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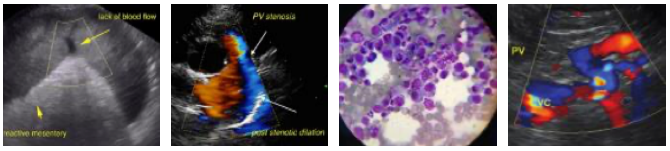

PATIENT
Mojo Keyes

SPECIES
Canine

BREED
Pit bull mix

SEX
Male, castrated

AGE
8.5 Yrs.

WEIGHT
30 kg.

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

IMAGING PERFORMED BY
Hayley Heindel, CVT

HOSPITAL NAME
Mason Dixon Animal ER

REFERRING VET
Dr. Longbottom

INVOICE
15218

DATE
8/23/23

PRESENTING CLINICAL SIGNS

History: radiographs showed mass in caudal abdomen, hair loss, poss MCT in skin
Abnormal PE/Chem/CBC/UA Results: CBC WNL, Chem 20 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A 1. 60 cm hypoechoic to anechoic lesion is observed at the corticomedullary junction at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.88 cm at cranial pole) (0.76 cm at caudal pole) (2.56 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 not definitively evaluated in the available images.

Spleen

The spleen is normal in size (2.08 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. 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/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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

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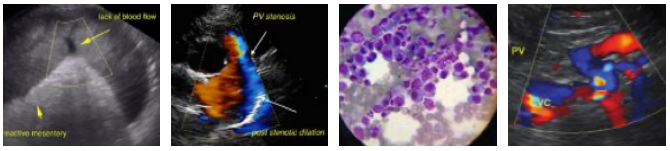

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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid.

Lymph Nodes

See *Other.*

Other

A 3.23 cm echogenic round mass is observed in the caudal abdomen, just cranial to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass, the origin of which is unclear. It may be arising from lymph node, mesentery, other. Differentials include neoplasia, inflammatory focus, granuloma, other. A neoplastic process is favored.
- Minor bilateral chronic renal changes. The hypoechoic to anechoic lesion in the left kidney may represent a cortical cyst, a metastatic lesion, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the caudal abdominal mass (if clotting status is appropriate). A 25 gauge needle should be used.
- Regarding the left renal lesion, consider using Doppler blood flow on the lesion to help determine if it is more likely to represent a cyst vs tissue/metastatic lesion.

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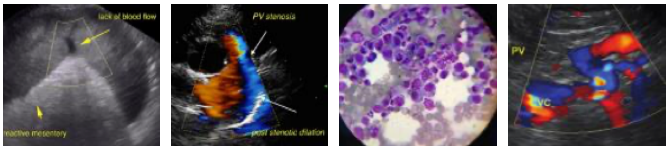

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com