

**DATE**

08/05/2022

**PRESENTING CLINICAL SIGNS**

In for WVX, vaccines. Large abdominal mass found on PE.

**PATIENT**

Lucy Schucker

Current Medications: None listed.

Lab Results: Mildly elevated BUN.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Shih-Tzu

**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.

**SEX**

FS

The left kidney was comprised of a mass measuring 12 cm with a pyelectasia of approximately 4.0 cm x 6.0 cm. Significantly disrupted architecture was present with irregular cortical contour. The renal mass expands dorsocaudally against the body wall into the retroperitoneal space.

**AGE**

2009

The right kidney revealed minor age related changes with slight mineralization. The right kidney measured 3.77 cm in length.

**WEIGHT**

13lb

**Adrenal Glands**

The bilateral adrenal glands were not visible in this study.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Festival Veterinary  
Clinic

**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.

**REFERRING VET**

Dr. Greenfield

**INVOICE**

11296ag

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.

### **Free Abdomen**

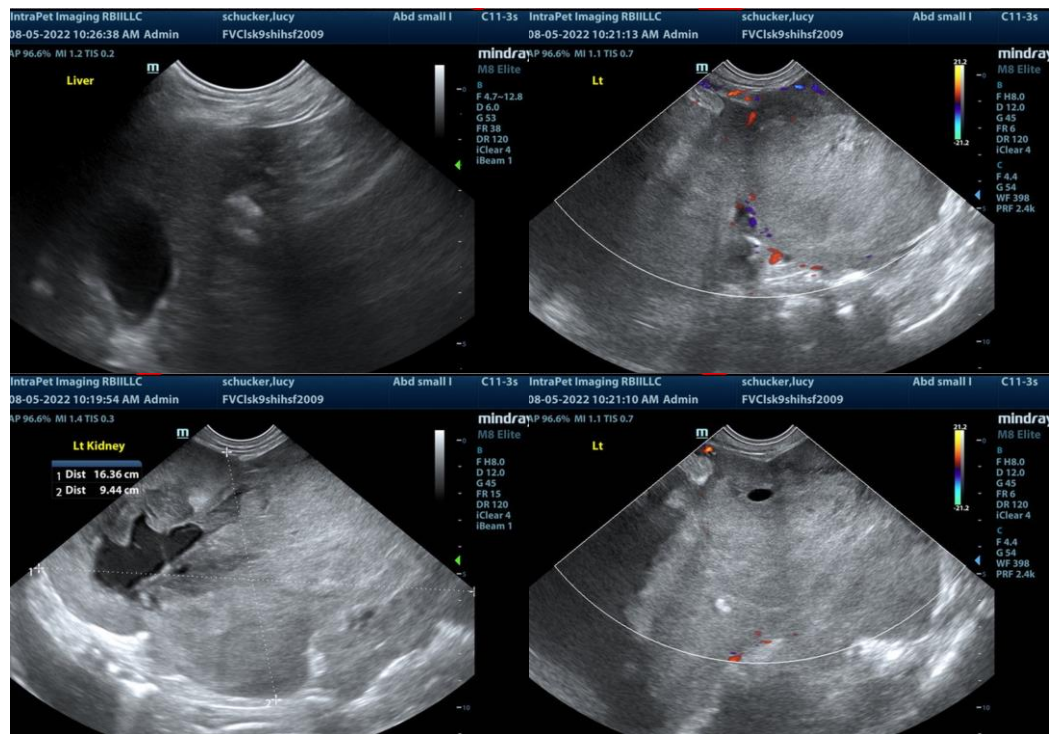
Localized free fluid in the area of the left kidney mass.

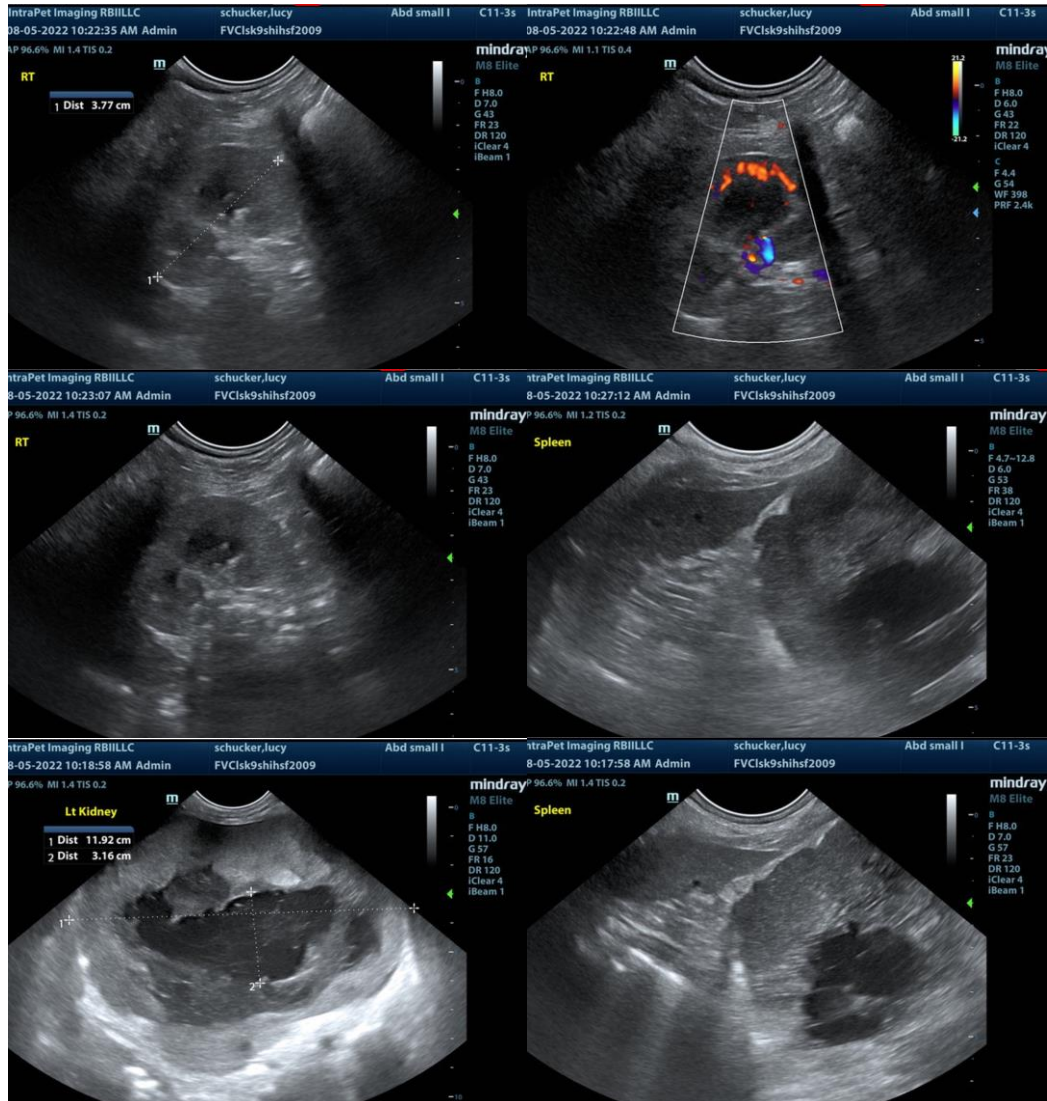
### **ULTRASONOGRAPHIC FINDINGS**

- Extensive left kidney mass extending into the left retroperitoneal space with associated free fluid- renal carcinoma is suspected, round cell neoplasia or hemangiosarcoma is thought less likely

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

Given the left kidney mass and the potential for surgical urgency, CT evaluation for further clarification and surgical planning is recommended. The bilateral adrenal glands were not visible in this study and adrenal involvement cannot be definitively excluded. Three view chest radiographs and echocardiogram are recommended to assess for thoracic pathology or metastasis. An ultrasound guided FNA of the parenchymal portion of the mass could be considered for staging purposes. A guarded prognosis is warranted given the capsular escape that is evident.





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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