DATE

11/17/25

PATIENT

Lucy Defendorf

SPECIES

Canine

BREED

Bulldog

SEX

Female, spayed

AGE

9/13/2016

WEIGHT

57 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Beltway AH

REFERRING VET

Dr. Smith

INVOICE

13345

PRESENTING CLINICAL SIGNS

Patient History: Palpable mass in abdomen.

Current Medications: None listed.
Labwork Results: Labwork not attached, reported as WBC 18.6
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is enlarged (10.31 cm in length). Hydronephrosis is present (3.04 cm in the longitudinal plane). Echogenic debris is suspended within the renal pelvis. A >9 cm cavitated, multi-lobulated mass is adjacent to or arising from the medial aspect of the kidney. A few additional irregular cystic structures are observed within the cortex. In addition, a 4.9 x 3.3 cm heterogeneous mass/lesion is contiguous with the cystic mass effect. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal in size (6.97 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At least 1-2 cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is obscured by the mass effect associated with the left kidney.

The right adrenal gland is enlarged (0.96 cm at cranial pole) (1.69 cm at caudal pole) with an irregular shape. A 1.8 x 1.5 cm septated cystic structure is observed at the caudal pole. The parenchyma in the cranial pole appears slightly heterogeneous in appearance. There is no obvious evidence of vascular invasion.

Spleen

The spleen is normal in size (1.97 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. Numerous small ill-defined hypoechoic nodules are observed throughout the organ along with a few pinpoint hyperechoic nodules/areas. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris 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 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 is normal in thickness 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.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large, cavitated mass associated with the left kidney. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, other) is suspected with a lower possibility of a benign process (i.e., complex cyst). The mass effect appears to be resulting in left hydronephrosis. Cellular debris is observed within the renal pelvis. Mild adjacent retroperitonitis is present. Age-related changes are present in the right kidney with acute cortical cysts and subtle dystrophic mineralization.

- The cystic structure in the right adrenal gland could be consistent with a metastatic lesion, emerging primary right adrenal tumor, benign cyst, other.

Secondary Findings:

- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., round cell tumor).

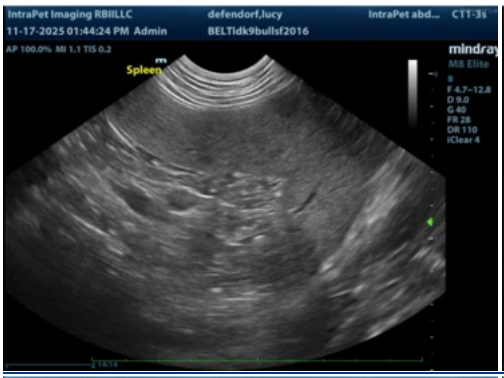
- The hepatic parenchymal changes are nonspecific and could be associated with benign age-related parenchymal remodeling, regenerative nodular hyperplasia, inflammatory disease, infiltrative neoplasia or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

2. If there is no evidence of pulmonary metastatic disease, consider consultation with a board-certified surgeon to discuss a right nephrectomy/mass removal with submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning. If surgery is not pursued, palliative care is recommended.

3. Also consider a urinalysis with a culture and sensitivity if not already performed.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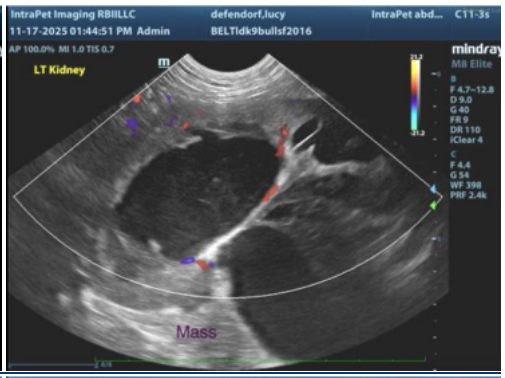
Spleen
mindray
M8 Elite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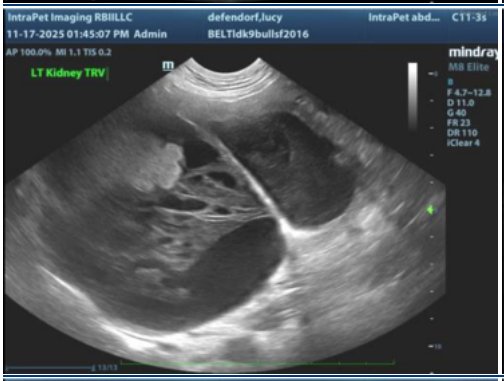
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1 Dist 2.90 cm
2 Dist 1.69 cm
3 Dist 0.96 cm
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RTADR
1 Dist 1.34 cm
2 Dist 1.47 cm
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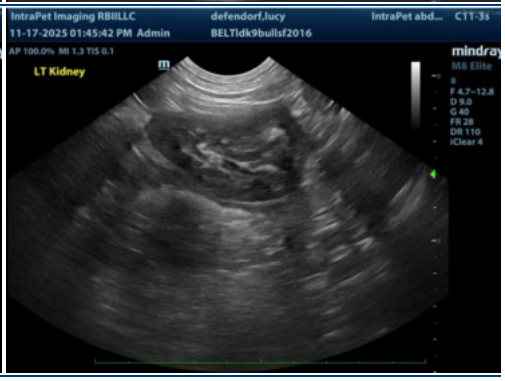
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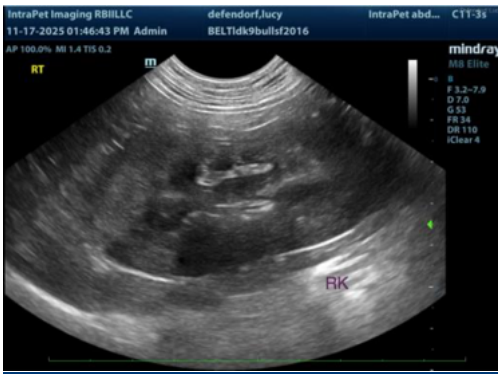

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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