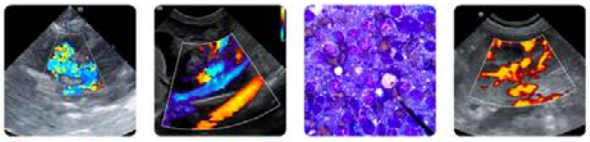

PATIENT

Bella Vella

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

12 Years

WEIGHT

46.7 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond Veterinary Hospital

REFERRING VET

Dr. Hadley Harris

INVOICE

74035

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Pt presented 3/24 for weight loss. Pt has lost ~10lbs over the last year. On exam, mass palpated in the cranial abdomen. A-FAST revealed large solid echogenicity mass extending across the cranial abdomen. Unable to determine the origin. Also noted severe hyperechoic contents in the gallbladder concerning for mucocele. Bloodwork revealed GGT>1200 with no other significant abnormalities. O is wanting to pursue surgery, so sedated ultrasound performed today to attempt to find the organ of origin and further explore the gallbladder.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortex presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measured 6.04 cm.

The **left kidney** comprised a 7.7 cm nodular parenchymal mass which appeared to be encapsulated. The mass derived from the medial caudal cortex. Slight pericapsular inflammatory pattern noted.

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. Left measured 0.50 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented uniform mild enlargement with occasional non-disruptive nodular change.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.

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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

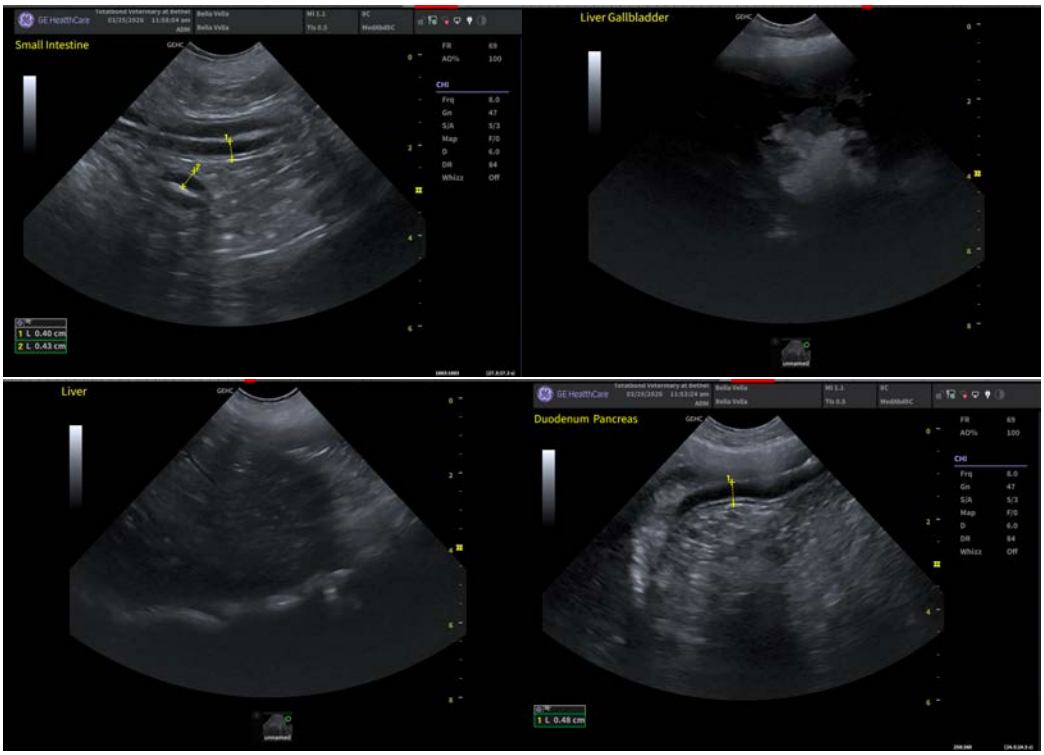
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Left renal mass – Differentials include hemangiosarcoma, round cell neoplasia, carcinoma.
- Subtle splenic nodules, which may be unrelated to the left renal mass.
- Mild excessive gallbladder debris, not to the level of mucocele formation.
- Age related right renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left renal mass appears potentially resectable. Chest radiographs and echocardiogram warranted to rule out underlying metastatic disease followed by exploratory surgery with left nephrectomy +/ splenectomy. I do not recommend FNA in this particular lesion, as it appears to remain encapsulated, and I would not want to potentially spread in the abdomen with ultrasound guided sampling. Direct surgical intervention recommended. Inspection and biopsy of any other related organs warranted. Serial blood pressures recommended. Manual expression of the gallbladder recommended at the time of the surgery, given the excessive debris, yet this is not likely a clinical issue.



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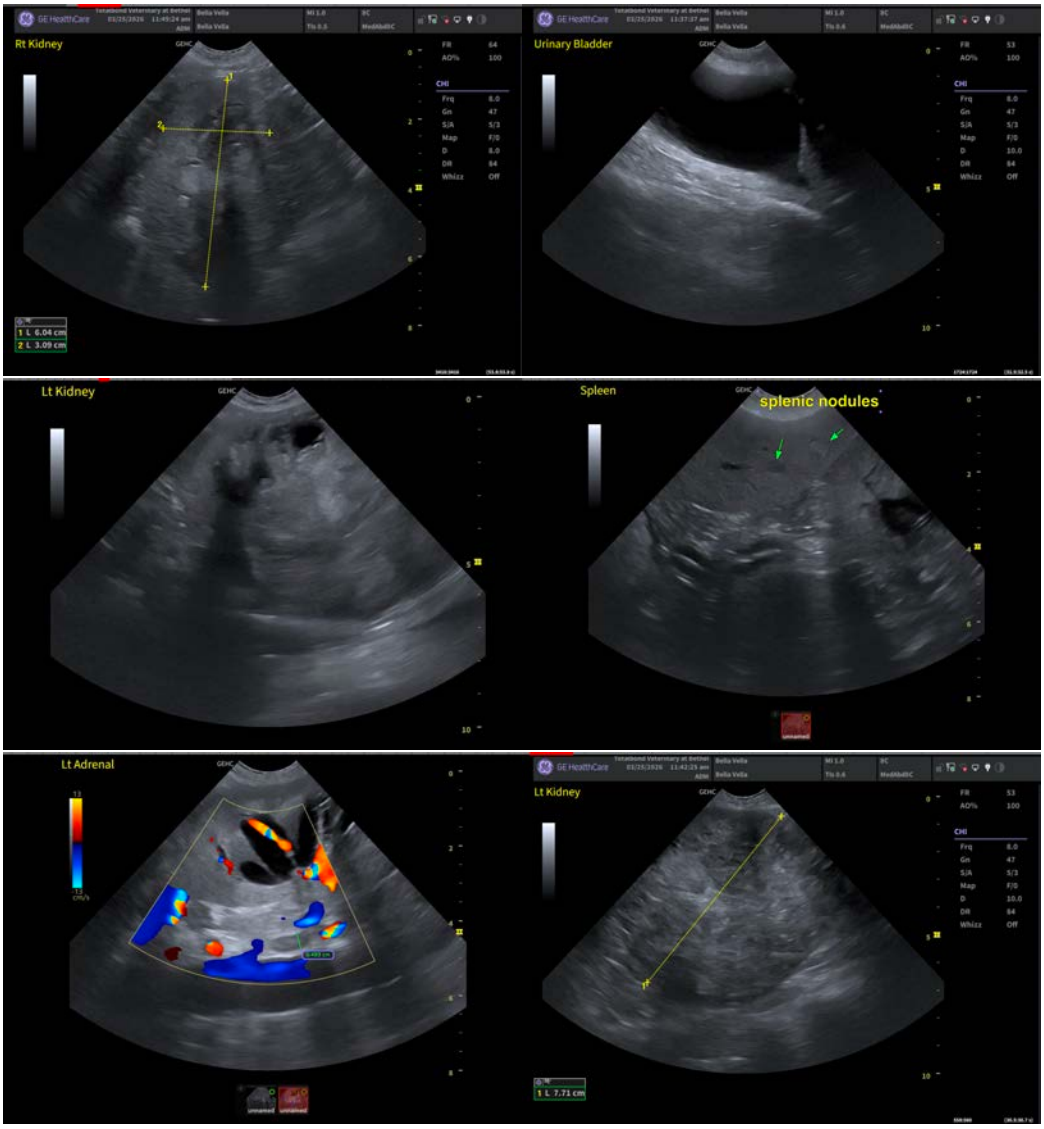

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com