

**DATE PRESENTING CLINICAL SIGNS**

3/15/23

PATIENT

Gus Borucki

History: Presented for daily vomiting, started at the time of a distemper/lepto vaccination one week ago. Eating and drinking, normal bowel movements. Rads show mass effect in cranial abdomen with loss of serosal detail. Ultrasound shows large roughly 12cm diameter cavitated mass in right cranial abdomen, suspect currently as arising of the right kidney (or possibly the adrenal). Unclear whether it can be surgically removed. Possibly enlarged sternal LN on lateral thoracic rad. New heart murmur found today.

SPECIES

Canine

BREED

Labrador

Current Medications: None listed.

Lab Results: in house labwork shows severe neutrophilia, otherwise unremarkable (no fever present).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/22/14

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

WEIGHT

85 Pounds

The **right kidney** revealed a proliferative mixed echogenic expansive mass, deriving from the renal cortex. The right kidney comprised with the mass measured 9.3 cm x 7.8 cm. The mass appears to be invading into the right ureter to an extent of 3.9 cm. Secondary pyelectasia was present.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSSThe **left kidney** was normal in size and contour with slight mineralization, measuring 6.52 cm.**Adrenal Glands**

The **right adrenal gland** was flattened and isoechoic, measuring 2.85 cm x 0.71 cm at the caudal pole and 0.73 cm at the cranial pole.

HOSPITAL NAME

Airpark AH

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 were noted. Caudal folding of the spleen was noted.

REFERRING VET

Dr. Kable

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

21647

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

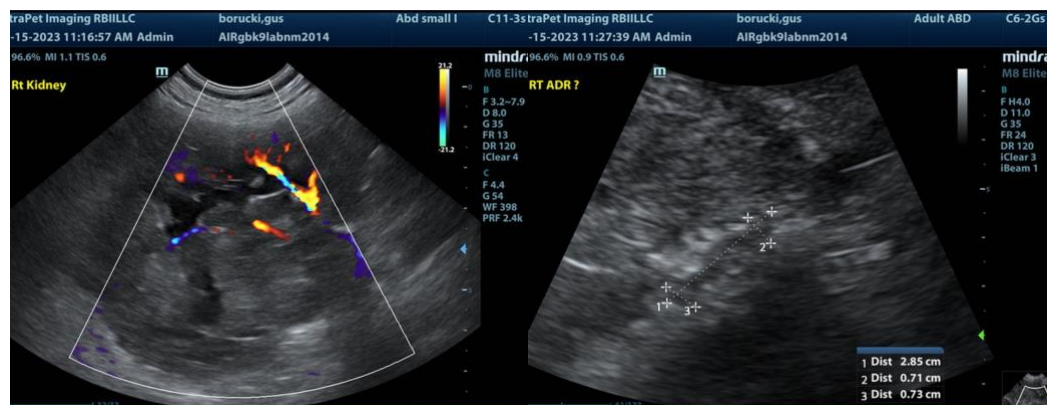
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

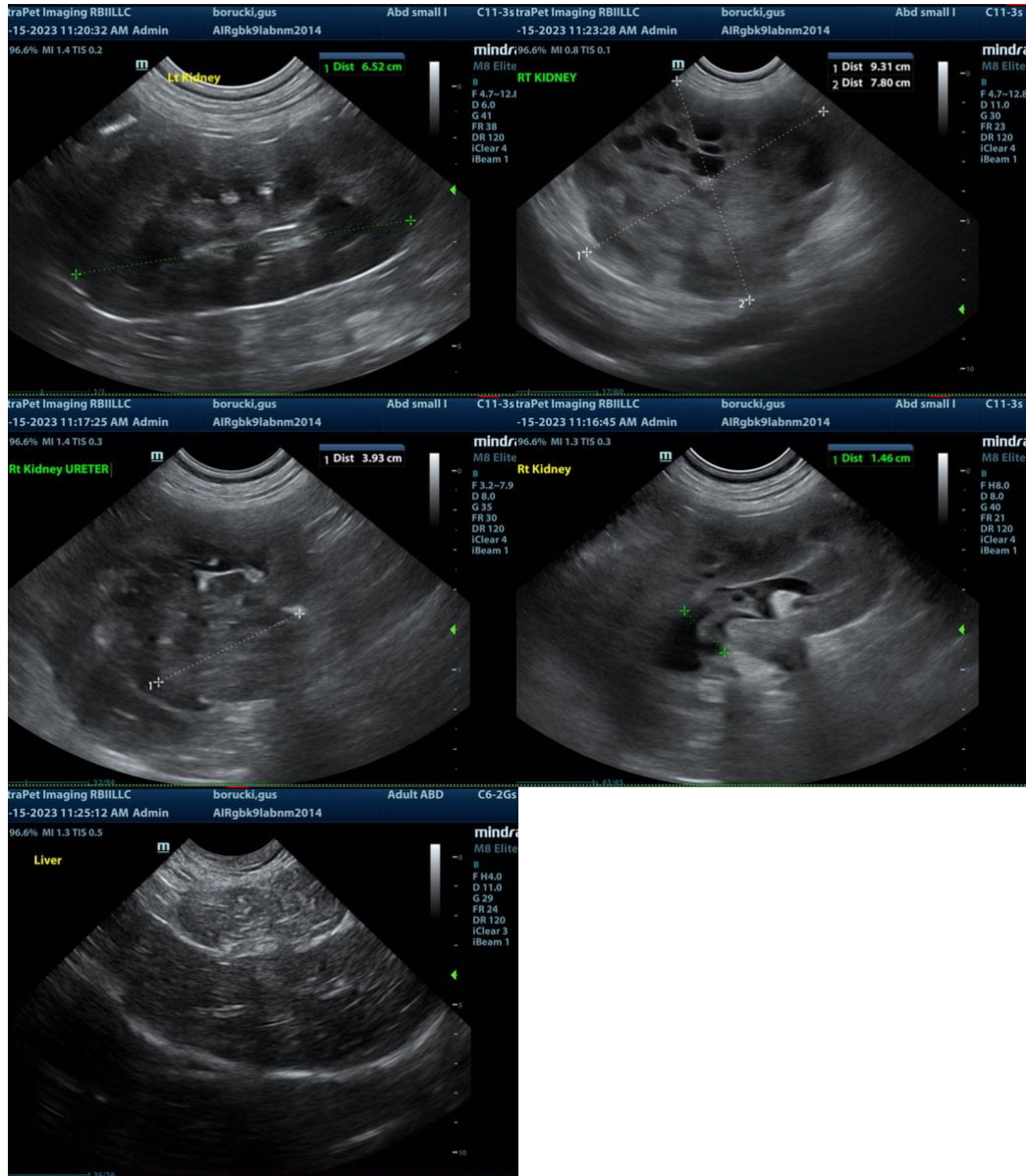
ULTRASONOGRAPHIC FINDINGS

- Extensive right renal mass, appears fairly encapsulated, however, early expansion in the retroperitoneal space cannot be completely ruled out
- Flattened right adrenal gland
- Age-related changes elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is likely renal carcinoma. I recommend CT evaluation for surgical planning, followed by right nephrectomy. No overt organ metastasis. The left kidney seems to have adequate structure to maintain metabolic need after right nephrectomy.





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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