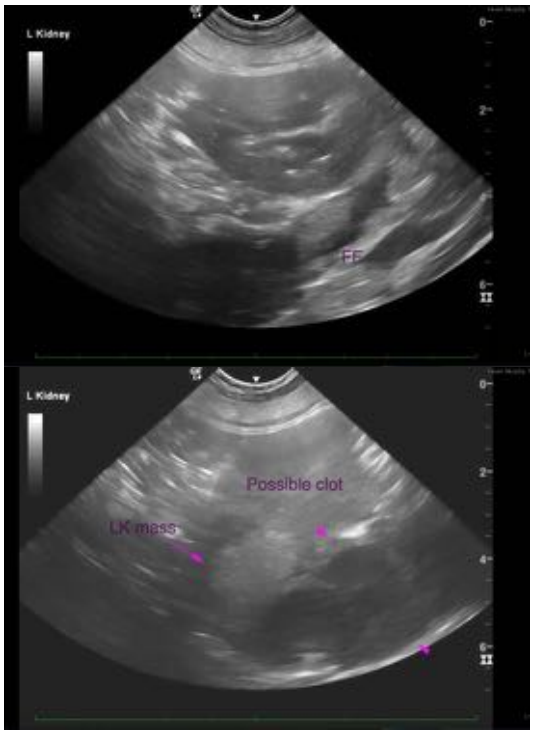

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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