



**PATIENT**                      **PRESENTING CLINICAL SIGNS**

Arthur Conroy

History:    History: presented to another clinic for vomiting/diarrhea and hind limb weakness. CBC/chem was normal other than mild ALP elevation. Abdominal mass seen on x-ray. P' was started on gabapentin and prednisone and referred here for ultrasound. Ultrasound shows suspected right kidney mass and irregular spleen. Could not visualize R adrenal due to P' discomfort when scanning the area of the mass. O's declined sedation due to heart murmur. 3 view thorax radiographs appeared normal today. P' has improved clinically, walking normally again, eating normally.

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Male

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.

**AGE**

14 years

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.

**WEIGHT**

96.5 lbs

The **right kidney** revealed a mixed, hypoechoic, irregular parenchyma and cystic mass with regional inflammation and significant disrupted architecture.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were not visualized.

**IMAGING PERFORMED BY**

Dr. Nelson

**Spleen**

The **spleen** was uniform with multi focal hyperechoic changes. This is consistent with lipogranuloma. This is not overtly pathological.

**HOSPITAL NAME**

McClintock ACC

**Liver**

**REFERRING VET**

Dr. Nelson

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 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**

44010

**DATE**

4/25/23



**PATIENT**

**Gastrointestinal**

Arthur Conroy

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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Labrador Retriever Mix

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.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

Mass deriving from the right kidney, potentially resectable.

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

96.5 lbs

CT evaluation is warranted for further definition as to whether the mass is resectable. I suspect renal carcinoma. I cannot rule out underlying adrenal pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Nelson

**HOSPITAL NAME**

McClintock ACC

**REFERRING VET**

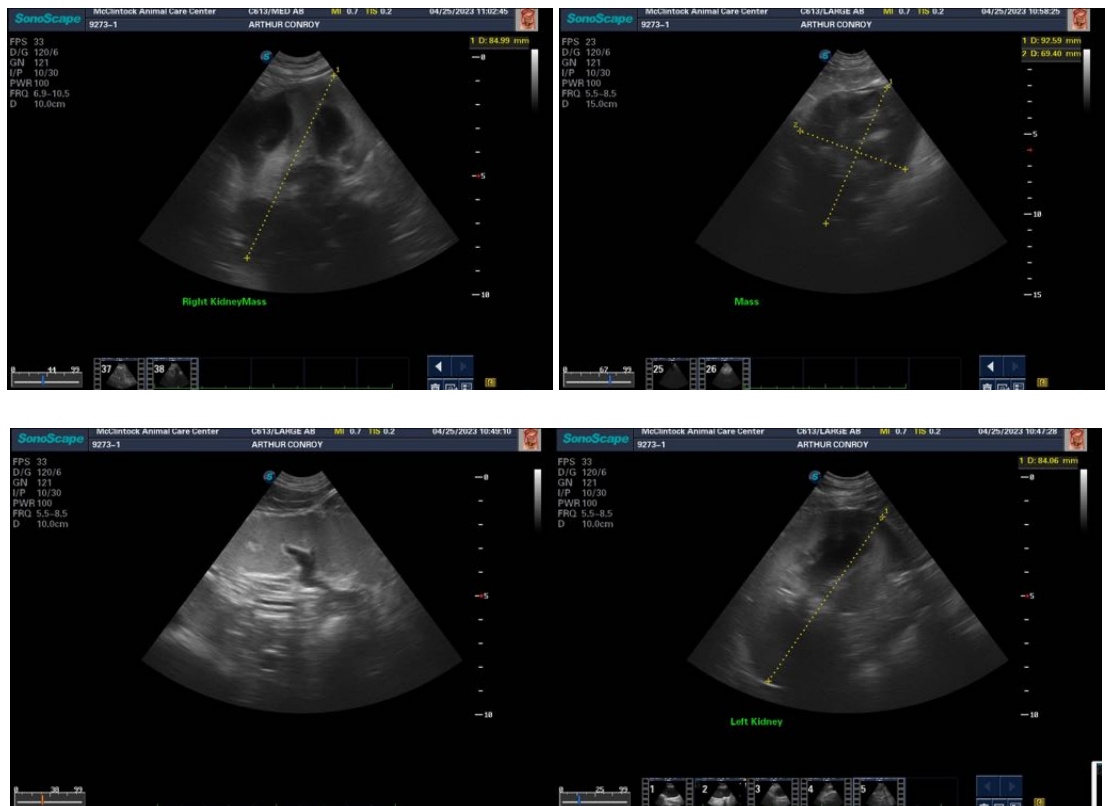
Dr. Nelson

**INVOICE**

44010

**DATE**

4/25/23





**PATIENT**

Arthur Conroy

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix



**SEX**

Male

**AGE**

14 years

**WEIGHT**

96.5 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Nelson

**HOSPITAL NAME**

McClintock ACC

**REFERRING VET**

Dr. Nelson

**INVOICE**

44010

**DATE**

4/25/23

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com