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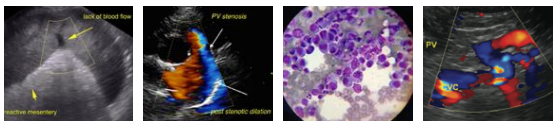


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Finnegan Waike

SPECIES
Canine

BREED
Doodle

SEX
Neutered male

AGE
7 years

WEIGHT
31 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Willakenzie AC

REFERRING VET
Dr. Kairis

DATE
6/22/23

Invoice
47915

PRESENTING CLINICAL SIGNS

History: Presents for loss of appetite, vomiting for past month Has lost 10# appearance of mass in abdomen upon x-ray

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 was noted. Ureteral papillae were normal.

The prostate measured 0.94 cm.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices 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 capsules were acceptably uniform without significant irregularities. The right kidney was normal and measured 5.82 cm. The **left kidney** revealed an expansive, mixed echogenic, parenchymal mass with areas of mineralization that measured 8.0+ cm.

Adrenal Glands

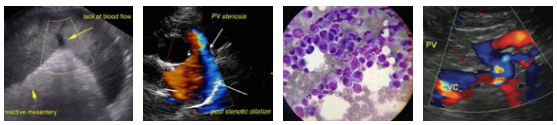
The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.07 x 1.17 cm at the cranial pole and 0.66 cm at the caudal pole. The **left adrenal gland** was mildly enlarged at the mid aspect of the left adrenal gland measuring 2.0 x 0.8 cm in the midsection. Suspect phrenic vein invasion.

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 was noted.

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



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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

Mineralizing left renal mass. Consistent with renal carcinoma.

Normal right renal structure at the time of the sonogram.

Irregular left adrenal gland. Suspect phrenic vein invasion.

Regional free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal mass may be resectable. Left nephrectomy and left adrenalectomy is likely the best option in this patient. However, I cannot rule out caval invasion. The left renal mass obscured the acoustic window to assess the left phrenic vein aspects regarding the vena cava. I suspect left renal carcinoma and left adrenal carcinoma or pheochromocytoma. Serial blood pressure measurements are warranted. CT evaluation is recommended to assess for the potential of clean resection. Chest radiographs or chest CT is recommended to assess for metastatic disease.

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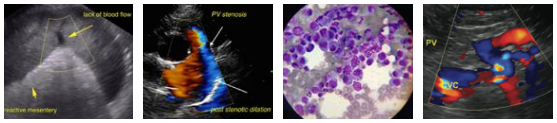

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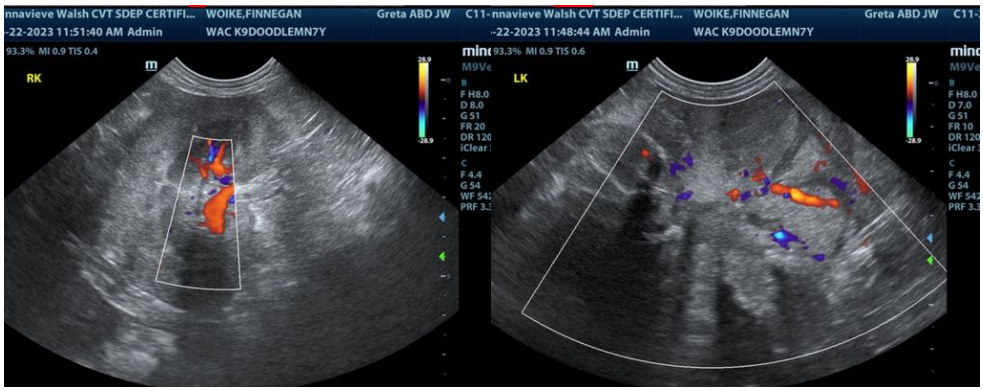

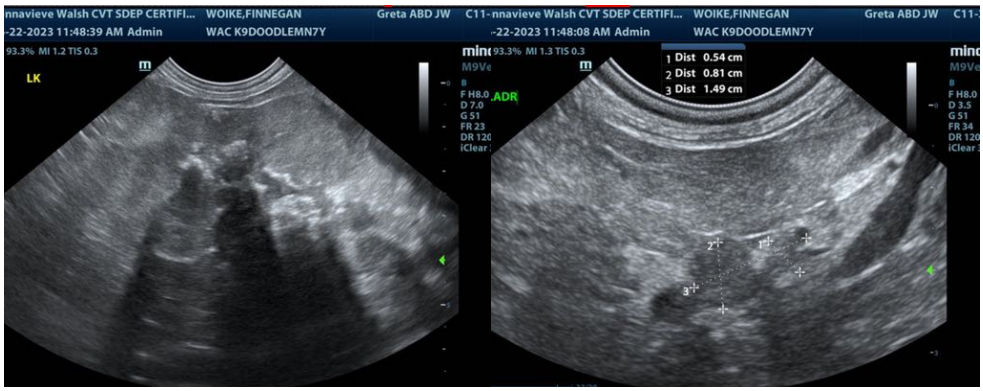

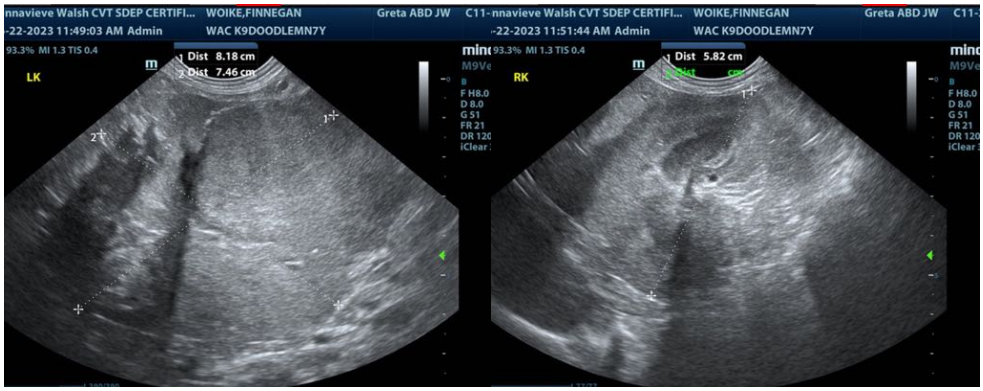

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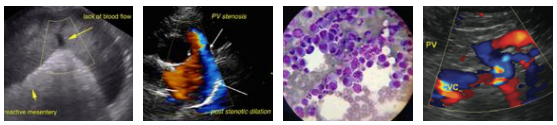

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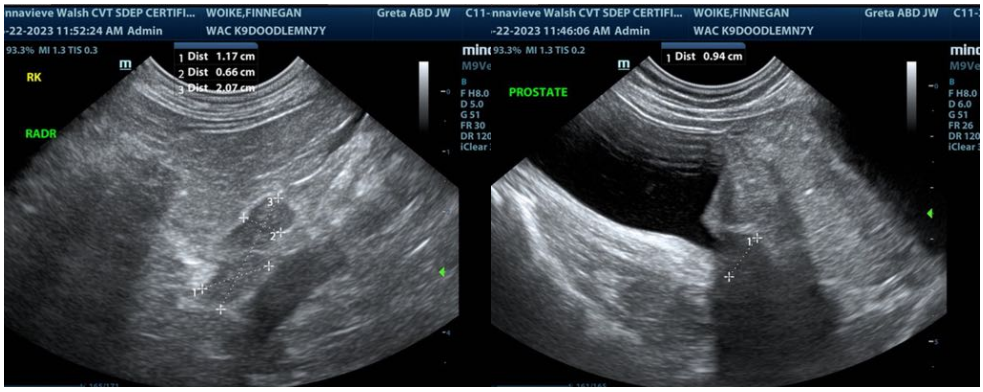

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com