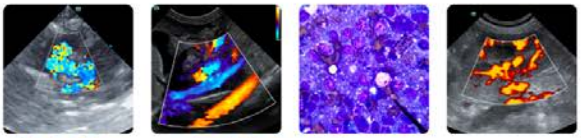


PATIENT

Leo Bracey

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

10 Years

WEIGHT

14 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Barton Heights Veterinary Hospital

REFERRING VET

Dr. Coburn

INVOICE

75610

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Hematuria, increased drinking. Clavamox, gabapentin.
Abnormal PE/Chem/CBC/UA Results: UA >50 rbc, >50 wbc, pro 500 mg/dL Wellness bloodwork pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is overall normal in size (5.83 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortex are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Mild to moderate pyelectasia is present. There is no evidence of mineral or infarcts observed.

In the area of the left kidney is an expansive, ill-defined, irregularly shaped, coarse, hypoechoic mass measuring 6.8 cm x 8.2 cm in size. Any normal left kidney architecture is unable to be visualized.

Adrenal Glands

The areas of the adrenal glands are examined, and what I believe are the adrenal glands are normal, with the caudal pole of the left being 0.95 cm. The cranial pole of the left is unable to be well visualized. The right measures 0.66 cm at the cranial pole and 0.83 cm at the caudal pole. Having said that, given the marked pathology in the area of the left adrenal gland/left kidney, and what I think is part of the mass also visible in images of the right adrenal gland, it is difficult to fully differentiate normal adrenal glands from the other pathology.

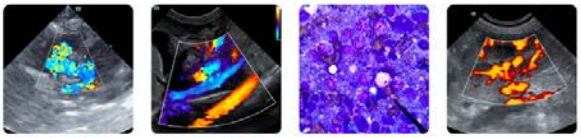
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- A mid left abdominal mass that appears to originate from the left kidney is concerning for infiltrative neoplasia such as carcinoma, round cell neoplasia, sarcoma, other.
- Moderate amount of echogenic urinary bladder debris.
- Moderate pyelectasia noted in the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a full general metabolic health screen is recommended to include CBC/Chem panel and electrolytes (urinalysis was already reportedly evaluated).

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the suspected left kidney mass are recommended if patient's coagulation status is appropriate.

Further recommendations are largely dependent on results of sampling, but if surgical intervention is warranted, a pre-surgical planning abdominal CT scan is recommended.

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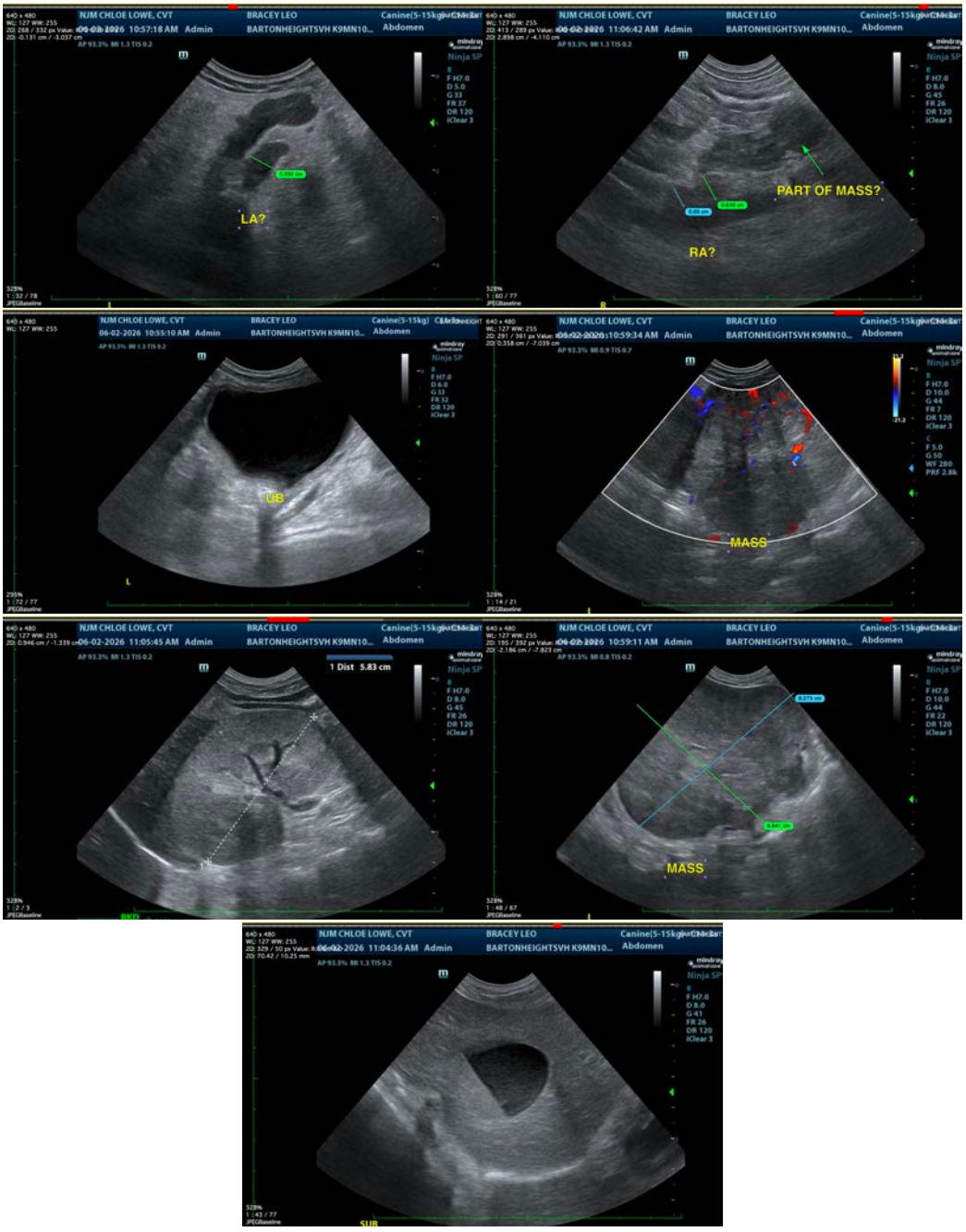

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM info@sonopath.com