



PATIENT

Lucy Colligan

SPECIES

Canine

BREED

Lab

SEX

Female, spayed

AGE

1/26/2018

WEIGHT

24.1 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Holmes

INVOICE

13432

DATE

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PRESENTING CLINICAL SIGNS

Pt has a 2 day history of hematuria. An ultrasound guided cystocentesis was performed at the referring vet and a cranial abdominal mass was seen at that time. A urine culture is pending. Pt is currently on antibiotics. Abdominal radiographs confirm a right cranial abdominal mass.

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. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.98 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is severely enlarged (12.14 x 6.97 cm) and irregular with a mass effect. The parenchyma is diffusely heterogeneous with complete obliteration of the normal renal architecture. A few small cavitated areas are observed within the mass effect. Surrounding mesentery is mildly hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and 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 in size (0.60 cm at cranial pole) (0.44 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

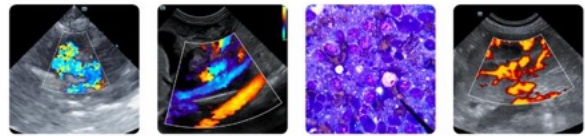
The spleen is normal in size (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A few small non-obstructive choleliths are visualized along with a small amount of echogenic debris. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is minimally fluid 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

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

Lymph nodes

1-2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.28 x 0.60 cm.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large right renal mass with complete obliteration of the normal renal architecture. Neoplasia (i.e., adenocarcinoma, lymphoma, hemangiosarcoma) is suspected with a low possibility of a non-neoplastic process. Mild adjacent retroperitonitis is present.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Small non-obstructive choleliths, likely a benign incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspiration of the right renal mass can be considered if clotting status is appropriate. A 25-gauge needle should be used. Depending on cytology results, consider a nephrectomy with submission of the kidney for histopathology. If further testing is not pursued, palliative care is recommended.



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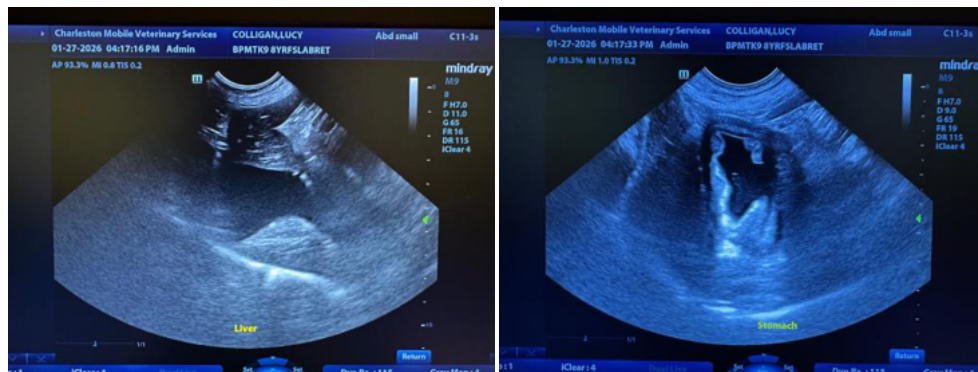
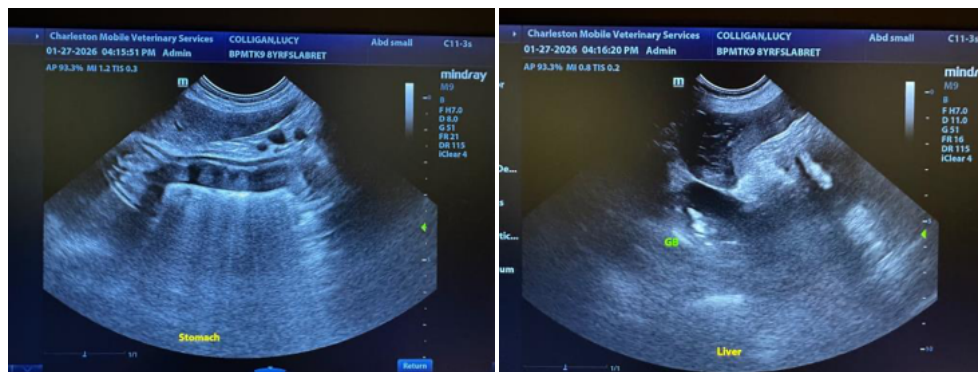
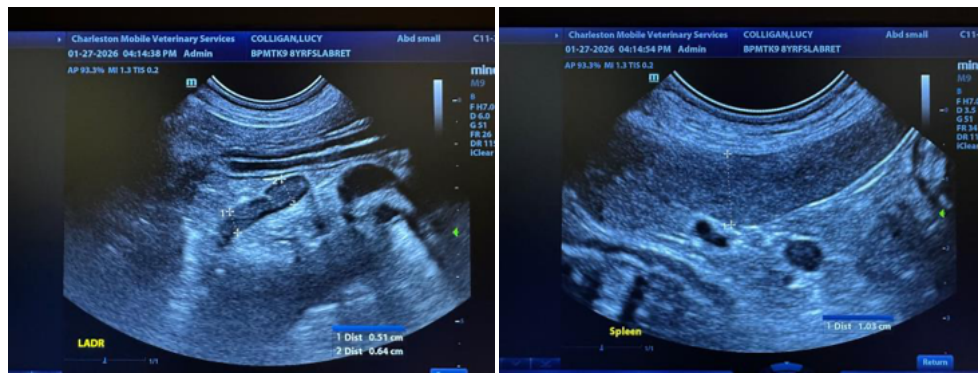
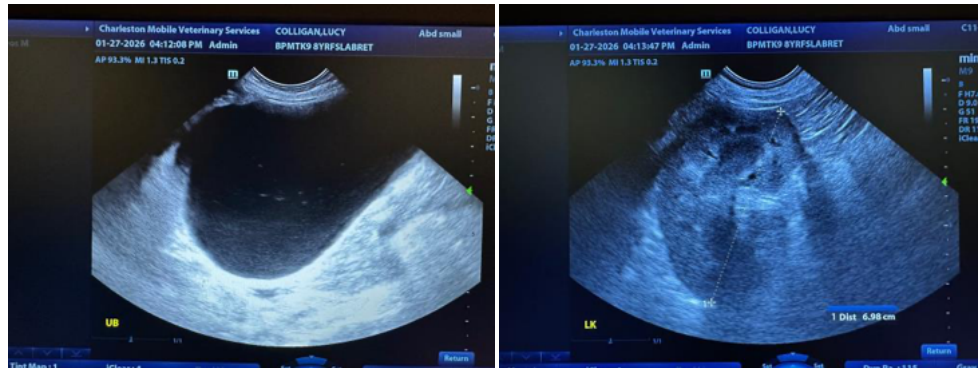
Dr. Holmes

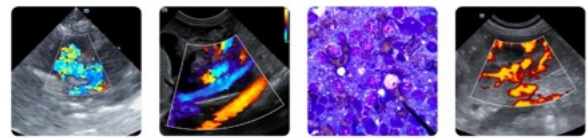
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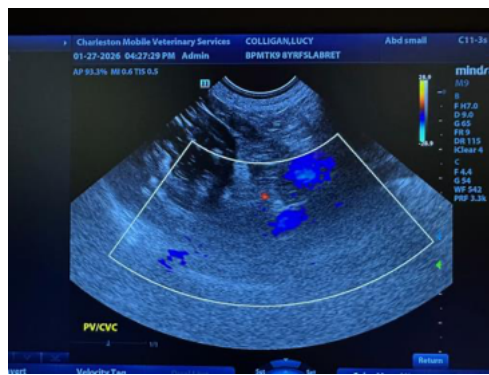
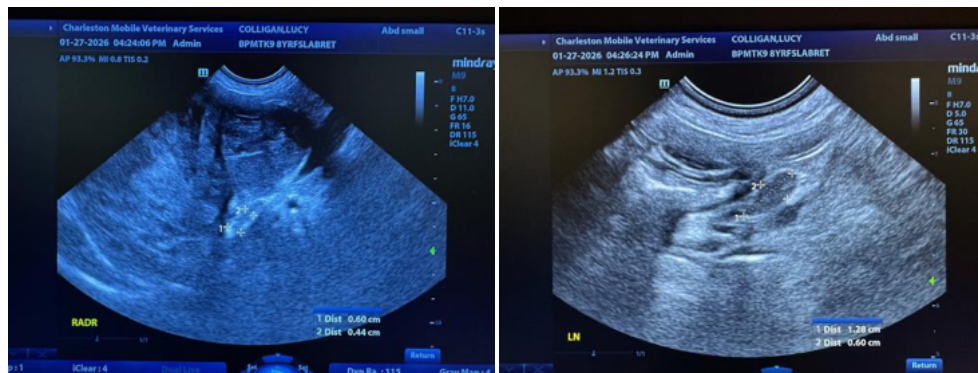
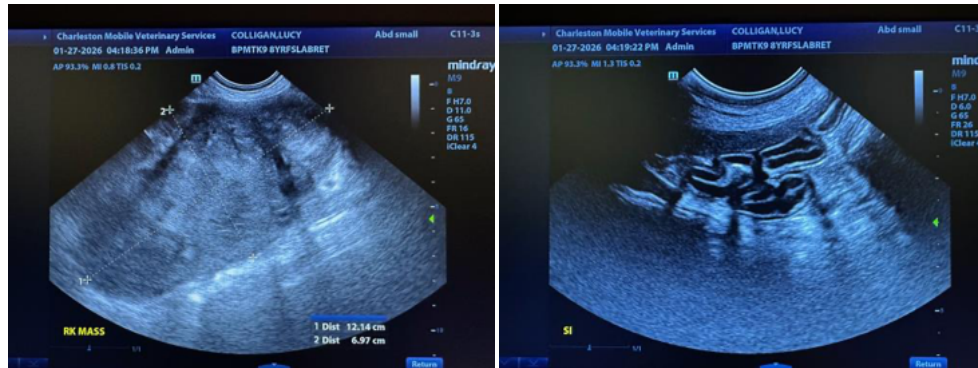
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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