

**DATE PRESENTING CLINICAL SIGNS**

6/21/22

Animal had an anesthetic dental procedure performed here and once animal was anesthetized, the heart rate got very low so we woke the animal up and recommended a consult at CVCA. They performed an echo and saw a small mass on his spleen. A 3/6 systolic heart murmur was heard at his first visit with us around 8/20/21. Heart murmur had not changed as of 5/27/22. Healthy otherwise.

**PATIENT**

Joey Casta

**SPECIES**

Canine

**BREED**

Jack Russell X

**SEX**

Neutered Male

**AGE**

7/22/12

**WEIGHT**

16.2 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Animal Care Center

**REFERRING VET**

Dr. Beavers

**INVOICE**

38950

Current Medications: Pimobendan 1.5mg BID started 6/17/22.

Lab Results: See attached.

Radiographs: Previous Echo performed at CVCA showed concern for splenic mass.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The right kidney is normal in size (4.33 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The normal architecture of the left kidney is completely disrupted by the presence of a 6-7 cm round heterogeneous cavitated mass encompassing the entire cranial pole of the left kidney. The entire kidney measures 7.9 cm long with some visible normal architecture present in the caudal pole.

**Adrenal Glands**

The right adrenal gland is normal in size (1.83 cm long x 0.64 cm at the cranial pole and 0.93 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The caudal pole of the left adrenal gland can be visualized and is normal at 0.50 cm. Full adrenal gland visualization was difficult due to compression by the left kidney mass.

**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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is enhanced hyperechoic fat and mesentery noted around the left kidney mass.

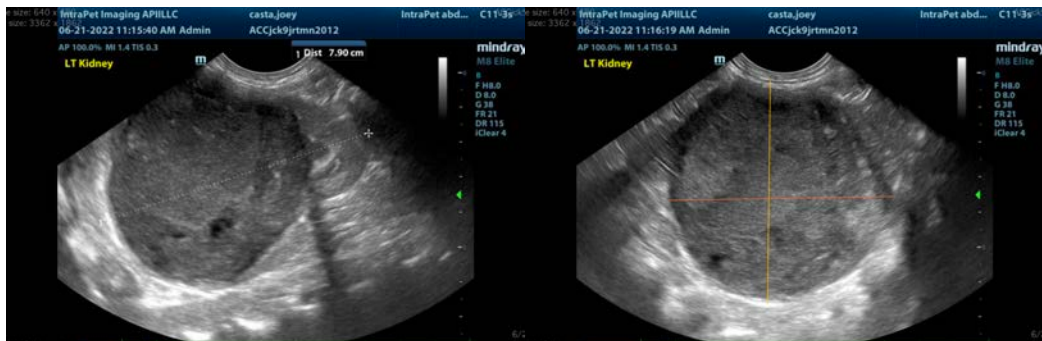
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

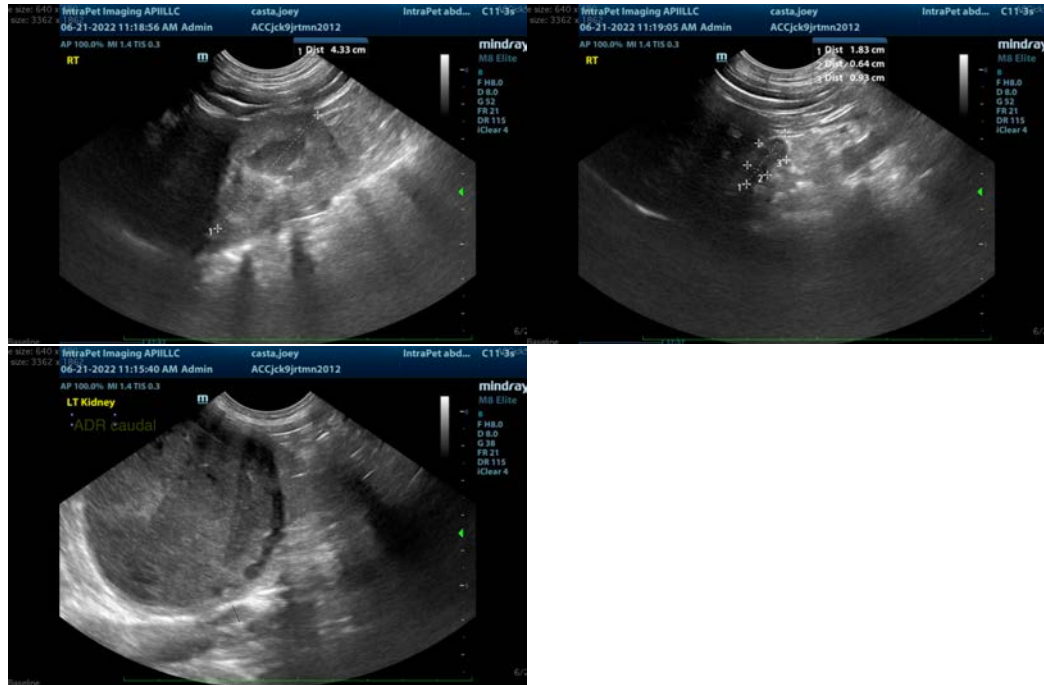
## **ULTRASONOGRAPHIC FINDINGS**

- Heterogeneous cavitated mass on the cranial pole of the left kidney – most concerning for infiltrative neoplasia such as sarcoma versus primary renal cell carcinoma or round cell neoplasia, none of which can be ruled out. A benign hematoma, abscess, complicated cyst, etc. are considered much less likely, given the complete loss of normal architecture.

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

- 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.
- A fine needle aspirate of the mass could be considered if patient's coagulation status is appropriate. However, given the reported VPCs already occurring combined with the risk for hemorrhage, a nephrectomy is recommended.





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**  
Beth.Johnson@sonopath.com