



PATIENT

Barney Medway

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

8 Years

WEIGHT

177 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Elaine Binor, DVM

INVOICE

22928

DATE

6/16/23

PRESENTING CLINICAL SIGNS

History of recently urinating blood over the weekend. Seems uncomfortable with palpation neat the bladder. Concerned for UTI (urine culture is pending) Vs. neoplastic process affecting bladder such as TCC> Imaging of abdomen performed to check for neoplasia affecting caudal abdomen/ bladder area.

Abnormal PE/Chem/CBC/UA Results: CBC/ Chem/ T4 was unremarkable 6/12/23. UA- Bacteriuria, significant hematuria. Blood in urine is dark in color.

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. A minor amount of suspended debris was present and anechoic urine. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate was not visualized, however the region revealed no evident pathology.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 10.0 cm.

The **right kidney** revealed a mixed hypoechoic expansive mass (approximately 10.0 cm) with regional inflammation. A subcapsular hematoma was noted, associated with the right renal mass. This appears to be fairly encapsulated, however, some areas of regional inflammation may be indicative of early capsular escape.

Adrenal Glands

Both **adrenal glands** were 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.

Spleen

The **spleen** was uniformly enlarged and folded upon itself. This is consistent with reactive spleen. If the patient was sedated for the sonogram, this would be normal.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

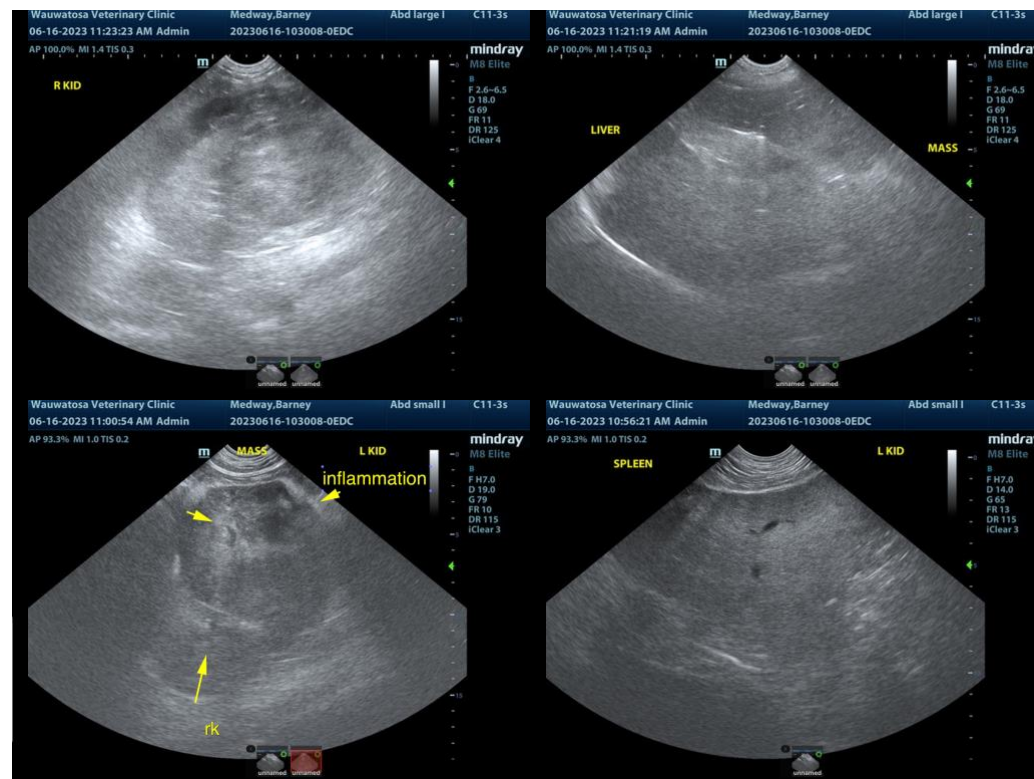
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right renal mass- appears fairly isolated.
- Age-related left renal changes
- Suspended urinary bladder debris, normal lower urinary tract otherwise
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that chest radiographs are free of obvious metastasis, I recommend exploratory surgery with expectation towards right nephrectomy and inspection of the liver with potential biopsies. Otherwise, CT evaluation for surgical planning would be appropriate.





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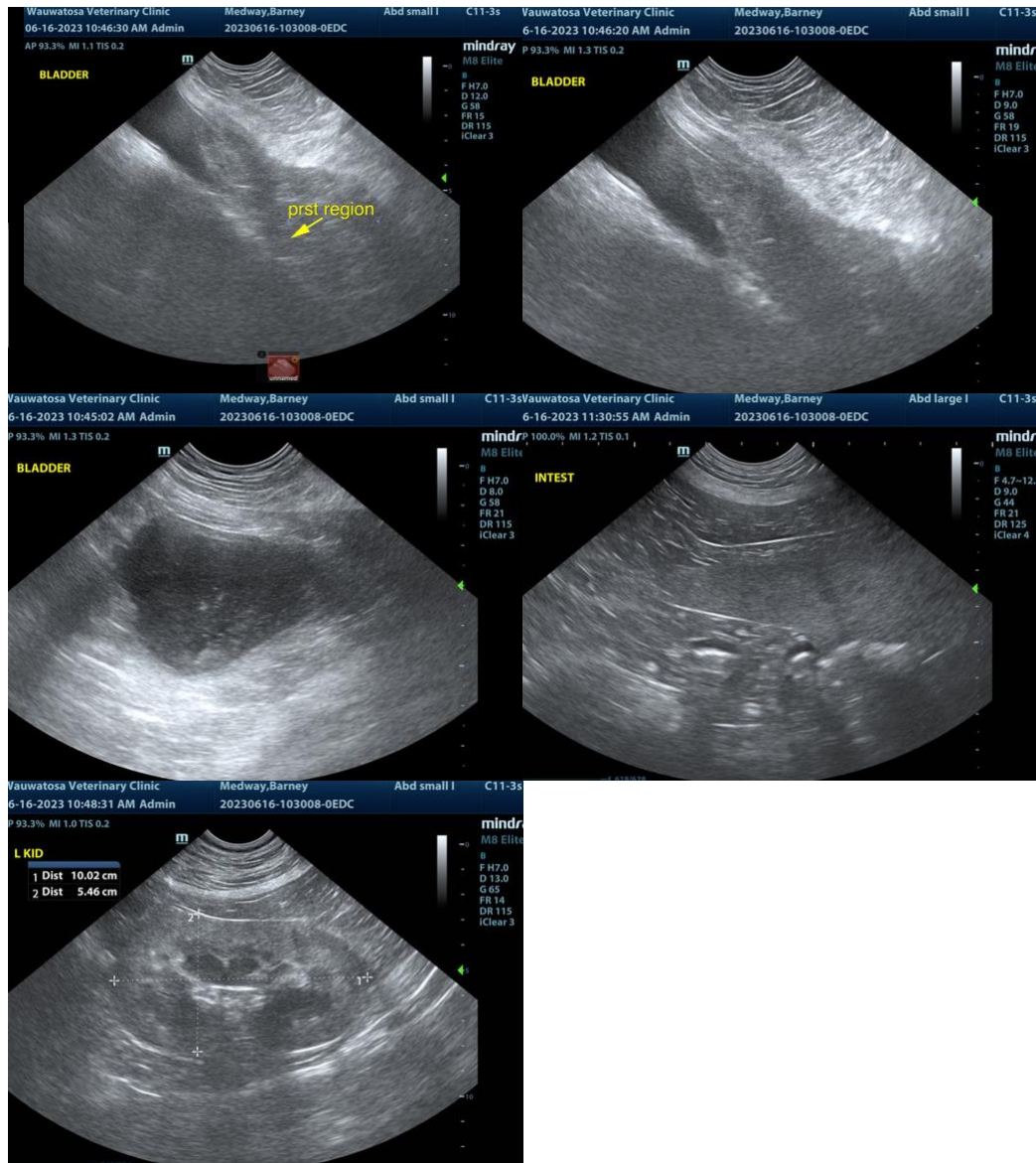
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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