



PATIENT

Benny Richards

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

15

WEIGHT

8.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Laura Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura Cordon

INVOICE

23467

DATE

7/19/23

PRESENTING CLINICAL SIGNS

History: O went to lunch with a friend, when she got home around 1pm & P did Nott greet her at the door which is very unusual. Panting excessively, whining started around 7-8pm E/D normal, last ate 3pm Seems to be swollen/painful in his abdomen area

Abnormal PE/Chem/CBC/UA Results: CBC: Normal Chem: Tbil 1.1, BUN 60, Creat 1.6, phos 6.5 CPLi: Abnormal BP: 220

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 4.7 cm.

A mixed hypoechoic cystic and complex 7.0 cm mass was noted deriving from the cranial pole of the **right kidney**. The mass impinged upon the liver cranially and deviated the upper gastrointestinal tract caudally. The mass appears to have partially escaped the renal capsule. Clean resection may be difficult. CT evaluation would be warranted, however, given the likelihood of hemorrhage, direct exploratory surgery is indicated, if chest radiographs are free of evident pathology.

Adrenal Glands

The **left adrenal gland** was 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 1.45 cm x 0.47 cm at the caudal pole and 0.61 cm at the cranial pole.

The **right adrenal gland** was obscured by the renal mass.

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. Cranial folding of the spleen was noted.

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



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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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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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Free Abdomen

Slight **free fluid** was noted in the abdomen.

WEIGHT

8.7 kg

ULTRASONOGRAPHIC FINDINGS

- Right renal mass- suspect hemangiosarcoma or possible carcinoma
- Slight free fluid in the abdomen
- Age-related abdominal changes otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory is recommended, if not CT, however, likely hemorrhage and inflammation from the mass are responsible for the clinical episode. No overt evidence of organ metastasis. A complex renal cyst is possible yet unlikely.

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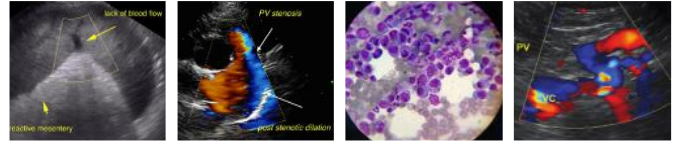
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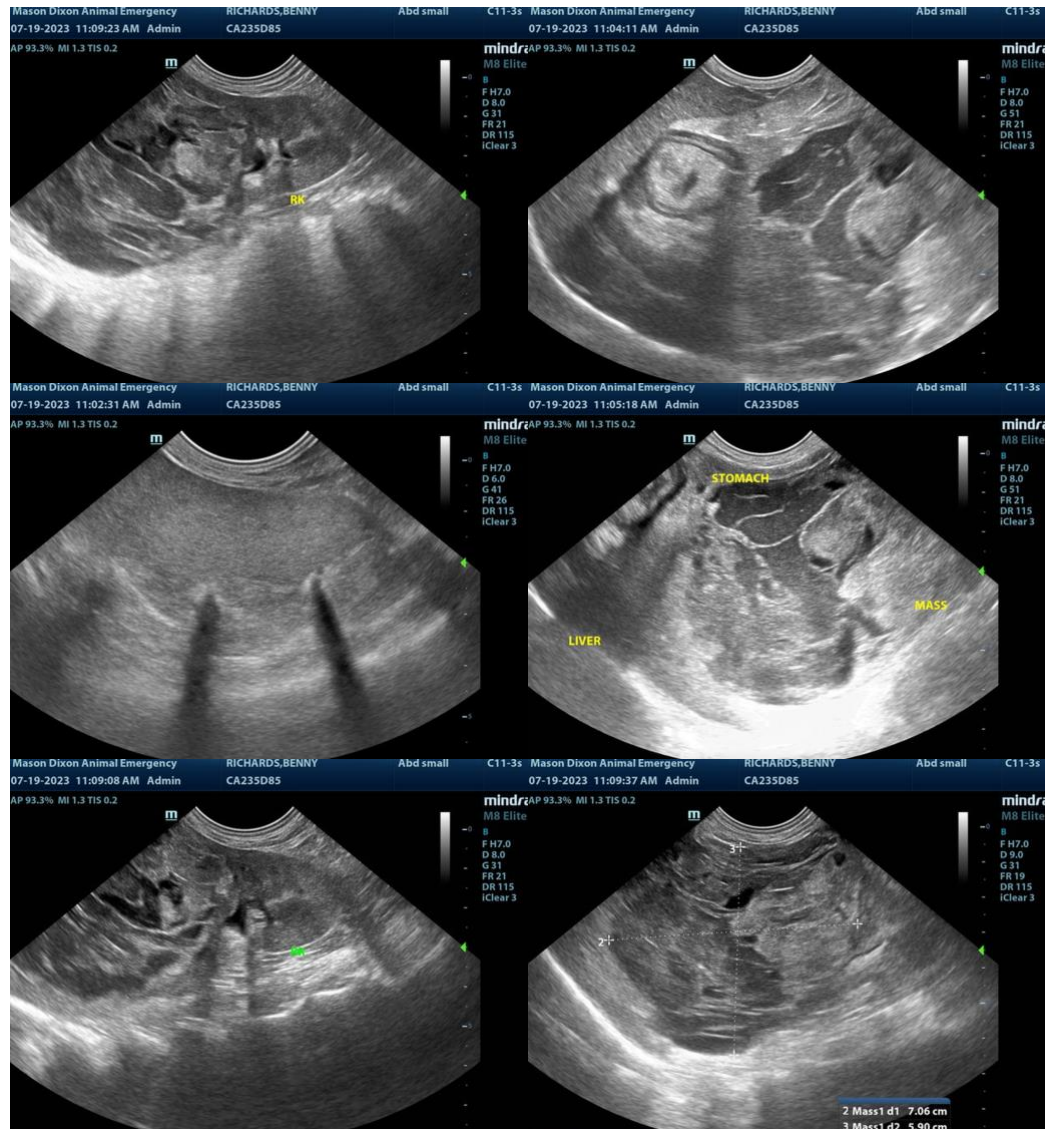
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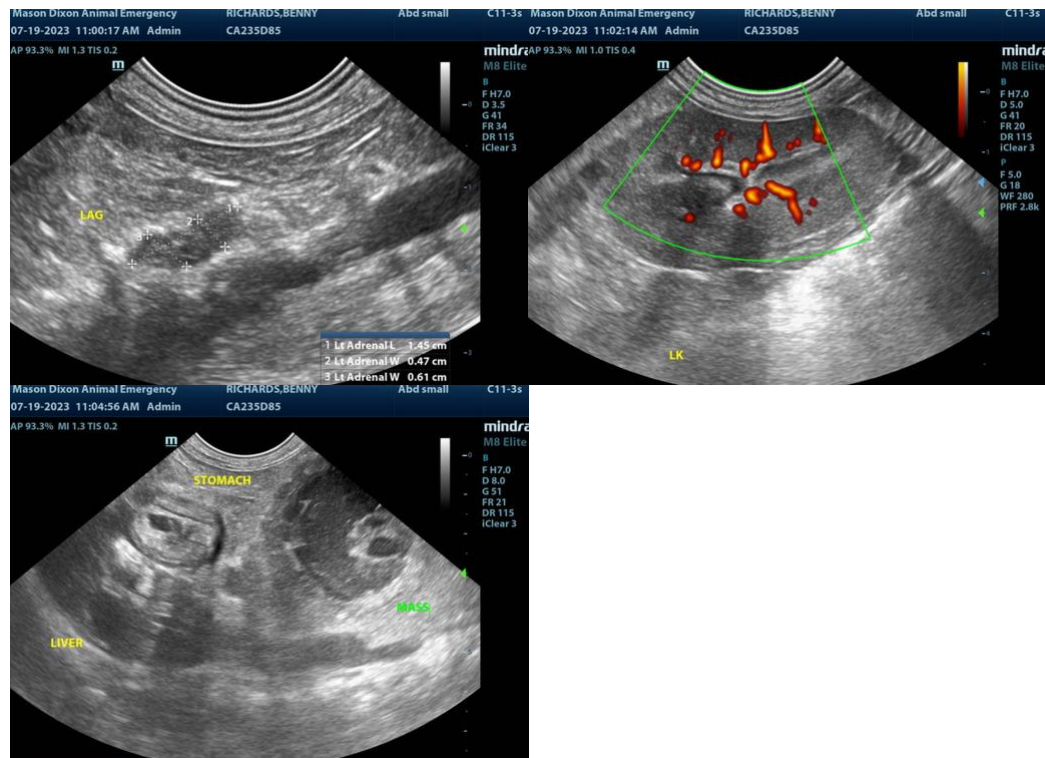
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com