

**PATIENT**

Debit Anderson

SPECIES

Canine

BREED

Golden

SEX

SF

AGE

13 years

WEIGHT

60 pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING**PERFORMED BY
Sarah Pender CVT**HOSPITAL NAME**

SVS Imaging QC

REFERRING VET

Dr. Christine Skoglund

INVOICE

10736ag

DATE

06/07/2022

PRESENTING CLINICAL SIGNS

History: Vomiting and regurgitation. Mild changes to renal values, but started on k/d diet recently. Owner thought vomiting was due to diet change. Radiographs 06/06/22 revealed megaesophagus and mid-abdomen mass effect (displacing intestinal loops ventrally and caudally)

Abnormal PE/Chem/CBC/UA Results: 06/06/22 - 5% dehydration, mild increased effort, muffled lung sounds right side. 05/18/22 - PLT 413, BUN 33, creatinine 0.9, ALT 226, ALP 509, UA - 3+ protein, 3+ blood, 4-10 RBC/hpf, Sp Gr 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone do a depth of 2 cm. 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 were noted. Ureteral papillae were normal.

The left kidney revealed a mass deriving from the cranial cortex disrupting the renal pelvis measuring 6.7 cm. Micro cavitations were noted. This is strongly consistent with renal hemangiosarcoma, although there is a possibility of a complex cortical cyst however disruption of the renal pelvis would suggest a neoplastic process. The left kidney measured 8.23 cm in length. The right kidney measured 8.15 cm in length.

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. The left adrenal gland measured 2.89 cm in length by 0.72 cm caudal pole width by 0.62 cm cranial pole width. The right adrenal gland measured 2.95 cm in length by 0.66 cm caudal pole width by 1.76 cm cranial pole width.

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 were 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 with occasional heterogeneous nodular changes noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some sludgy dependent debris with essentially normal contour. Gallbladder polyps were present. Minor biliary mineralization was present. 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.

Gastrointestinal

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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.

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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**SEX**

SF

- Left renal mass
- Minor nodular hyperplasia liver pattern
- The right auricle and pericardium image was without evident pathology

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**WEIGHT**

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The left renal mass is strongly suggestive for renal hemangiosarcoma with possible carcinoma or a complex cyst possible although thought less likely. Three view chest radiographs and echocardiogram are warranted to assess for metastatic thoracic disease. There is a minor potential for abscess however I would expect significant inflammatory response associated abscessation. Ultrasound guided FNA of the renal mass could be considered however these are not usually cytologically definitive. The right kidney appeared unremarkable.

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The heart objectively appeared to be hypovolemic. Assessment for underlying shock is recommended.

Supportive care to treat immediate clinical GI signs followed by left nephrectomy, manual expression of the gallbladder and liver biopsy are indicated.

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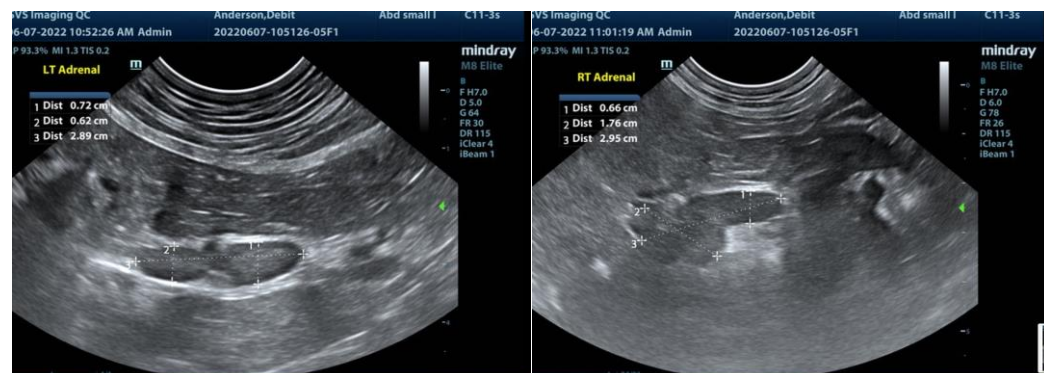
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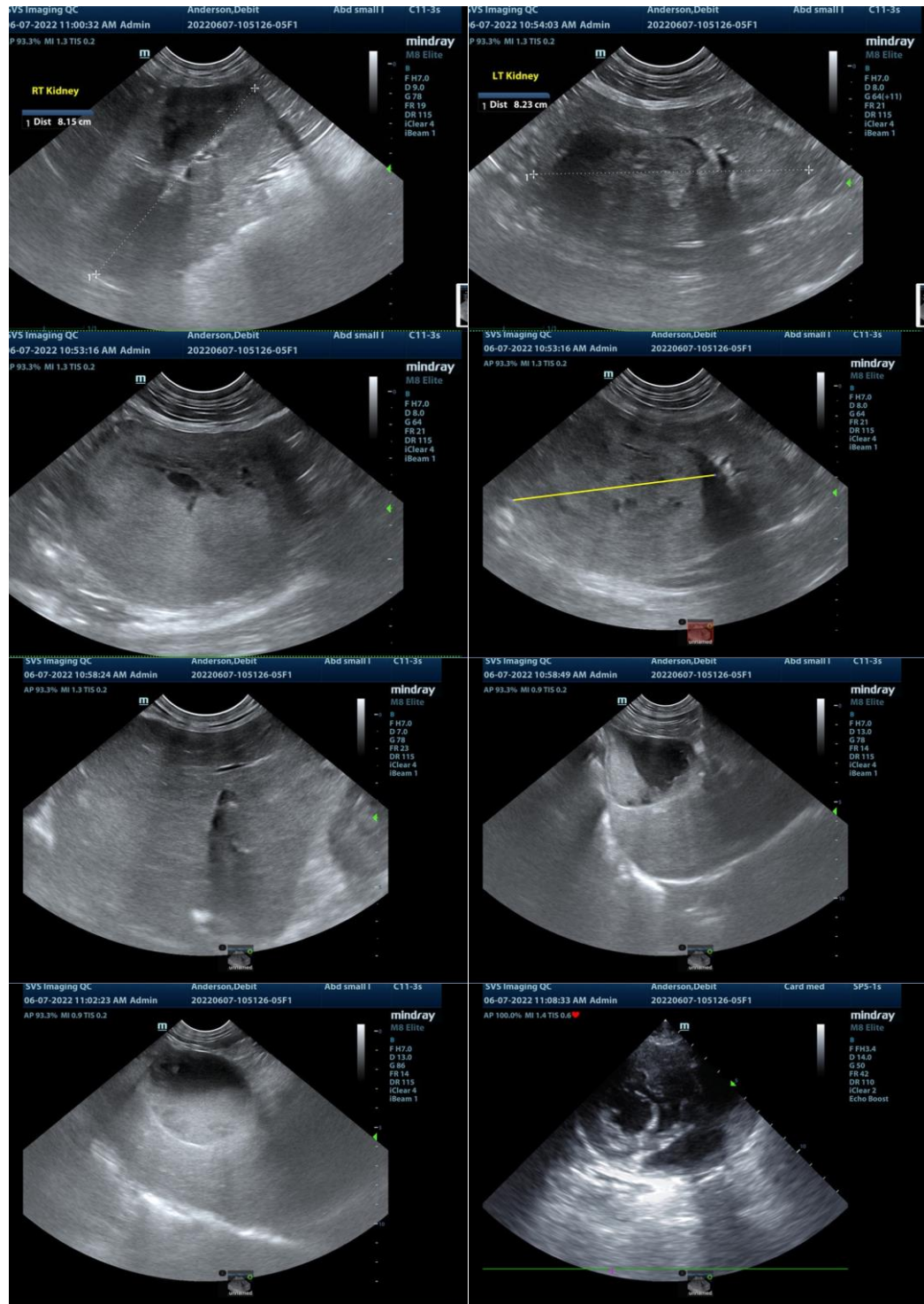
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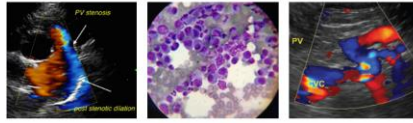


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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