

**PATIENT**

Reilly Wentz

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

14 years

**WEIGHT**

35 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Wiedmeyer

**INVOICE**

99931

**DATE**

4/26/22

**PRESENTING CLINICAL SIGNS**

Hematuria and decreased appetite for the past few weeks. Relevant Exam/labs/imaging results/treatments: 4/13/22: BUN: 79 (H), Creat: 2.3 (H), Ca: 12.7 (H), MG: 2.7 (L), Na: 133 (L), Cl: 85 (L), USG: 1.011 Treated with amoxicillin, mirtazipine and SQ fluids

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** presented dependent debris. Visible wall thicknesses were normal. 3.0 cm of the proximal urethra was imaged. The lower urinary tract was unremarkable.

The residual prostate measured 0.6 cm and was uniform. The pre and post prostatic urethra was unremarkable.

The **left kidney** revealed normal size and contour with mildly increased cortical echogenicity. However, there was no evidence of significant pathology. The left kidney measured 6.0 cm. A cystic mass disrupted the **right kidney** significantly. This caused hydronephrosis. This appears resectable. However, the right adrenal gland was not visualized owing to the interference of the mass.

**Adrenal Glands**

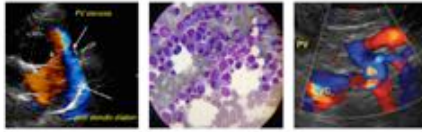
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.85 x 0.54 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland was not visualized owing to interference by the cystic mass.

**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.

**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. A hyperechoic 0.7 cm nodule was noted in the left liver. This is consistent with lipogranuloma. 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.

**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
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Clinical Sonography &amp; Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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**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. Soft stool was noted in the colon. 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, carcinoma, hemangiosarcoma, severe complicated cystic change is possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Right nephrectomy is recommended. There was no evidence of metastatic disease. CT evaluation would be ideal to assess the position or possible involvement of the right adrenal gland.



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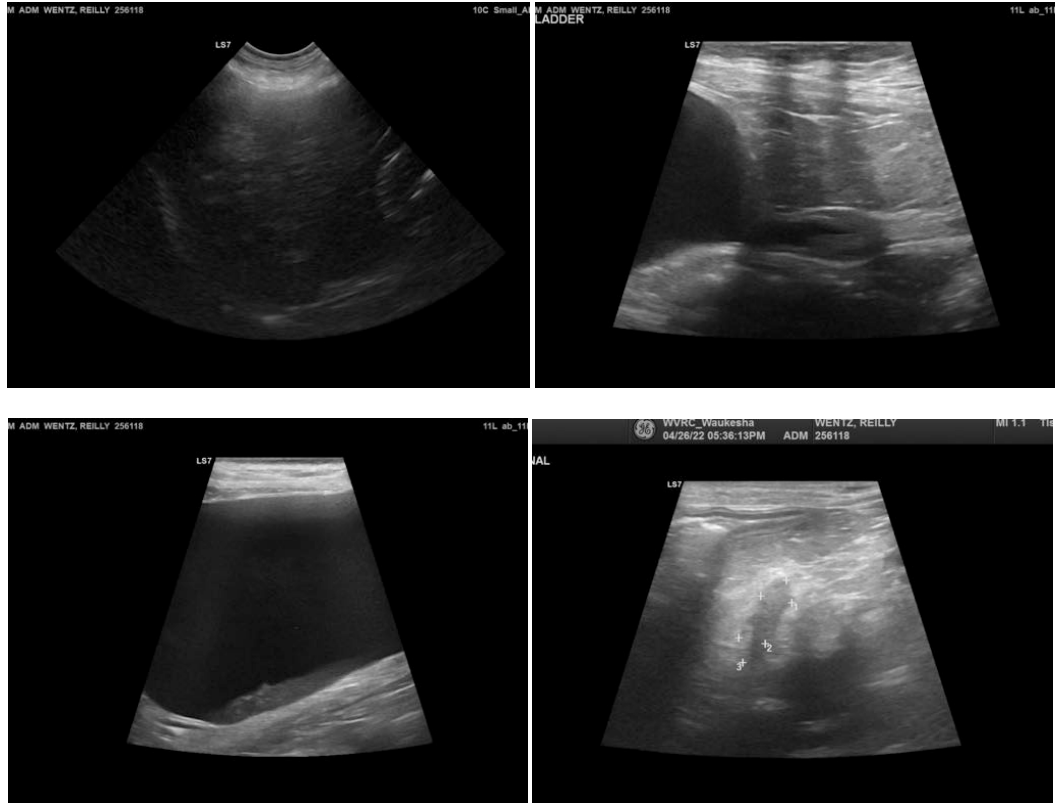
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Dr. Gromalak

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.

**HOSPITAL NAME**

SVS Imaging

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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