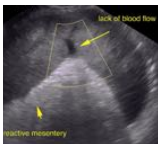

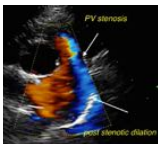

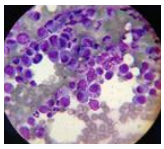
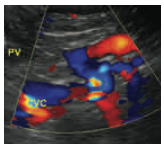


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**PATIENT**

Molly Sites

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

23.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Slenbaker

**INVOICE**

30321

**DATE**

5/12/22

## PRESENTING CLINICAL SIGNS

Presented at our hospital for possibly ingesting a pillow. O was gone from 11 am- 7 pm today and when she returned home she noticed that there was a pillow that was on the couch and one of her pets had chewed. Due to p's hx of eating things she thinks that she was the one who ate it. Previous Health Concerns: Pancreatitis, had to change food ~1mo ago and K9 did the same thing (ate rug) but was OK, Hx of eating/chewing up things but has been a long time since she has done this (other than incident ~1mo ago) Current Medications: Pepcid and sucralfate Appetite/When did they eat last: normal, ate this am
Abnormal PE/Chem/CBC/UA Results: 5/12/22 Rads: abnormal clumping of bowel. 5/9/22 pre-surg- ALT 180(H) ALP 210(H)- significance? EPOC- no signs of obstruction; small amount of ingesta is stomach; no obvious obstructive pattern.

## 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 **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 cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.11 cm.

A mixed, hypoechoic, cystic and parenchymal mass was noted deriving from the cranial pole of the left kidney and measured 5.0 cm. Regional free fluid and pericapsular inflammation was noted.

### *Adrenal Glands*

The left **adrenal gland** was uniform and measured 0.5 cm. The region of the right adrenal gland was unremarkable.

### *Spleen*

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

### *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.

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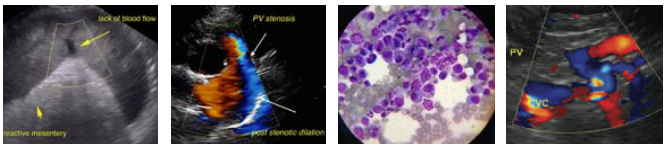

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### *Gastrointestinal*

Minor stasis was noted in the **stomach**. The small intestine and colon were unremarkable. Curvilinear patterns were maintained.

### *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.

### *Free Abdomen*

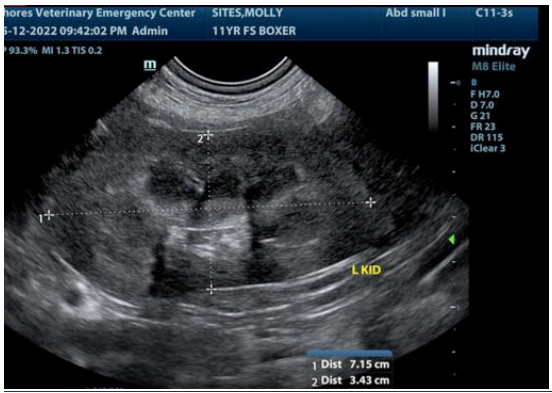
Trace amounts of free fluid were noted in the sublumbar space.

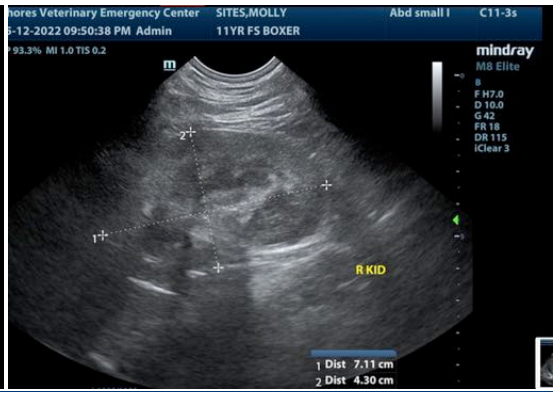
## ULTRASONOGRAPHIC FINDINGS

Left renal mass, appears isolated with regional inflammation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs, echocardiogram +/- surgical exploratory would be indicated with expectations towards left nephrectomy and debridement of regional tissue in the sublumbar space. However, local metastasis may be an issue in this patient. CT evaluation would be ideal of the abdomen for surgical planning and of the chest for micrometastasis to the lungs. Carcinoma versus hemangiosarcoma are the primary differentials.



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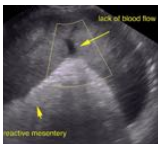
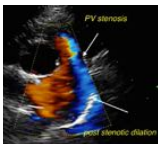
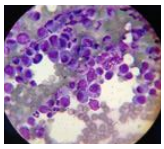
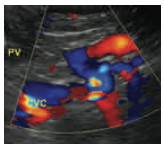

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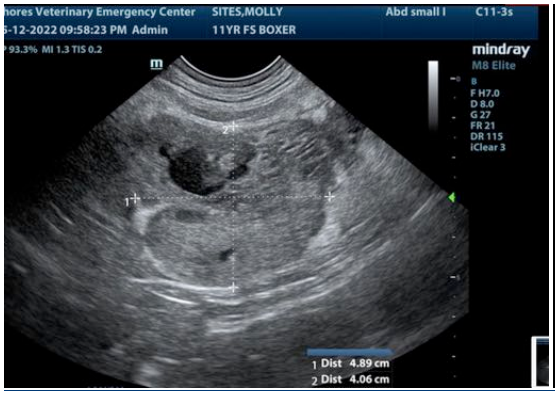


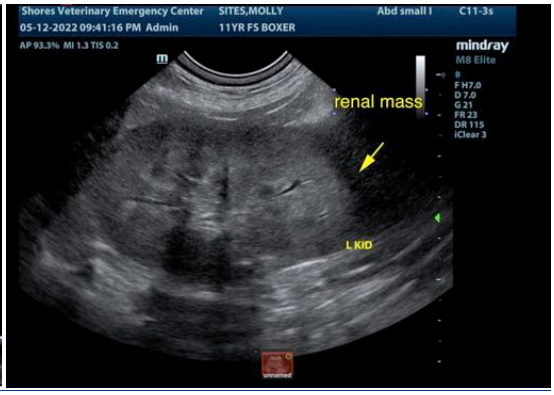


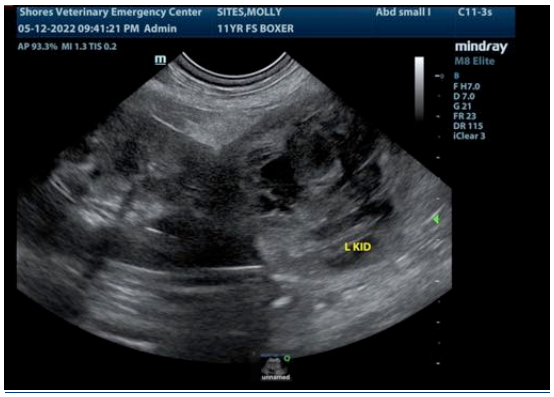


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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