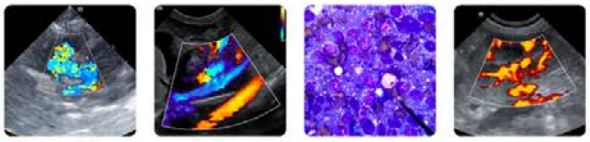

PATIENT

Lucas Lucas

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

10 Years 2 Months

WEIGHT

13.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Ashley Whitesell

INVOICE

73002

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Vomiting. Weight loss. Elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: WBC 32.28 HCT 35% Alkp 310

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder appears normal. Within the urinary bladder is a hyperechoic shadowing urolith measuring 1.9 mm in width.

The prostate is normal and measures 4.6 mm in width. It is of uniform echogenicity and appears symmetrical.

In the area of the right kidney, cranial to what is suspected to be a hydronephrotic right kidney, there is a heterochoic mass lesion that has ill-defined borders. Given its appearance, the mass lesion is suspected to potentially be coming from the liver. The mass lesion measures approximately 7.2 cm x 5.9 cm. It is also possible that this mass lesion is coming from the right kidney itself. The solid mass cranial to the suspected right hydronephrotic kidney does have blood flow via doppler, consistent with it being most likely a mass lesion and less likely to be a hematoma.

What is suspected to be a hydronephrotic right kidney is caudal to the mass lesion. This large, fluid-filled structure contains a moderate amount of echogenic debris, consistent with either pyuria or possibly hematuria.

The left kidney has mild pinpoint mineralization in the renal pelvis, appears insignificant at this time. Otherwise, the left kidney appears normal and measures 5.2 cm.

Adrenal Glands

The caudal pole of the right adrenal gland is mildly enlarged, measuring 8.1 mm.

The left adrenal gland was not seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

In the area of the right kidney, cranial to what is suspected to be a hydronephrotic right kidney, there is a heterochoic mass lesion that has ill-defined borders. Given its appearance, the mass lesion is suspected to potentially be coming from the liver. The mass lesion measures approximately 7.2 cm x 5.9 cm. It is also possible that this mass lesion is coming from the right kidney itself. The solid mass cranial to the suspected right hydronephrotic kidney does have blood flow via doppler, consistent with it being most likely a mass lesion and less likely to be a hematoma.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

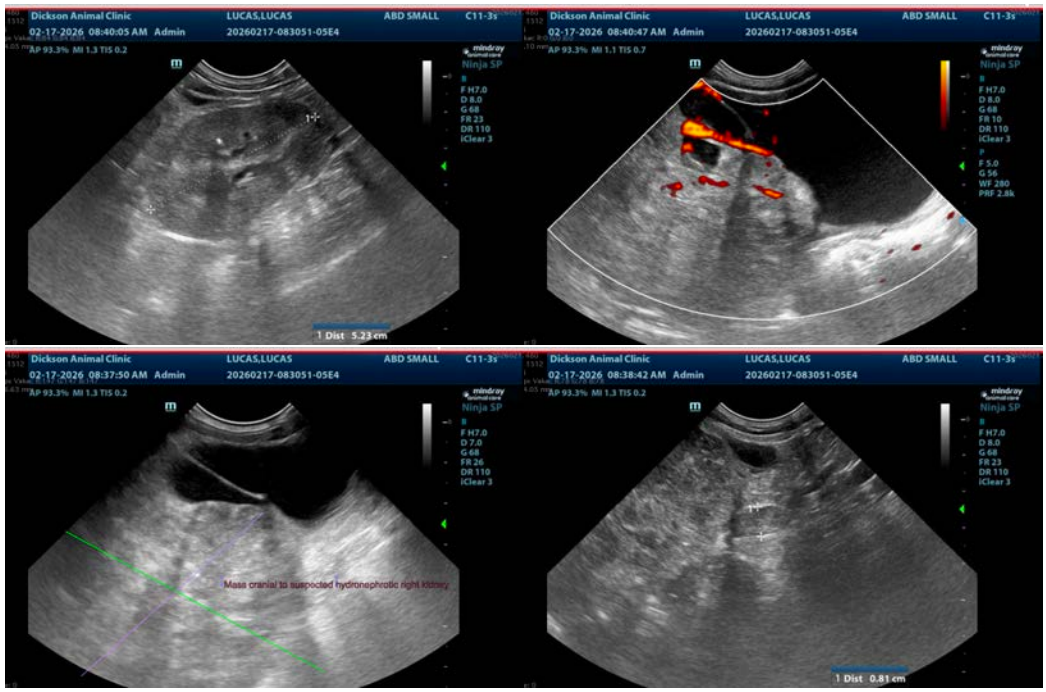
ULTRASONOGRAPHIC FINDINGS

- Heterochoic mass lesion cranial to but intimate with the suspected hydronephrotic right kidney. This mass lesion may be coming from the liver or potentially the right kidney. Differentials include renal carcinoma, hepatic neoplasia such as hepatocellular carcinoma, or hemangiosarcoma.
- Large cystic structure suspected to be a hydronephrotic right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious cause for the right kidney being hydronephrotic is clearly identified on this exam. I recommend performing a fine needle aspirate of the solid mass cranial to the right kidney, and to also aspirate fluid from the suspect hydronephrotic right kidney, submitting fluid for fluid analysis and cytology, and submitting aspirate of the solid mass for cytology to help determine etiology. If the aspirate samples are inconclusive, consider CT scan of the patient's abdomen to better identify the structures and determine if surgical resection is feasible. Also recommend adding a chest CT onto this study if an abdominal CT scan is performed to rule out the possibility of pulmonary metastatic disease.

Prognosis appears guarded at this time pending further diagnostics.



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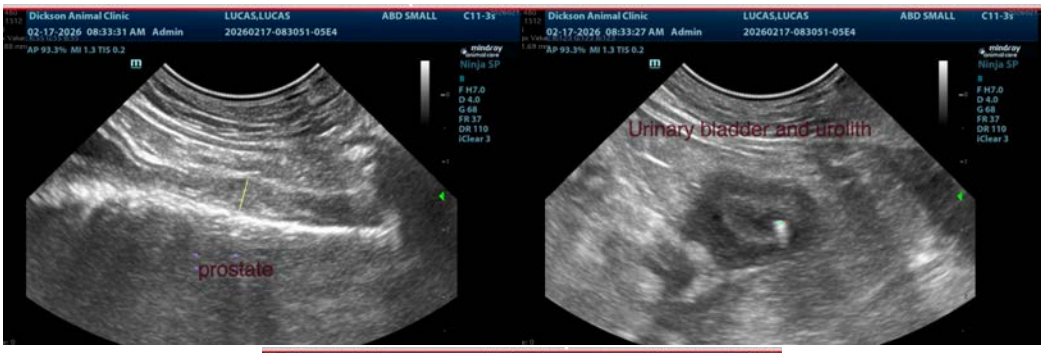

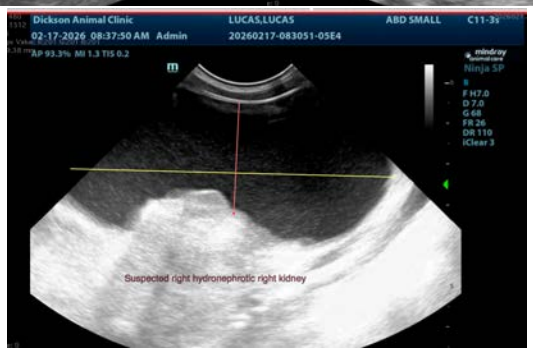

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com