



PATIENT PRESENTING CLINICAL SIGNS

Oscar Campbell

History: Pt originally presented for evaluation of inappetence two weeks prior. He had been unable to keep anything down for the last four days. He was lethargic at home and didn't really want to go for walks. He responded to two rounds of supportive care. But then declined a week later. Two days prior to scan stopped eating and vomited. Responded well to continued cerenia. Problem List Lung nodule Vomiting/inappetence/lethargy

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: AXR - diffuse gas within small intestines and stomach, no obstructive pattern, normal kidneys, disco spondylosis on L3/L4 TXR - 5mm nodule within cranial ventral lung field (both laterals), age related changes to remainder of lung field, normal heart shape/size For size - L marker length is 23mm in real life and on image so size on radiograph is accurate CBC: WBC 23k, Neutro 20k Chem: Lipase 2079 T4: 1.1 Remainder WNL

BREED

Labrador Retriever

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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

10 years

WEIGHT

49 lbs

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. The capsule was acceptably uniform without significant irregularities. The left kidney was uniform and measured 6.06 cm. The **right kidney** in this patient was enlarged, irregular, hypoechoic and swollen with pericapsular inflammatory pattern.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

Adrenal Glands

The left **adrenal gland** was mildly enlarged and measured 2.17 x 1.1 cm. The right adrenal gland was not visualized and possibly encompassed in the neoplastic process.

HOSPITAL NAME

Wellesley AH

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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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

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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

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. 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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Right renal mass with proximal, ureteral invasion and peripheral inflammation. Right renal sarcoma is suspected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for potential surgical planning along with FNA or direct exploratory. Right nephrectomy is a potential. Right adrenalectomy may be necessary. Chest radiographs are warranted to assess for comorbidities/metastatic disease.

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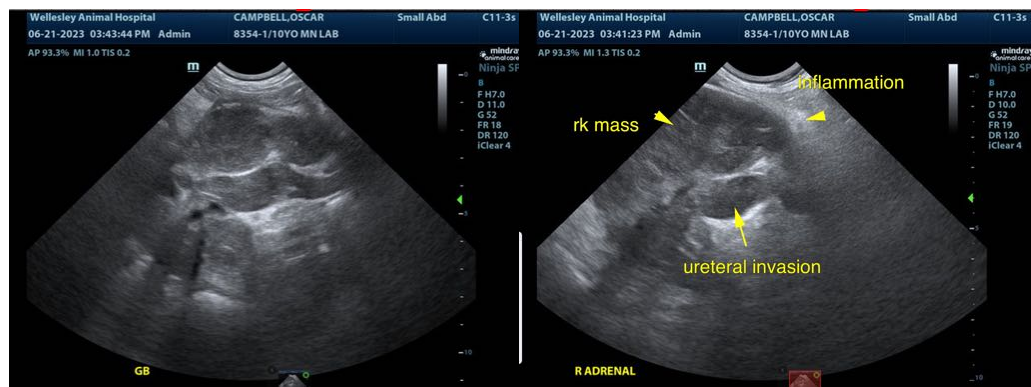
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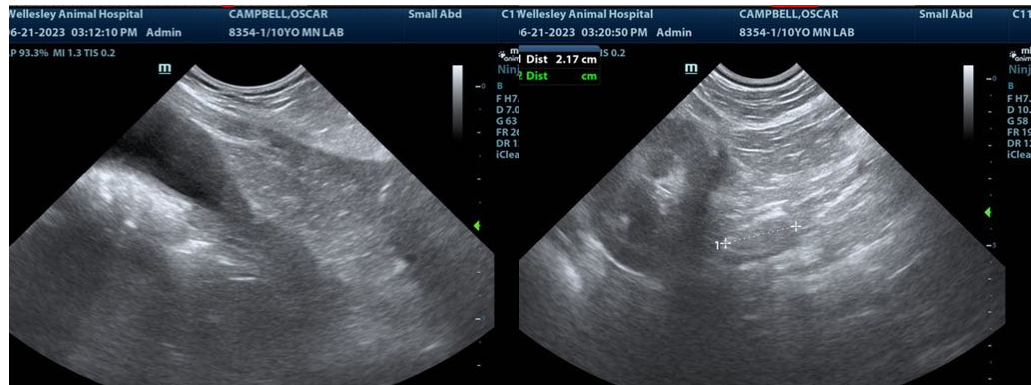
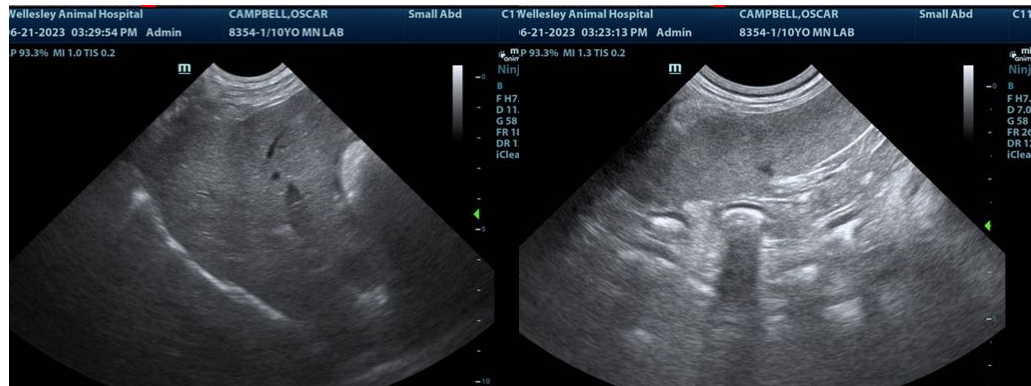
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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