



PATIENT PRESENTING CLINICAL SIGNS

Molly Hand History: lumps, blood in urine, painful kidney area
Abnormal PE/Chem/CBC/UA Results: rbc - 4-10(hi) , amyl. - 1365 (hi) cpk - 50(lo)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador

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.

SEX

Spayed female

Near complete hydronephrosis of the right kidney was noted likely owing to obstruction by the mass. The **left 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.9 cm.

AGE

9 years

WEIGHT

82 lbs

Adrenal Glands

The **adrenal glands** were not visible in this patient. An undifferentiated mid cranial abdominal mass was noted. The mass is likely of adrenal origin either right or left adrenal gland. The mass occupied the majority of the right kidney and measured 10+ cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Heather

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.

HOSPITAL NAME

Animal Care Center of
Flanders

Liver

REFERRING VET

Dr. Villari

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

44994

DATE

6/27/23



PATIENT

Gastrointestinal

Molly Hand

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.

SPECIES

Canine

BREED

Pancreas

Labrador

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

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

Undifferentiated cranial abdominal mass, likely of adrenal origin with right hydronephrosis, possible right renal origin.

9 years

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

82 lbs

The mass is potentially resectable; however, irregular contour and regions of capsular escape appeared to be present. CT evaluation is recommended in the abdomen as well as the chest for potential metastatic disease and potential surgical planning. Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated to assess for pheochromocytoma. FNA of the mass can be considered at the time of CT.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

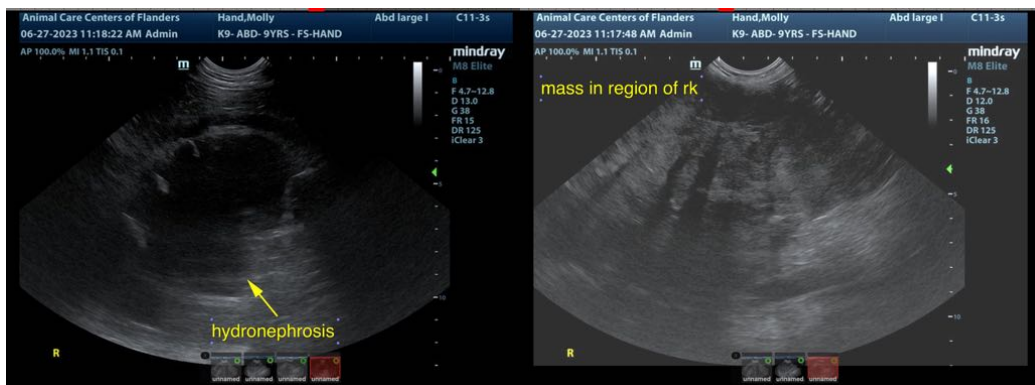
Dr. Villari

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PATIENT

Molly Hand

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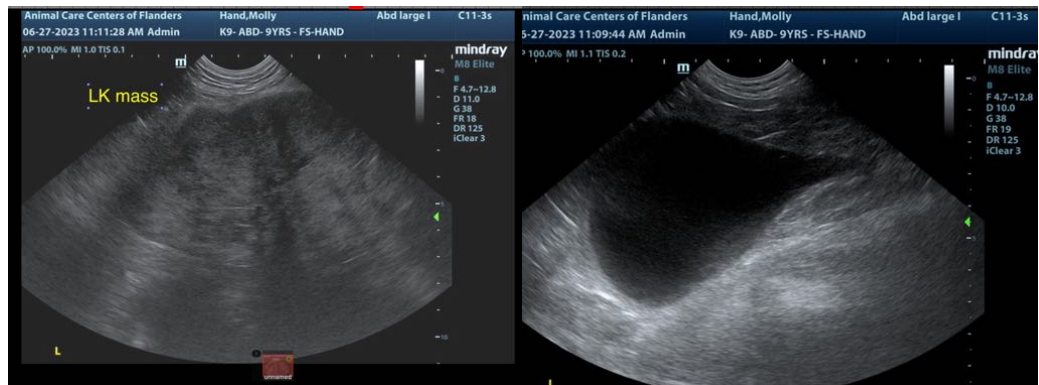
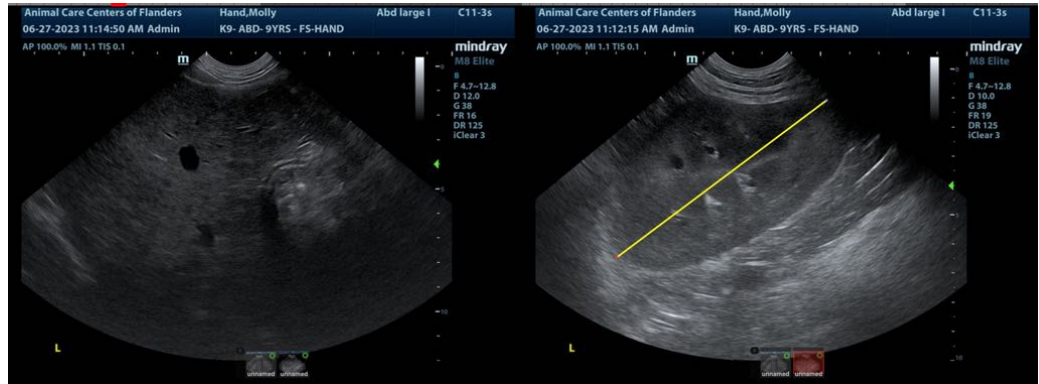
Spayed female

AGE

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Heather

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

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