

PATIENT PRESENTING CLINICAL SIGNS

Nova Ruben History: weight loss, previously elevated ALT, intermittent vomiting, lethargy

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Canine

BREED

German Shepherd

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.

SEX

Spayed female

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 right kidney measured 7.8 cm.

AGE

8 years

The **left kidney** revealed an expansive, mixed hypoechoic mass deriving from the cortex with complete disruption of the cortical medullary and dorsal cortical structures. The left kidney itself measured 9.0 cm. The left renal mass expanded dorsally and caudally into the retroperitoneal space.

WEIGHT

79 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** 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 2.28 x 0.52 cm at the caudal pole and 0.33 cm at the cranial pole. The right adrenal gland measured 3.32 x 1.69 cm at the cranial pole and 0.53 cm at the caudal pole.

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

HOSPITAL NAME

Blairstown AH

The **spleen** was riddled with multiple, expansive nodules and small masses with disrupted architecture. This is similar to the left kidney, likely related pathology/sarcoma.

REFERRING VET

Dr. Clegg

Liver

INVOICE

46551

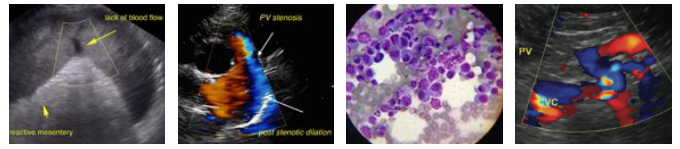
The **liver** revealed coarse architecture with increased portal markings and heterogenous parenchymal changes. There is a potential for metastatic disease deriving from the splenic and renal pathology. The gallbladder and common bile duct were unremarkable.

DATE

8/10/23

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



PATIENT

Nova Ruben

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

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.

BREED

German Shepherd

Free Abdomen

SEX

Spayed female

Hemorrhage or tumor in the retroperitoneal and sublumbal space. Tumor extension and/or blood clot is possible.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

Left renal mass expands into the retroperitoneal and sublumbal space.

Multiple, splenic masses, potential metastatic disease to the liver.

WEIGHT

79 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor unless chemo responsive. FNA of the kidneys, spleen and liver are indicated.

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HOSPITAL NAME

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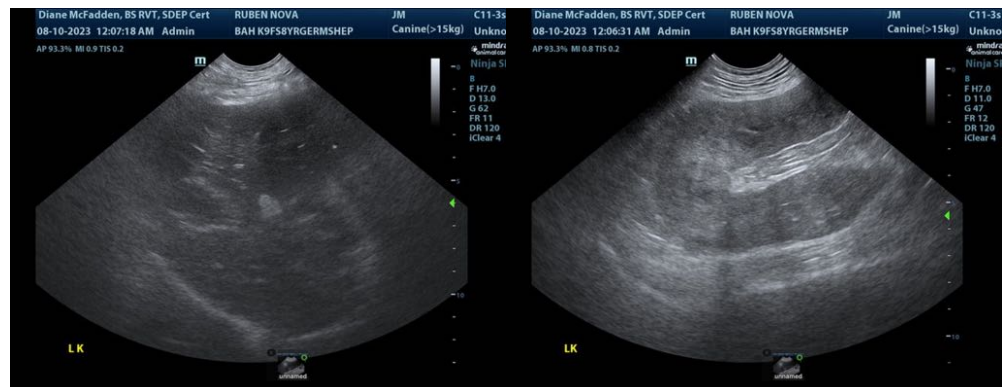
Dr. Clegg

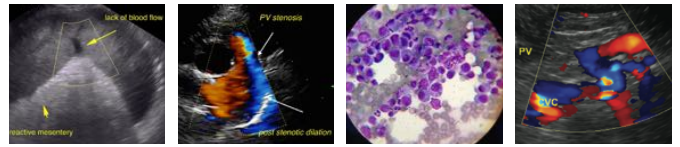
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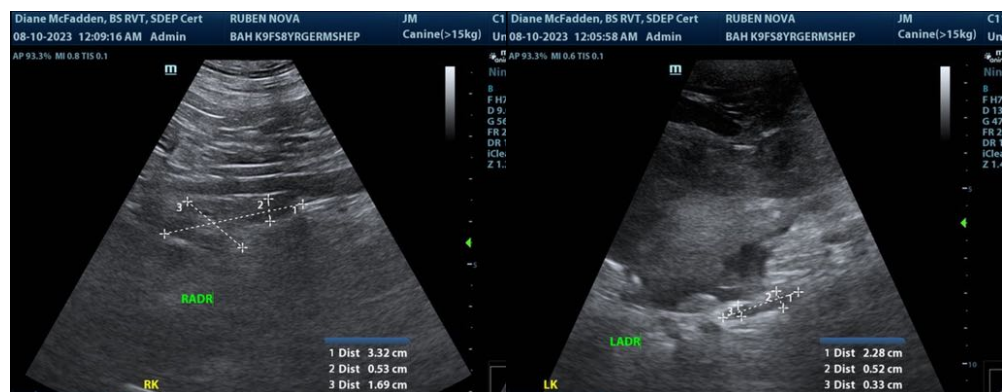
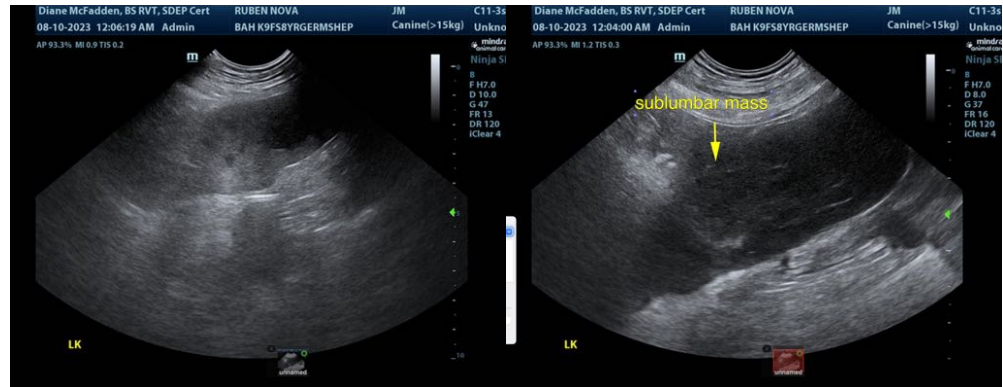
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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