

**DATE PRESENTING CLINICAL SIGNS**

2/24/2022

Pet presented for evaluation of abnormal tail carriage. O noticed two days ago. On PE- p had tense abdomen. Lateral radiograph showed mass effect from retroperitoneal region with abnormal size and borders of kidneys. In house ultrasound was concerning for structure of kidneys.

**PATIENT**

Krewe Baddley

Current Medications: None.

Lab Results: Pending.

CBC and chemistry panel are unremarkable. Urine Specific gravity 1.031 with 1+ proteinuria and an inactive sediment.

**SPECIES**

Canine

Radiographs: Mass effect from retroperitoneal region with abnormal size and borders of kidneys.

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Cairn Terrier

Imaging Performed By: Andi Parkinson, RDMS.

**SEX**

Neutered Male

\*\*Due to the extensive abdominal retroperitoneal pathology, the kidneys and adrenal glands could not be fully evaluated.

**AGE**

11/18/2020

**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 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.

**WEIGHT**

18.4lbs

The prostate is not visualized in its entirety due to its pelvic location.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

The left kidney presented normal size (4.73 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. (See also "Other" category).

The right kidney presented normal size (4.49 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. (See also "Other" category).

**HOSPITAL NAME**

Belvedere Veterinary  
Center

**Adrenal Glands**

The adrenal glands were not definitively visualized due to the presence of a large retroperitoneal mass.

**REFERRING VET**

Dr. Moulder

**Spleen**

The spleen is normal in size (.104 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.

**INVOICE**

10448

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

#### ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly gas distended. The gastric wall and pylorus are 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 pancreas is diffusely visible with normal curvilinear peripheral. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

#### ***Free Abdomen***

A small to moderate amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

#### ***Other***

A >12 cm irregular/ill-defined, expansive, heterogenous mass is observed within the retroperitoneal space. The mesentery surrounding the mass is hyperechoic. A small amount of retroperitoneal fluid is observed.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

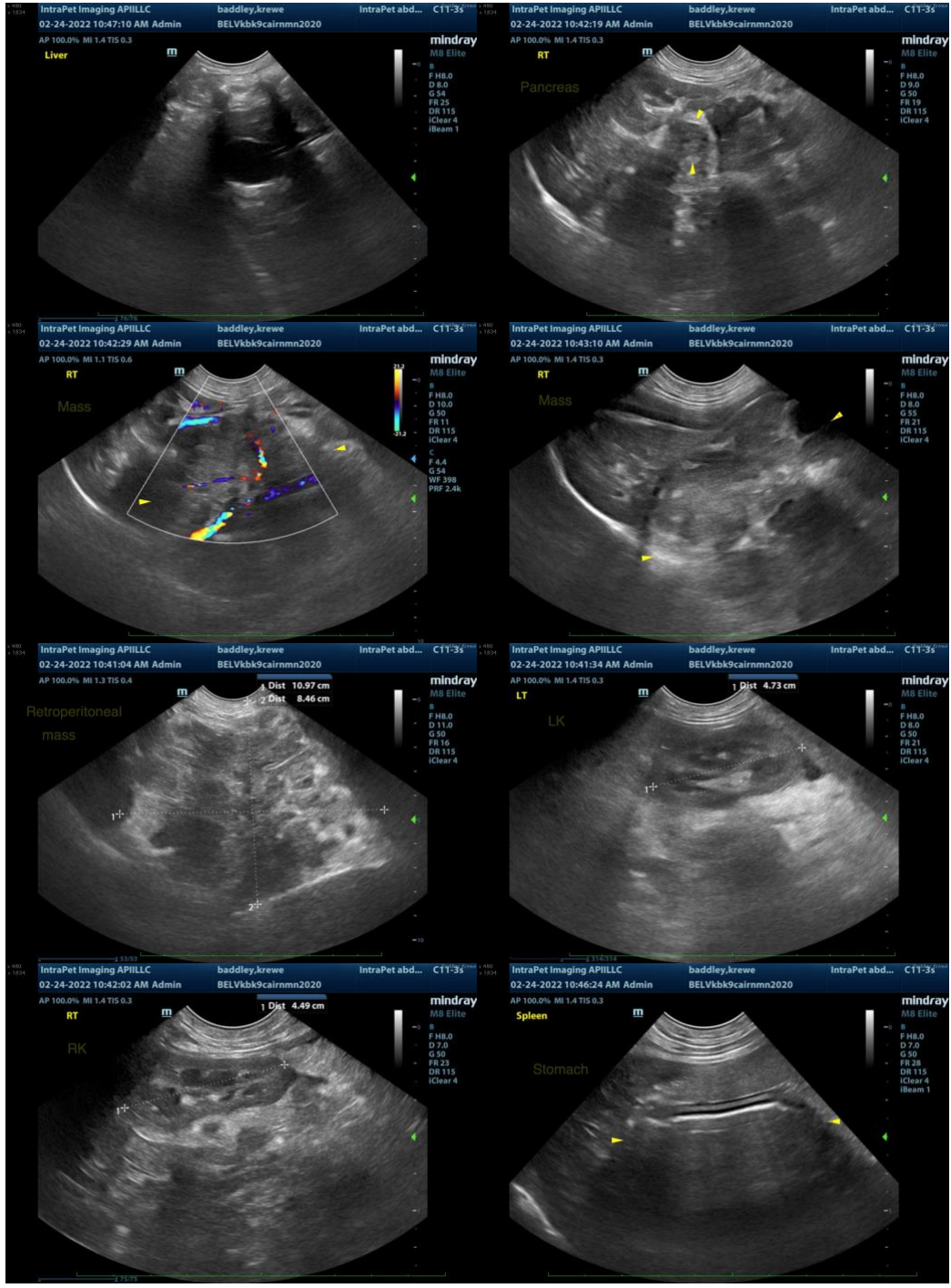
- Large retroperitoneal mass, the origin of which is unclear. It may be arising from fascia, mesentery, adrenals, kidney(s) other. The mass appears adhered to, but not necessarily invading into or arising from, the left kidney. Retroperitonitis and diffuse peritonitis is present.

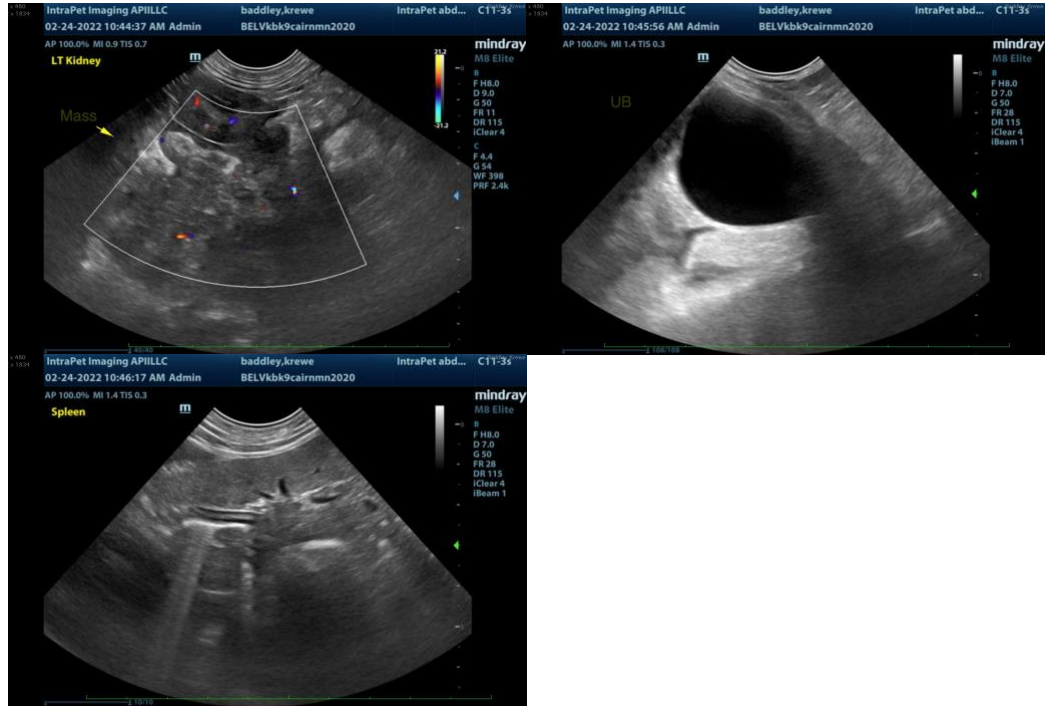
#### **Secondary Findings**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Chest radiographs (3-view) are recommended to evaluate for pulmonary metastatic disease.
- A fine-needle aspirate of the retroperitoneal mass is recommended if clotting status is appropriate. If cytology results are inconclusive and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan is recommended prior to surgery to aid in surgical planning. Given the extensive nature of the mass, the prognosis is considered guarded and palliative care should be considered.





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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