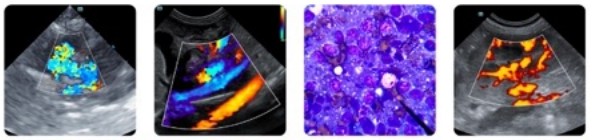


PATIENT

Luna Mikolawski

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

2 years

WEIGHT

57.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stqanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

73459

DATE

3/16/26

PRESENTING CLINICAL SIGNS

2-3 week history of hematuria and intermittent lethargy. Two days ago patient urinated a fairly large clot

Mild neutrophilic leukocytosis (neuts 11.9 K/uL,wbc 16.3 K/uL); moderate hyperglobulinemia (6.2 g/dL) with hyperproteinemia (TP 8.1 g/dL) and mild hypoalbuminemia (1.9 g/dL); very mild elevation of ALP at 163 U/L); moderately hyposthenuric at 1.018, large amount of blood and rare cocci in urine, moderate pyuria n/a; AFAST revealed mass affected left mid/cranial abdomen (concerning for renal involvement)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The **left kidney** revealed an expansive, mixed, hypoechoic mass that measured 10+ cm. The mass was deriving from the dorsal aspect of the left kidney.

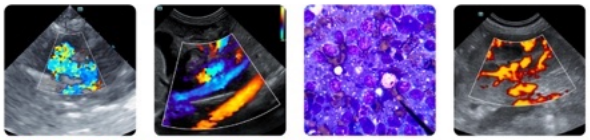
The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The right kidney measured 6.7 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.0 x 0.62 cm. The right adrenal gland was not visualized.

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

Bladder with debris, likely blood clots deriving from the renal pathology.

Left renal mass. Carcinoma versus round cell neoplasia, hemangiosarcoma, are all potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical removal in this patient. The mass appears to be isolated and held within the renal capsule. There was no overt evidence of metastatic disease noted. Chest radiographs are warranted to assess for comorbidities.

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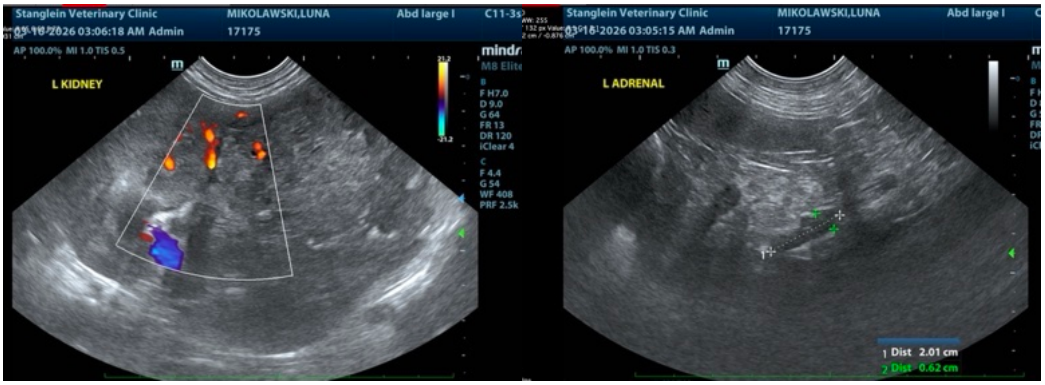

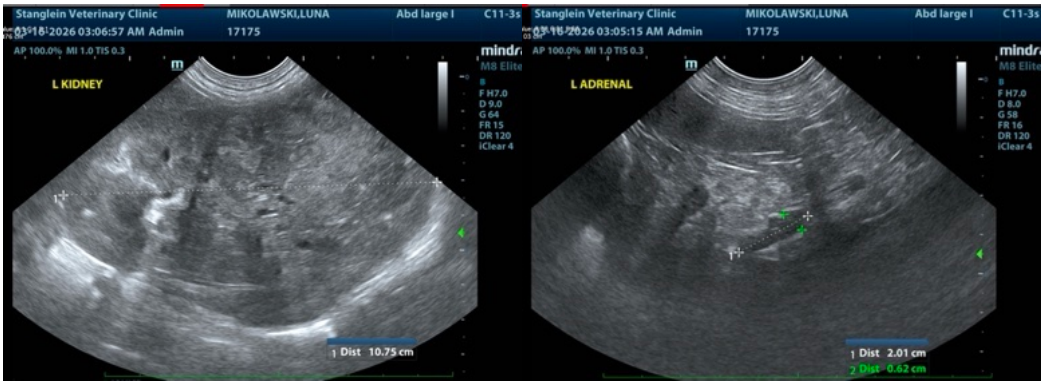

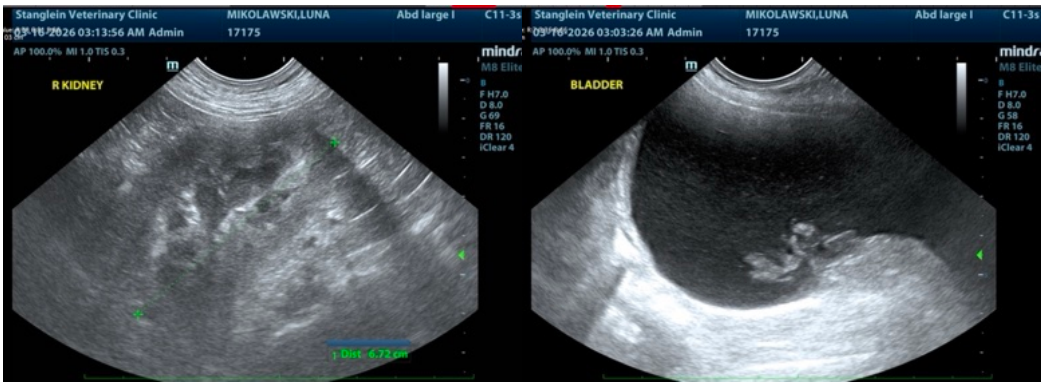

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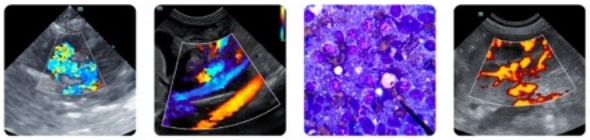

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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