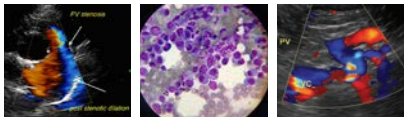
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

6/11/23

PATIENT

Lucy Liberto

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1/24/15

WEIGHT

46.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McIntyre

INVOICE

47287

PRESENTING CLINICAL SIGNS

Hx panting, mild lethargy, abdominal distension. Mid abdominal mass effect on palpation and rads.

Current Medications: None listed.
Lab Results: Pending.
Radiographs: Mid abdominal mass. TXR: NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: 0.4cc Torb IV.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 has a normal shape and size (6.46 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney is large and irregular shape with decreased corticomedullary distinction. The right kidney itself measures approximately 5.17 cm. There appears to be a large, complex, irregular mas effect associated with the kidney. In some areas, this mass effect is well defined and rounded, creating a mass effect measuring approximately 12.7 cm x 9.54 cm. In other areas, this mass effect is less well defined and somewhat lobulated with a larger cystic region. Findings are most consistent with a primary renal mass.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.70 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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.

Gastrointestinal

The stomach contains a large amount of ingesta. 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 mild to moderate fluid/chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 small amount of free abdominal fluid. No lymphadenopathy. The omentum is hyperechoic around the large renal mass.

PRIMARY FINDINGS

- Large, irregular/complex mass effect associated with the right kidney. This mass is very large and complex, making visualization of all areas challenging. Findings would be most consistent with a primary renal mass (carcinoma, adenoma, TCC, LMA, HSA, etc.).

- Small volume free abdominal fluid.

SECONDARY FINDINGS

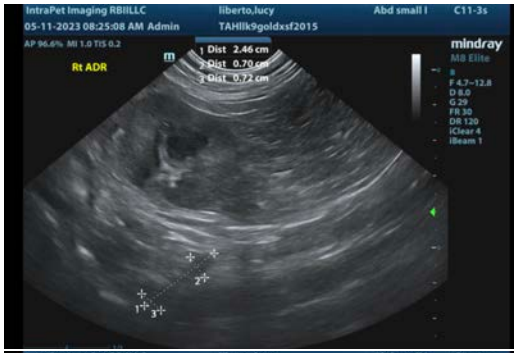
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, complex/irregular mass effect in the right abdomen, which appears to be arising from the right kidney. Findings are most consistent with a primary renal mass. The most common differential would be a carcinoma, although other differentials such as adenoma, primary lymphoma, hemangiosarcoma, etc. are also possible. No obvious evidence of metastatic lesions are visualized, but the size of this mass lesion precludes full evaluation of the abdomen. Additionally, the stomach and small bowel are shadowing with fluid and ingesta.

Recommend a blood pressure evaluation, urinalysis and culture, as well as a fine needle aspirate of the mass lesion. If surgery would be considered, strongly recommend a contrast CT scan, looking for any evidence of metastatic lesions and to get additional information for surgical planning.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.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3 Dist 0.72 cm
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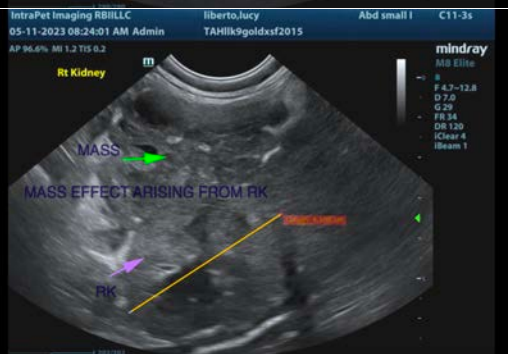
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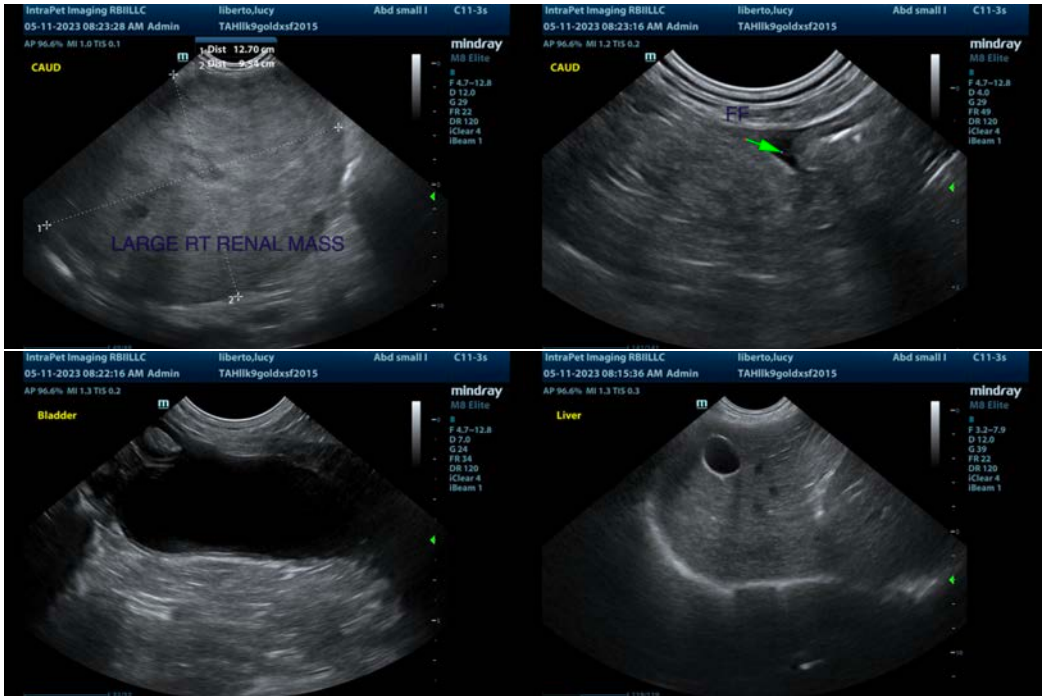
TAHIlk9goldxsf2015
Rt Kidney
MASS
MASS EFFECT ARISING FROM RK
RK
mindray
M8 Elite



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)
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