



**PATIENT**

Margaux Lacesa

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

5 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Petro

**INVOICE**

43973

**DATE**

7/13/23

**PRESENTING CLINICAL SIGNS**

Anorexia, panting, lethargic

**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 were noted. Ureteral papillae were normal.

The **right kidney** presented normal size and contour. The right kidney measured 5.21 cm.

The area of the **left kidney** revealed a large parenchymal expansive mass measuring 15+ cm. The mass appears encapsulated. The mass appears to expand medially and cranially. Regional lymph nodes appear to be enlarged.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was displaced cranially owing to the mass in the area of the left kidney. Unremarkable otherwise.

**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.

**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**

- Mass in the area of the left kidney with regional lymphadenopathy – suspect nephroblastoma.



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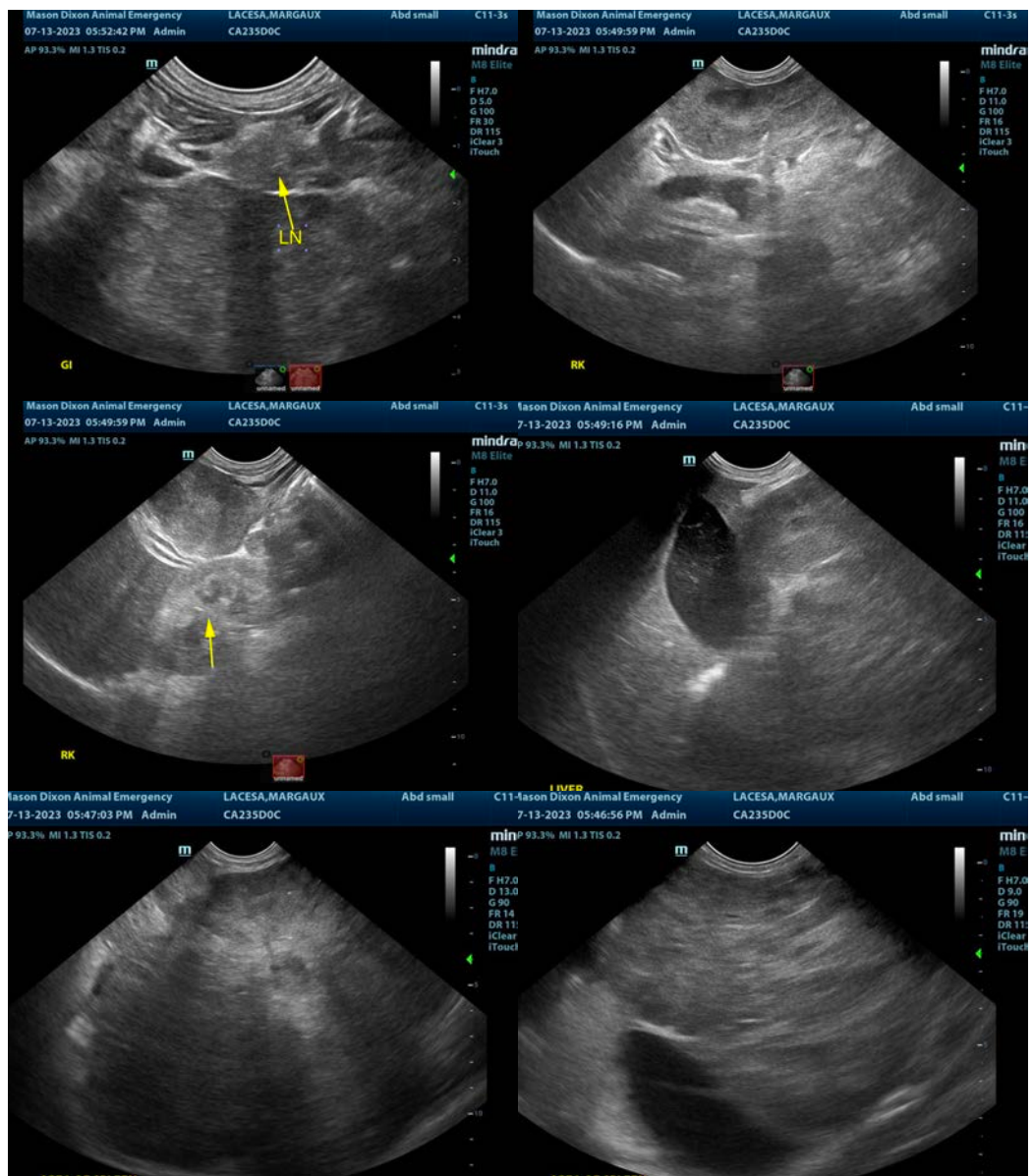
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation as well as blood pressure measurements indicated. Erythropoietin-secreting tumor may be an issue if the PCV is elevated. Associated hypertension should be evaluated. FNA could be considered if not resectable based on CT evaluation. Given the expansive irregular contour to the mass and regional lymph nodes, I do not believe that surgery would be curative in this patient. However, an adjunctive surgery with radiation or chemotherapy may be appropriate. Prognosis is guarded to poor depending upon further diagnostics. I cannot completely rule out the potential of adrenal origin or adrenal involvement, given that the adrenal glands were not visualized, yet it would be most consistent with primary left renal tumor, possible nephroblastoma.





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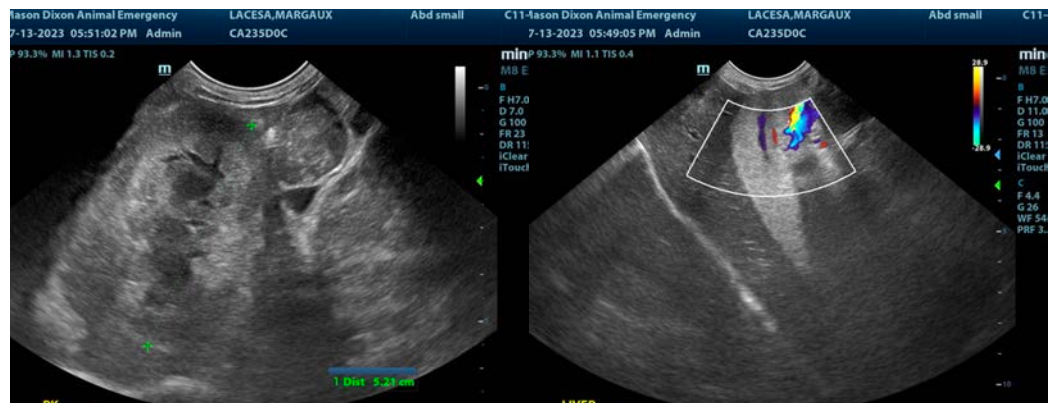
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)