

**DATE PRESENTING CLINICAL SIGNS**

9/14/21

Palpable left cranial abdominal mass on initial exam. Recently adopted.

**PATIENT**

Chance Newcomb

Current Medications: None  
 Date of Previous IntraPet Ultrasound: No previous  
 Sedation: not needed  
 Stat Report: not requested

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Border Collie mix

**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**

Male, neutered

The prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

2016

The left kidney is enlarged (7.79 cm in length) with irregular peripheral contours. Multiple hypoechoic to heterogeneous coalescing masses are present. The lesions are causing capsular expansion and disruption of the normal renal architecture. There is mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.32 cm in the longitudinal plane). There is no evidence of nephroliths. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

**WEIGHT**

53.8 lbs.

The right kidney is normal size (6.30 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. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands are not definitively visualized due to the mid-abdominal mass and left renal pathology.

**Spleen**

The spleen is normal in size (1.62 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Festival Veterinary  
 Clinic

**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.

**REFERRING VET**

Dr. Davies

**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.

**INVOICE**

12090

**Pancreas**

The region of the pancreas is largely obscured by the mid-abdominal mass. See also *Other*.

### ***Free Abdomen***

There is no obvious evidence of free fluid. Several prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.20 cm in length. Surrounding mesentery is hyperechoic.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

A >11 cm irregular hypoechoic to heterogeneous vascular mass is observed in the mid-abdominal cavity, medial to both kidneys. Surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

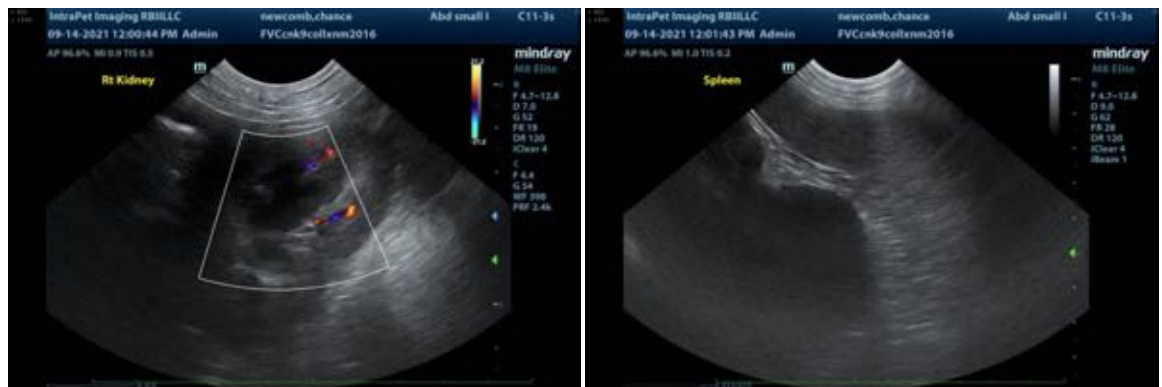
- Multiple left renal masses. Neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a low possibility of a severe inflammatory process.
- The origin of the mid-abdominal mass is unclear. It may be arising from adrenal gland(s), mesentery, pancreas, kidneys, other. Again, neoplasia is considered likely with a low possibility of benign pathology. Regional peritonitis is present.
- The abdominal lymphadenopathy may represent infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

### **Secondary Findings:**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the mid-abdominal and left renal masses can be considered (if clotting status is appropriate). 25-gauge needles should be used. Unfortunately, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.







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.

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