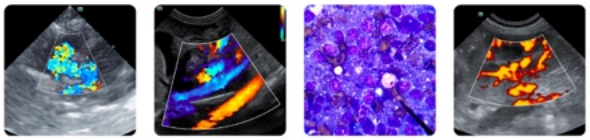


PATIENT

Molly Priest

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

3 years

WEIGHT

34.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Laux

INVOICE

70861

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Presented for hematuria and was treated for a UTI. Did not get any better. Did an abdominal US today.
- Hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.07 cm.

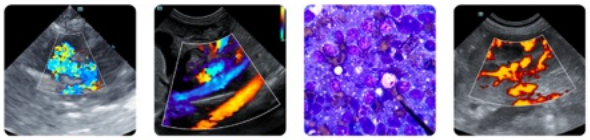
The **right kidney** revealed a mass and nodular cortical changes with ureteral invasion. The main portion of the mass measured 5+ cm. Areas of capsular expansion was noted with irregular contour. The mass is mildly vascular. Regional lymph node was enlarged and impinged upon the vena cava.

Adrenal Glands

The left **adrenal gland** was imaged from the right and left approaches and was normal. The left adrenal measured 2.35 x 0.65 cm. The right renal mass may be involving the right adrenal gland as normal right adrenal does not appear to be evident. A portion of the vena cava appeared to be occupied by 2.0 cm of tissue or thrombus. This is likely deriving from the mass in the area of the right adrenal gland and right kidney.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Mass involving the right kidney, right ureter and possible right adrenal gland with vena cava occupation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend CT evaluation for potential surgical planning with removal of the mass and potential early invasion into the vena cava. The remainder of the abdomen appears unremarkable. Carcinoma is a strong concern in this patient. Serial blood pressure measurements are warranted. If hypertension is present then urine metanephrine level is indicated to assess for pheochromocytoma. The prognosis is guarded.

ABOUT SONOPATH CT SERVICES:
SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/services/vetimaging/

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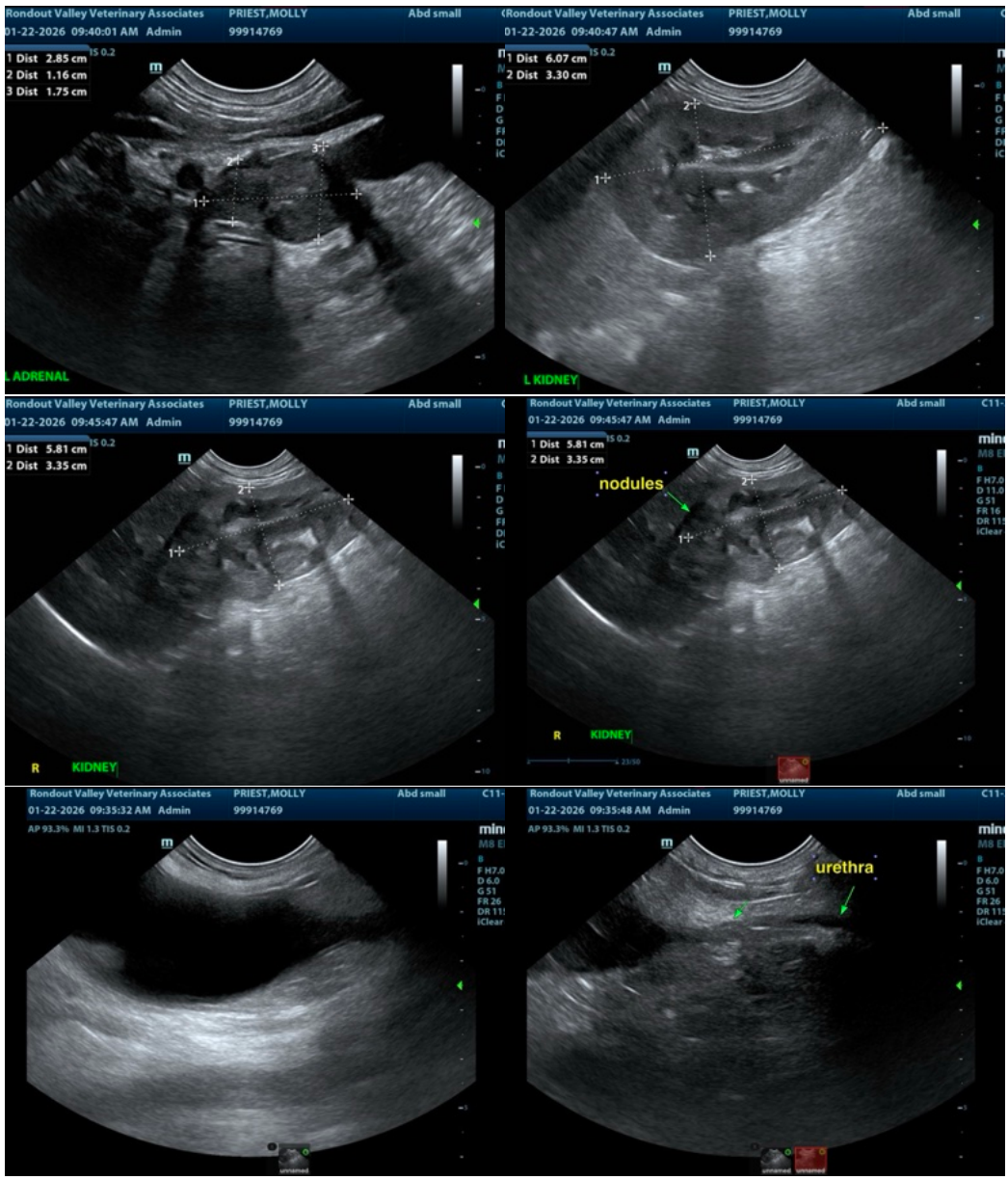

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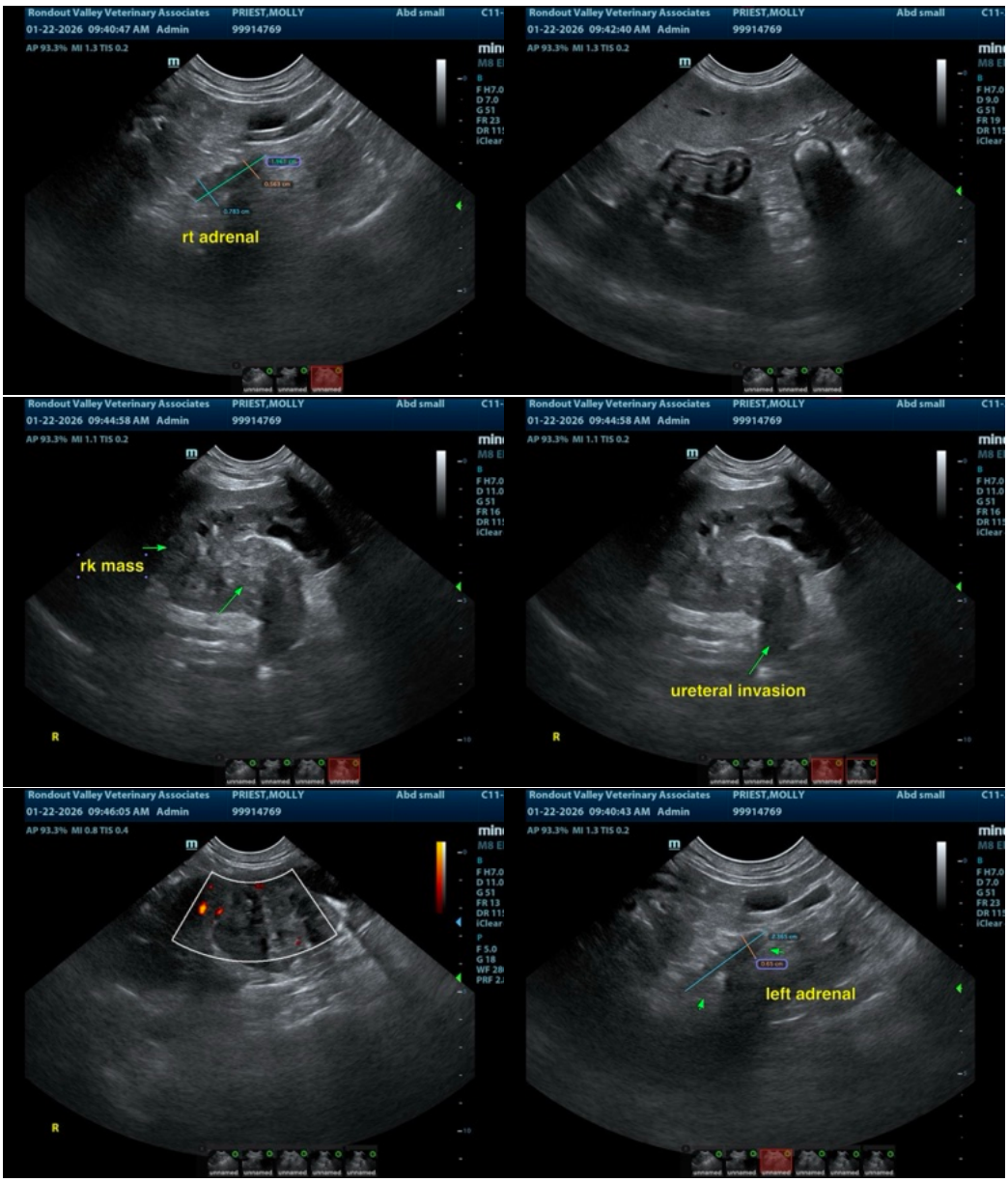

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com