

**DATE**

12/20/21

PRESENTING CLINICAL SIGNS

History: History of excessive blood in urine with no real cause. Chronic Urinary tract disease; hematuria of unknown cause.

Current Medications: Enrofloxacin Flavor Tabs 68 mg (14 days- started on 11/28).

PATIENT

Dre Briggs

Lab Results: Urine brown and opaque; blood present in the urine. Other lab work normal. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required for a full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Yorkshire Terrier

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is 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.]

SEX

Neutered male

The residual prostate was uniform and measured 1.0 cm.

AGE

1/15

The right **kidney** was enlarged and irregular measuring 4.1 cm with a 2.7 x 2.33 cm mass on the right kidney. The mass appeared to be deriving from the right renal pelvis. The left kidney measured 4.52 cm.

WEIGHT

18.6 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

IMAGING PERFORMED BYStephanie Pearce
RDCS, RVT**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

HOSPITAL NAME

Lake Shore AH

REFERRING VET

Dr. Anderson

INVOICE

94737

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

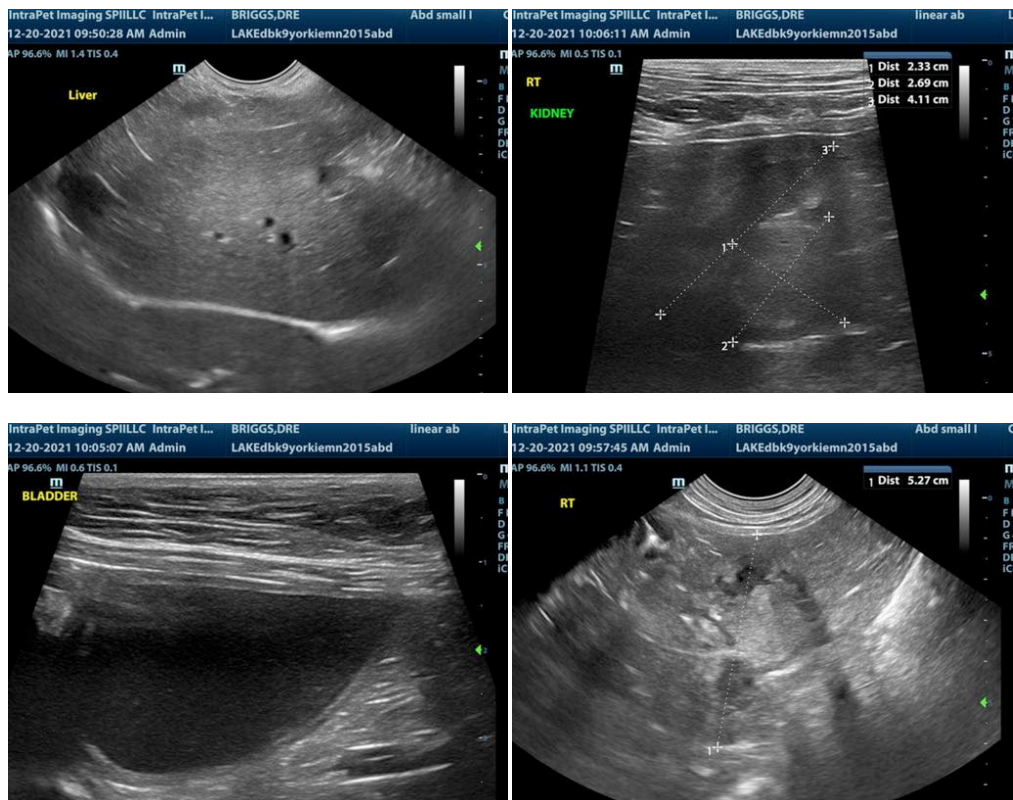
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

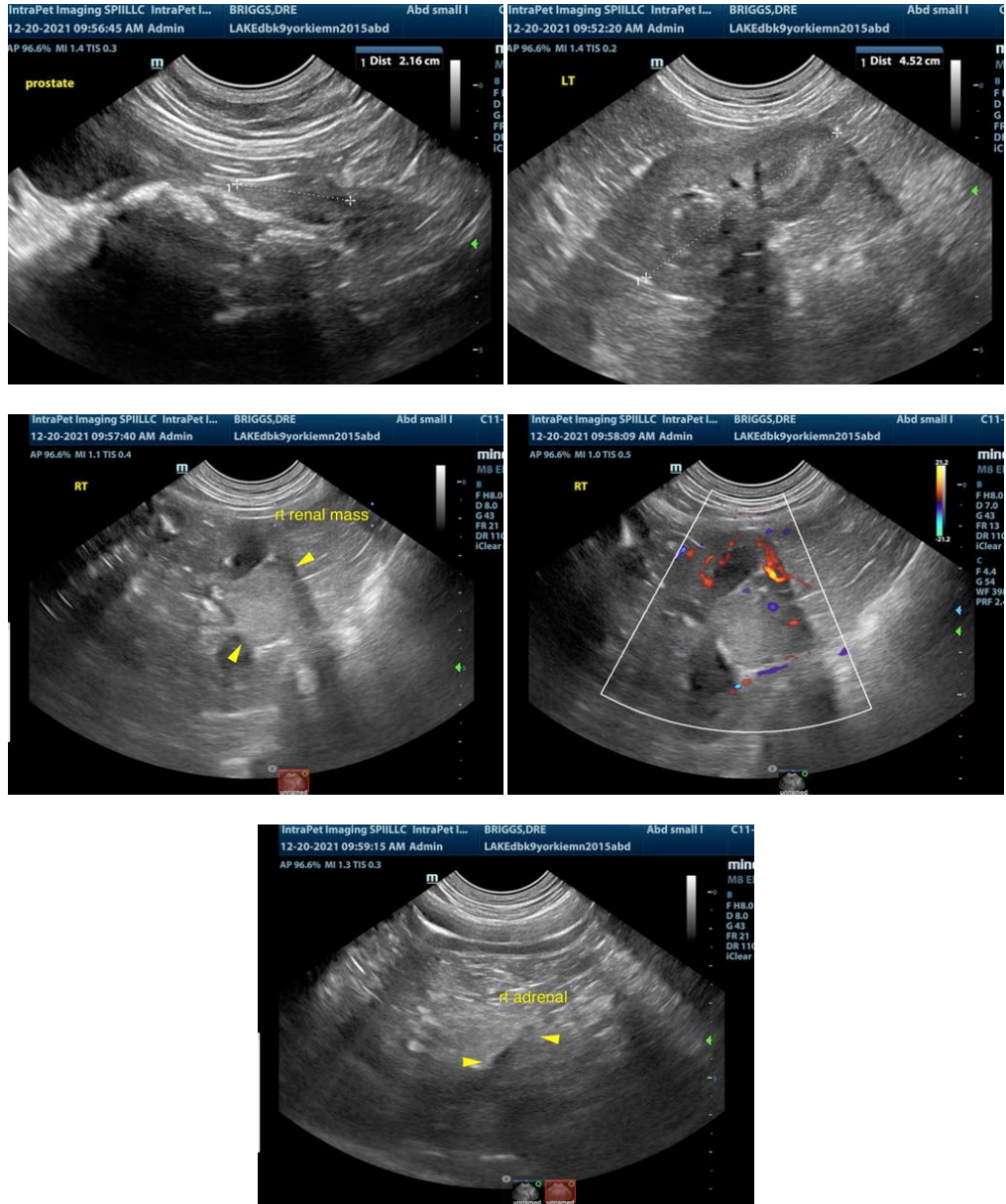
ULTRASONOGRAPHIC FINDINGS

Right renal mass, appears encapsulated and potentially entering into the proximal right ureter. Carcinoma is suspected. Hemangiosarcoma or other neoplasia is possible. The mass is fairly vascular; however, it is encapsulated within the renal capsule and infrastructure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory right nephrectomy. Three view chest radiographs and echocardiogram is recommended to assess the right auricle and pericardium in case it represents hemangiosarcoma. There was no other evidence of pathology. At this time the mass does not appear to have escaped the renal infrastructure and appears resectable; however, these masses tend to expand and once compromised the renal capsule and entering into the retroperitoneal space clean resection would be unlikely. I do not recommend FNA as this may compromise the encapsulated aspect of this pathology. Direct surgical intervention is recommended.





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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