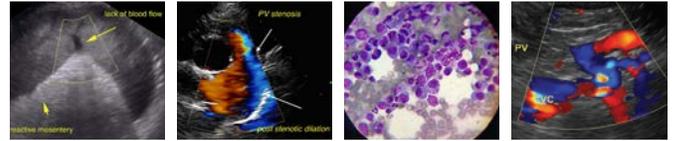




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cloe Batista Acevedo	Presented as an urgent referral for an abdominal ultrasound to evaluate abdominal mass or kidney mass. Presented with a history of urinating in the house every 3 minutes and having accidents. Anorexia for 3 days. FNA of the left kidney/ area was done, but did not exfoliate many cells and it was not submitted to a pathologist.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: PE: Tense on abdominal palpation, Fever 103.6F 4DX: all negative Abdominal rads: Soft tissue opacity in mid abdomen by the kidneys BW: WBC: 20.5 ( 6-17) Neu: 17.3 ( 3-12)PLT : 98 ( 165-500) CHEM: AMY 1517 ( 200-1200) rest are wnl.
<b>BREED</b>	
Corgi X	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Spayed Female	The <b>urinary bladder</b> presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Measured up to 0.85 cm at the apex. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.
<b>AGE</b>	
13 Years	The <b>left kidney</b> was enlarged at 8.13 cm with an undifferentiated mixed hypoechoic mass deriving from the mid caudal body of the kidney with regional inflammation. The left ureter was also dilated and enveloped by regional inflammation.
<b>WEIGHT</b>	
40.8 Pounds	The <b>right kidney</b> presented normal size and contour with trace pyelectasia at 0.28 cm.
<b>INTERPRETED BY</b>	A right medial iliac lymph node was mildly enlarged, yet length to width ratio was maintained, measuring 1.36 cm x 0.66 cm.
Eric Lindquist, DMV	<b>Adrenal Glands</b>
DABVP, Cert. IVUSS	Both <b>adrenal glands</b> 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 0.62 cm.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Ferrer	The <b>spleen</b> was largely normal with subtle hypoechoic nodular changes, non-disruptive. The spleen measured 1.85 cm. Micronodular changes also noted. Hyperplasia versus metastatic origin.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Paseos Vet Center	The <b>liver</b> presented multifocal hypoechoic nodular changes, potentially of metastatic origin. The gallbladder and common bile duct were unremarkable.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Belen Acevedo	The <b>stomach</b> itself was unremarkable. The distal small intestine was mildly thickened.
<b>INVOICE</b>	
40831	
<b>DATE</b>	
8/29/22	



**PATIENT**

Cloe Batista Acevedo

**SPECIES**

Canine

**BREED**

Corgi X

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

40.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Vet Center

**REFERRING VET**

Dr. Belen Acevedo

**INVOICE**

40831

**DATE**

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**Pancreas**

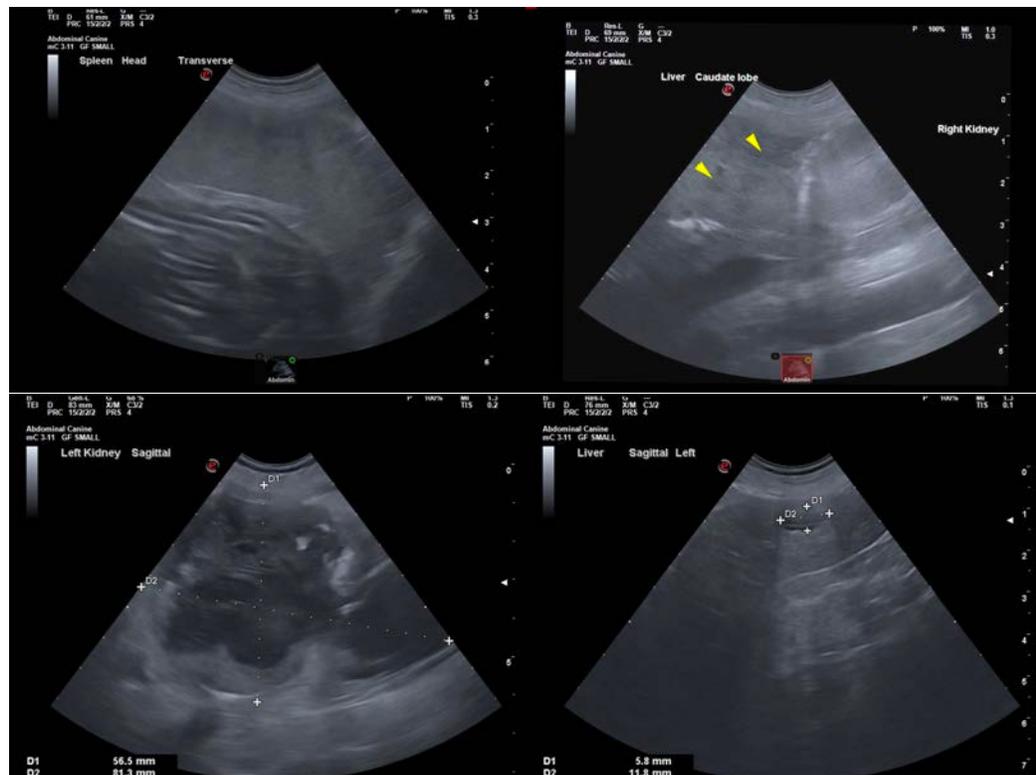
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Left renal mass with significant retroperitoneal inflammation and significant disruption of architecture
- Micronodular splenic and hepatic changes
- Chronic cystic bladder pattern
- Iliac lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend FNA of the iliac lymph node, left renal mass, spleen, and liver. Hemangiosarcoma or sarcoma suspected. Otherwise, direct exploratory surgery would be warranted with expectation towards left nephrectomy. However, clean resection may be difficult with adhesions to the retroperitoneal space. Inspection and biopsy of the liver and spleen would be appropriate. Otherwise, CT warranted for surgical planning. Prognosis is guarded to poor. Chest radiographs warranted to rule out metastatic disease +/- echocardiogram to assess the right auricle and pericardium for metastatic disease in case underlying hemangiosarcoma is in play.





**PATIENT**

Cloe Batista Acevedo

**SPECIES**

Canine

**BREED**

Corgi X

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

40.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Vet Center

**REFERRING VET**

Dr. Belen Acevedo

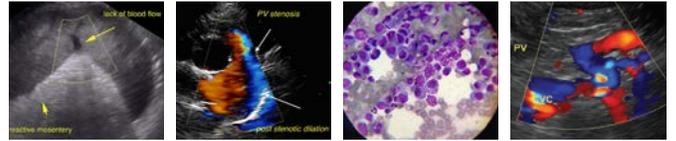
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**PATIENT**

Cloe Batista Acevedo

**SPECIES**

Canine

**BREED**

Corgi X

**SEX**

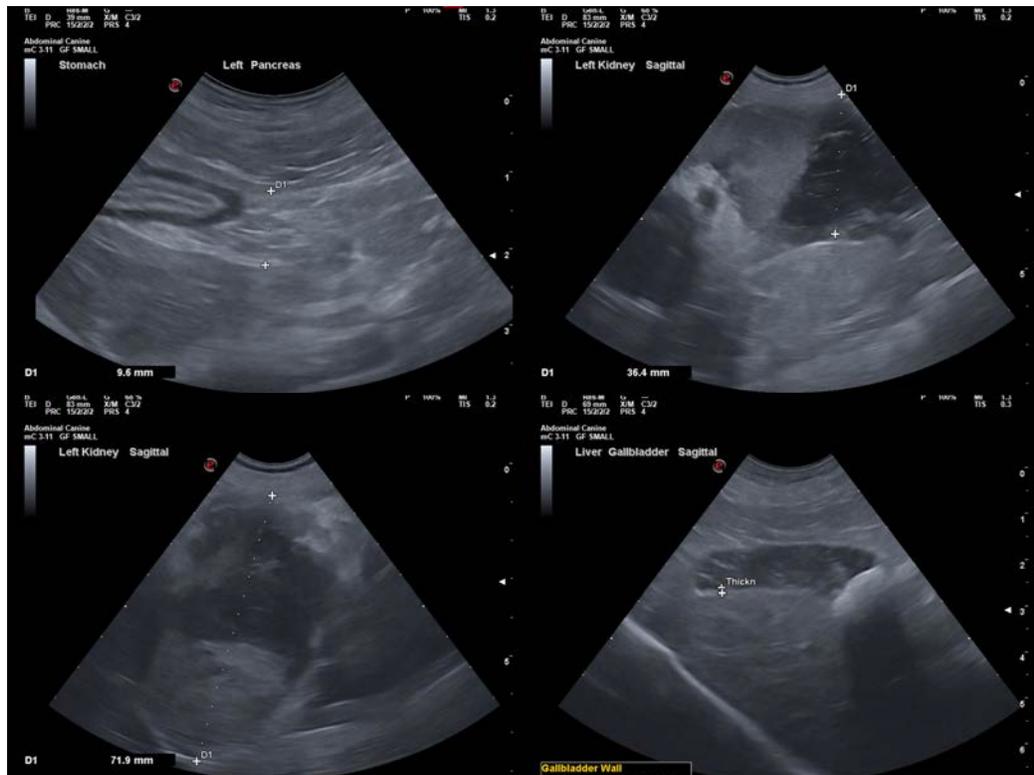
Spayed Female

**AGE**

13 Years

**WEIGHT**

40.8 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Vet Center

**REFERRING VET**

Dr. Belen Acevedo

**INVOICE**

40831

**DATE**

8/29/22

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)