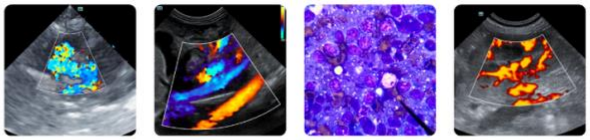

PATIENT

Elvis Williams

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

15

WEIGHT

44

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

37262

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: recent onset of inappetence and some degree of malaise

Abnormal PE/Chem/CBC/UA Results: muscle loss, weak, DJD, Alb .6, Glob6.0, ALT 519, ALP 286, AST 131 Bili0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

Both **kidneys** were found to have multiple small cortical cysts present. The left kidney maintained overall normal corticomedullary definition. There was no evidence of renal pelvic dilation present in the left kidney. The left kidney had a length of 6.1 centimeters. The right kidney had an abnormal appearance containing a hypoechoic discrete nodule in the cranial pole, measuring 3.5 cm x 2.9 cm in size. The caudal pole of the right kidney maintained generally normal appearing overall architecture.

Adrenal Glands

The **left 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 acceptable. The left adrenal gland measured 2.5 cm x 0.66 cm x 0.55 cm.

The region of the **right adrenal gland** was generally evaluated, but the right adrenal gland was not specifically identified in the images provided.

Spleen

The **spleen** presented with a mildly heterogenous appearance to the splenic parenchyma, but there were no defined or discrete masses or nodules present.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted.

The **gallbladder** presented a mild amount of suspended hyperechoic material within the central aspect of the gallbladder. However, there was no evidence of a gallbladder mucocele being present.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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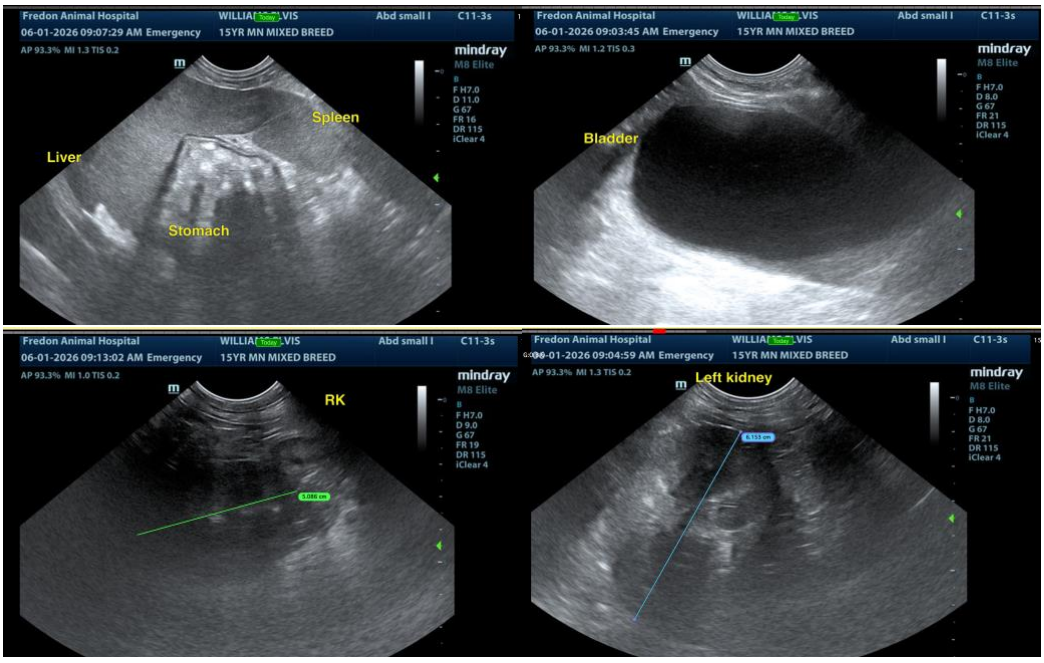
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous appearance throughout the spleen
- A mild amount of hyperechoic debris within the gallbladder lumen
- Small mass or large nodule in the cranial pole of the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary concern in this patient is the presence of a small mass in the cranial pole of the right kidney. The blood work provided showed an extremely low albumin level of 0.6, although there was no evidence of free abdominal effusion present within the abdomen. It is recommended to submit a urinalysis in order to look for evidence of protein loss in the form of proteinuria. A fine needle aspirate of the mass in the cranial pole of the right kidney is recommended in order to obtain a cytologic diagnosis. A fine needle aspirate of the liver as a screening cytology can also be performed at the same time. A nephrectomy can be considered based upon these results. If a nephrectomy is elected, then a liver biopsy should also be performed at the time of that surgery to better characterize the reason for the elevated ALT. This patient's final diagnosis and prognosis will be based upon the sampling information.



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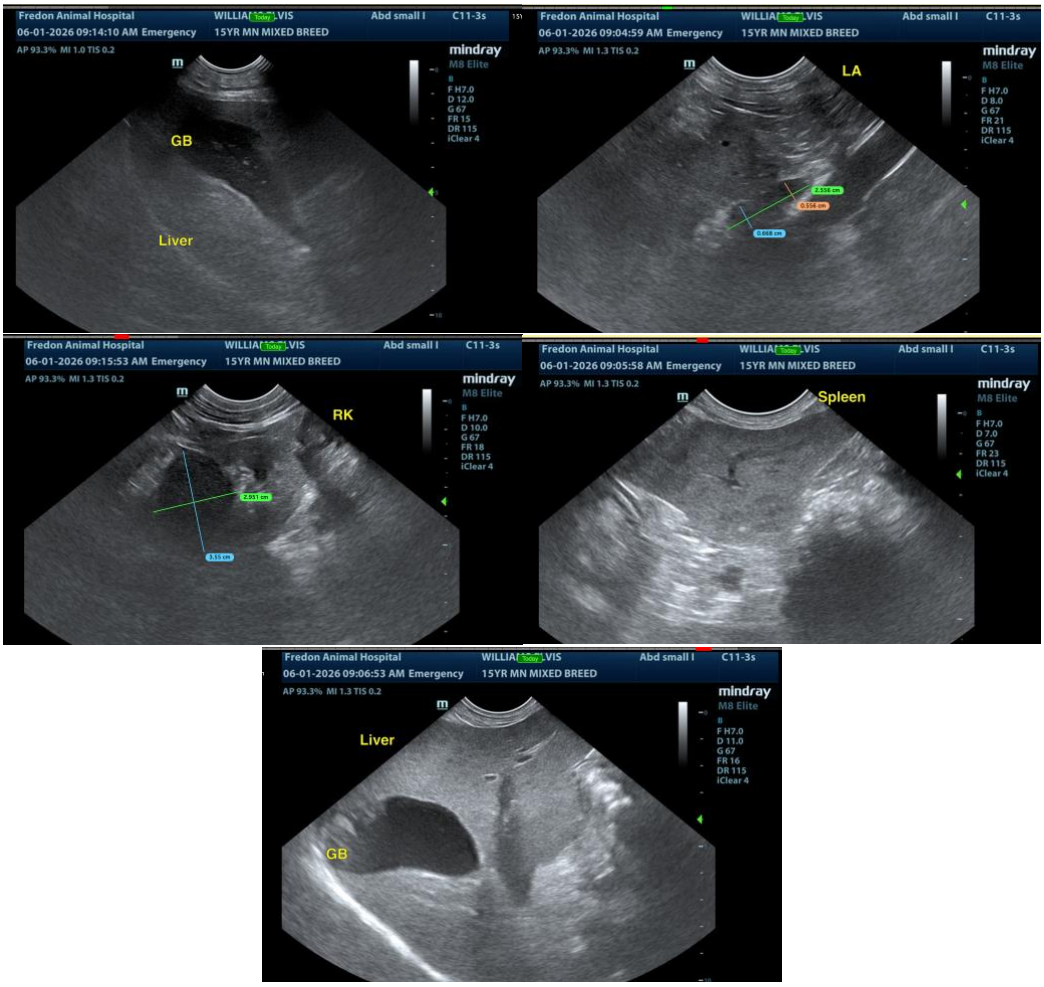

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com