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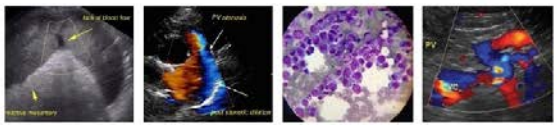

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**

Hudson Rocha

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact Male

**AGE**

6 Years

**WEIGHT**

72 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Southside Pet Hospital

**REFERRING VET**

Dr. Velez

**INVOICE**

40526

**DATE**

8/16/22

## PRESENTING CLINICAL SIGNS

Hematuria and Pyuria since July 1th 2022 No signs of pollakiuria / dysuria - E/D normally - no signs of generalized malaise. After course of antibiotics, no significant improvement in urine. Clavaseptin 500 mg x 20 days - no improvement of pyuria

Abnormal PE/Chem/CBC/UA Results: 19/07/2022 BW CBC NSF Biochemistry Mild hypoalbuminemia / Hypoproteinemia Rest of renal and liver values normal 26/07/2022 Urinalysis USG Adequate 1.035 Hematuria / Pyuria still persistent Proteinuria Glucosuria 11/08/2022 Urinalysis Pyuria / Hematuria / Urine protein / Proteinuria - no Glucosuria UPCR not performed as sediment is active Bladder scan 25/07/2022 Small bladder - normal anechoic lumen with equivocal bladder wall thickening (bladder was small) Unable to obtain a urine sample as the bladder is very small today - no clear evidence of intraluminal structures seen at this time

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presents a moderate amount of debris, likely blood derived from the right renal mass.

The **prostate** was uniformly enlarged (3.0 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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 measured 7.13 cm.

The **right kidney** revealed an expansive 7.0 cm mixed echogenic tissue mass, disrupting the renal architecture. The right kidney measured 8.48 cm. Capsular expansion noted, yet the mass appears resectable.

### *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 2.36 cm x 0.56 cm at the caudal pole and 0.54 cm at the cranial pole.

The **right adrenal gland** was not visible and obscured by the right renal mass, yet not suspected to be involved.

### *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.

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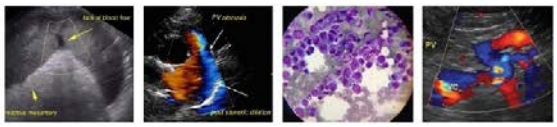

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### *Liver*

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*

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.

### *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.

### *Other*

The testicles were imaged and found to be uniform with multifocal areas of mineralization.

## ULTRASONOGRAPHIC FINDINGS

- Right renal mass – appears encapsulated and resectable.
- Minor BPH prostate

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be ideal for surgical planning to assess relationship with the retroperitoneal space. However, subjectively it appears encapsulated and resectable. Carcinoma suspected. Hemangiosarcoma possible. Chest radiographs +/- echocardiogram warranted. Blood flow was present to the tissue mass. I do not recommended FNA, as this may compromise the capsule and allow for neoplastic escape. Direct right nephrectomy indicated. Neutering could be considered at the time of surgery as well as urine culture and sensitivity. The left kidney appears to be intact and able to maintain metabolic need from a subjective standpoint.

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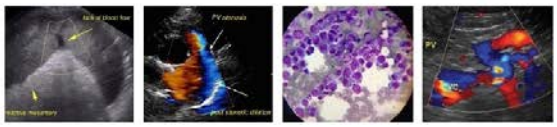

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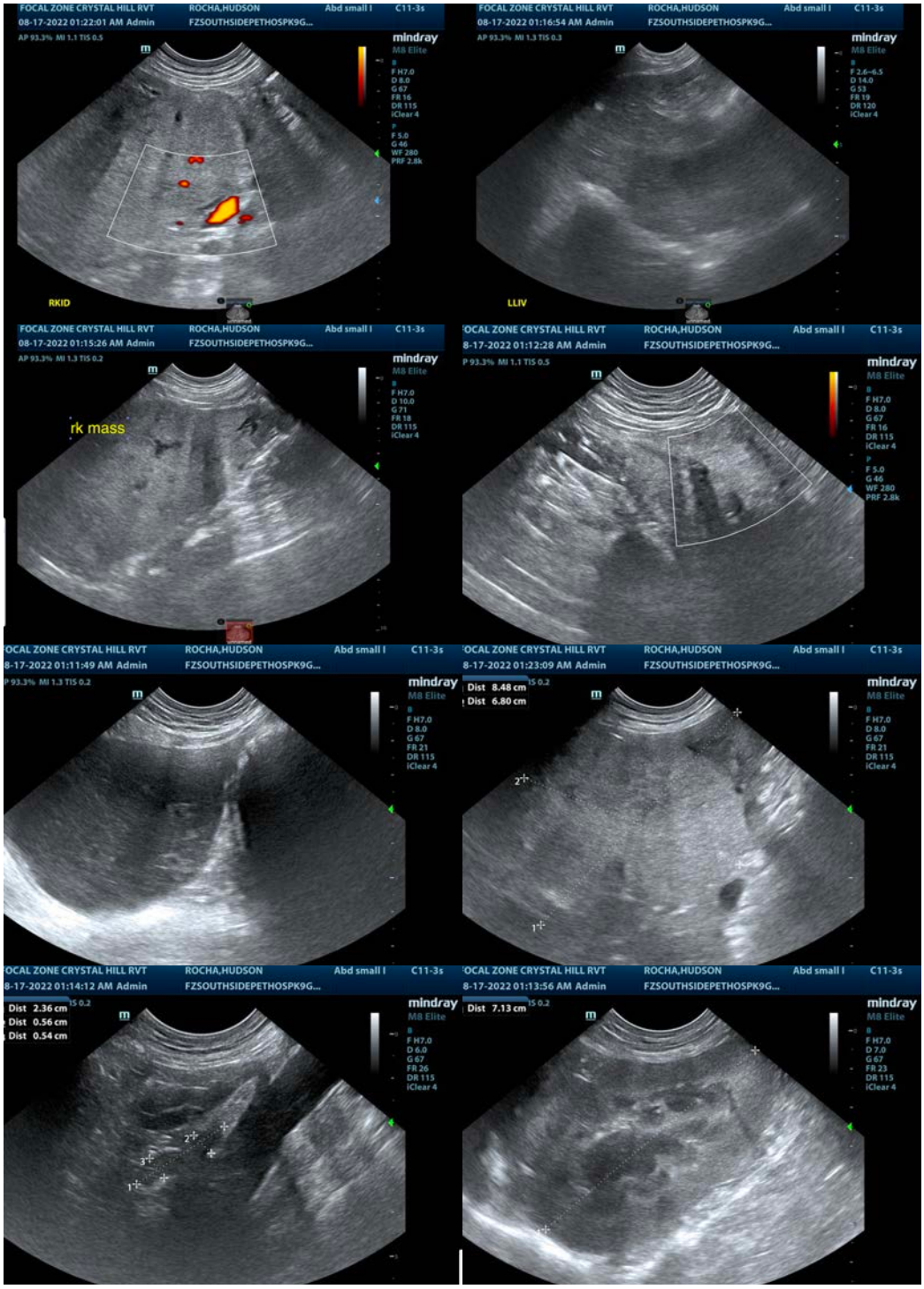

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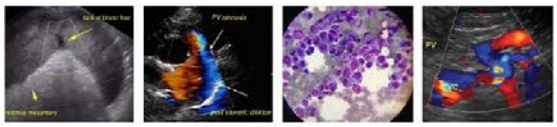

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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