

**DATE**

10/11/2021

PRESENTING CLINICAL SIGNS

History: 7lbs weight loss in 5 mos, appetite normal (typically picky eater) energy level normal, PE otherwise unremarkable other than large abd mass.

PATIENT

Laney Demetriades

Current Medications: No current medications.

Lab Results: lab work (chemistry, cbc, urine, PT/PTT and possible blood type) are pending.

Radiographs: rads very large mid to cranial abdominal mass, compressing stomach, unable to determine origin.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: utilized for second half of scan

SPECIES

Canine

Stat Report: not requested

BREED

Jack Russell terrier mix

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 with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female, spayed

A 10.64 x 8.16 cm heterogeneous vascular mass appears to be arising from or is adjacent to the medial aspect of the left kidney. The more normal appearing renal tissue measures 4.24 cm in length and is displaced laterally. There is a normal 1:3 cortex: medulla ratio in the more normal appearing tissue and there is mild loss of corticomedullary distinction. There is no evidence of nephroliths or hydronephrosis. Renal vasculature appears normal.

AGE

7/11/2010

WEIGHT

18.9 lbs.

The right kidney is normal size (5.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.63 cm at caudal pole) (2.72 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 (0.72 cm at cranial pole) (0.62 cm at caudal pole) (2.50 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.

INTERPRETED BY

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

HOSPITAL NAME

Everhart WellPet Center

Spleen

The spleen is normal in size (1.16 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.

REFERRING VET

Dr. Hess

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. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

INVOICE

12335

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 disease is noted.

Pancreas

A portion of the pancreas is obscured by the large abdominal mass. In the visualized portion, no obvious pathology is seen.

Free Abdomen

The mesentery surrounding the large abdominal mass is mildly hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

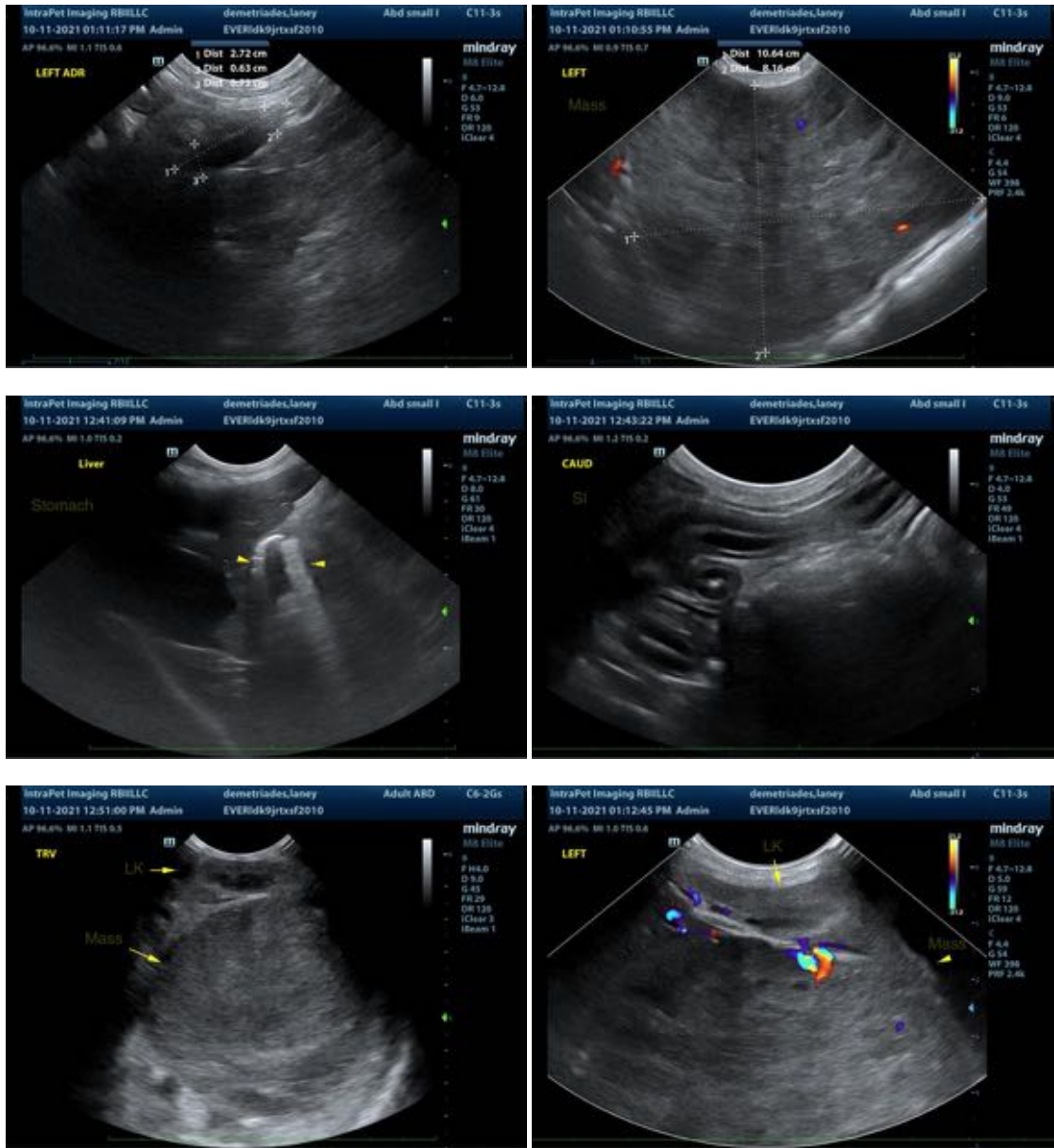
ULTRASONOGRAPHIC FINDINGS

- Large, vascular abdominal mass, suspected to be of left renal origin. However, a different origin (i.e., mesentery, lymph node, pancreas) with left renal compression cannot be excluded. Regional peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the mass is recommended (if clotting status is appropriate). Care should be taken to avoid the vascular regions of the mass. A 25-gauge needle should be used for aspiration. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss mass +/- left nephrectomy (f indicated). An abdominal CT scan is recommended to aid in surgical planning.





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 ACVIM (*Small Animal Internal Medicine*)
 Andrea.nicastro@sonopath.com