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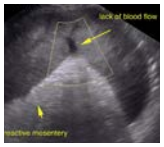
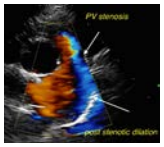
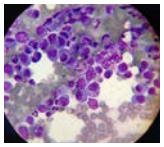
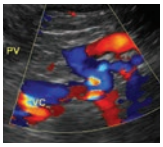

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1-800-838-4268 info@sonopath.com

PATIENT

Chloe Kujawa

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

8 Years

WEIGHT

23 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Hayley Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. Hayley Gaynor

INVOICE

46238

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Chloe has an approximately 3 day history of anorexia. She has had some episodes like this in the past but has always been enticed to start eating again. O notes that she had 2 episodes of vomiting 2 weeks ago but none since then. She is drinking but is lethargic. No coughing, sneezing or diarrhea.

Abnormal PE/Chem/CBC/UA Results: On PE today her mucus membranes were slightly pale. Her temperature was 103.0 F. A mass was palpated in the left cranial abdomen extending under the ribs. Blood work results are attached. Showed mild anemia and leukocytosis with neutrophilia and monocytosis. Chest radiographs obtained today were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is large and irregular in shape. A large, multilobulated, mixed echogenic, partially cystic/cavitated mass effect is arising off the cranial pole of the left kidney, measuring >11.26 cm x 7.63 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.25 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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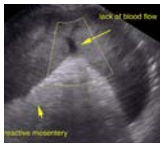
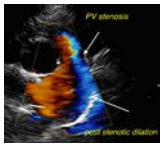
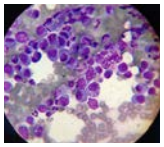
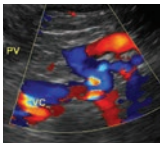

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.49 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a large volume of mildly echogenic free fluid. No lymphadenopathy. The omentum is hyperechoic around the mass effect.

ULTRASONOGRAPHIC FINDINGS

- Large, multilobulated, mixed echogenic, partially cavitated/cystic right renal mass – Primary differentials would include carcinoma, hemangiosarcoma, adenoma, round cell neoplasia, etc.
- Large volume free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large multilobulated mixed echogenic, partially cavitated mass effect in the abdomen. There is a large mass arising from the cranial pole of the left kidney. I suspect this is all one mass effect, but I cannot rule out the possibility of other metastatic lesions or lesions originating from other locations.

Options moving forward include a more conservative approach with fine needle aspirate of the renal mass, and a contrast CT scan to look for any evidence of metastatic lesions, etc. Alternately, you could consider referral to a veterinary surgeon for nephrectomy and gross evaluation of the abdomen at the time of surgery (provided 3-view thoracic radiographs are normal). Recommend a blood pressure evaluation, urinalysis and culture. With nephrectomy, there is always the concern about renal function with removal of a kidney. The function of the right kidney cannot be definitively evaluated without a GFR evaluation, but it looks relatively normal ultrasonographically, so there is a good chance that this kidney is fairly healthy.

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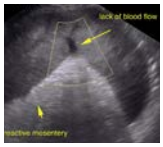
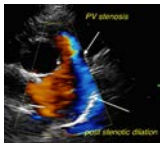
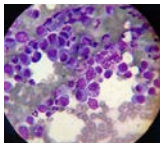
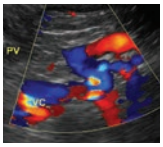

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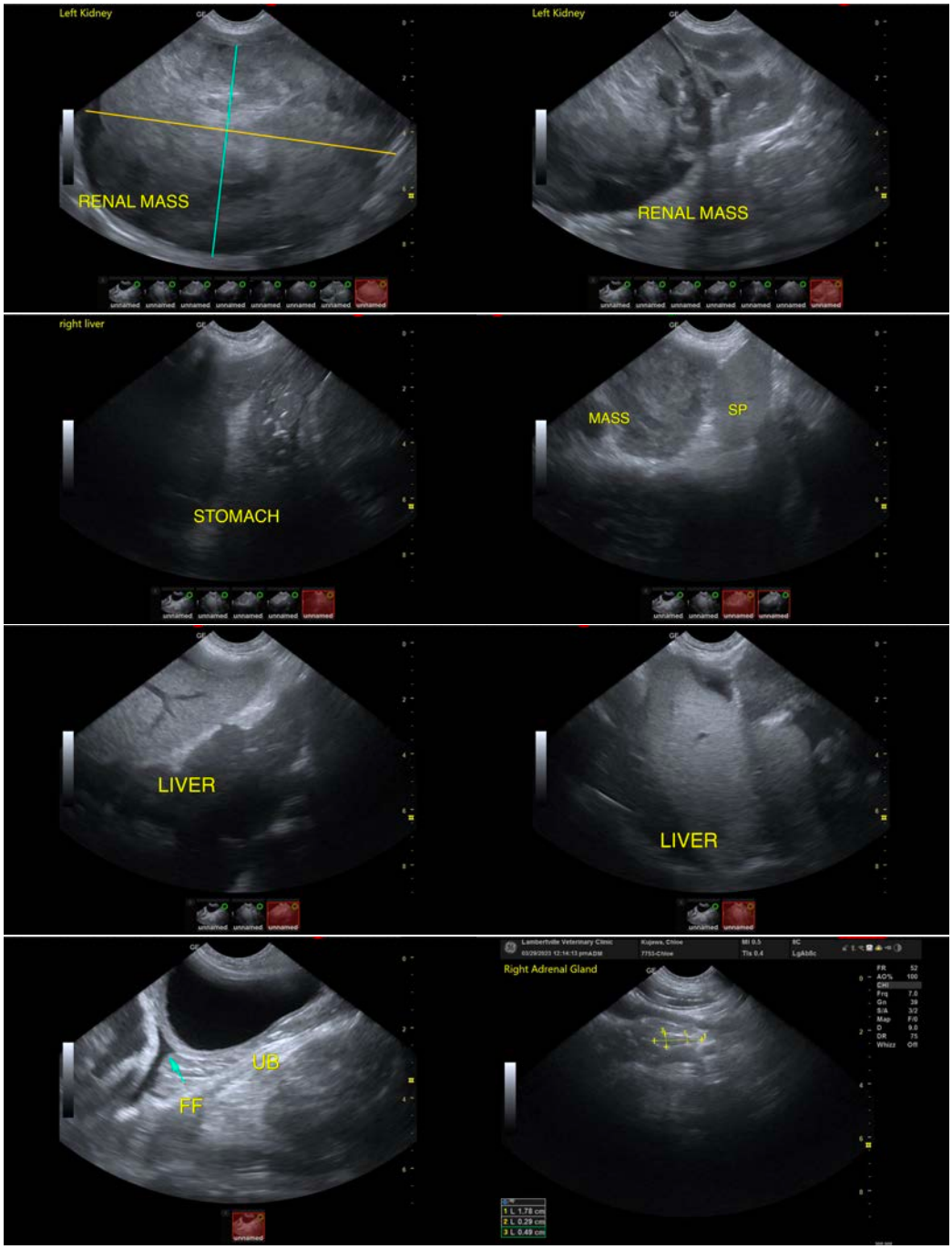

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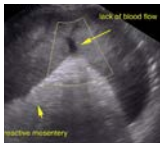
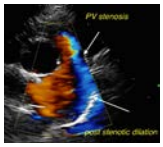
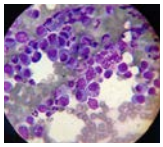
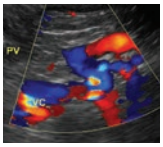

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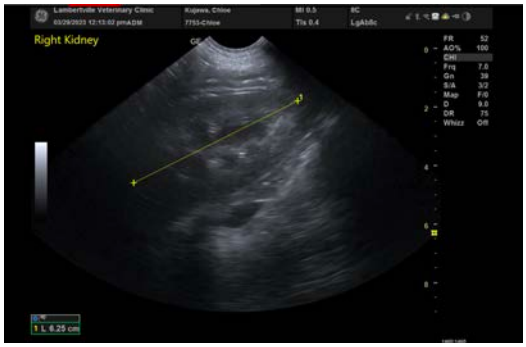

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com