



**PATIENT**

Jenkins Paltos

**PRESENTING CLINICAL SIGNS**

lethargy, bilateral HL ataxia, increased GGT FNA of liver pending

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

Mix

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length.

**SEX**

MN

A large extensive non-homogenous mass involving the right kidney and right retroperitoneal space was present measuring ~ 10 cm in diameter. Vascular invasion associated with the right kidney/retroperitoneal mass is possible.

**AGE**

8

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

63.5

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy with subjective distal aortic and iliac blood flow on color Doppler.

**Adrenal Glands**

The left adrenal gland was mildly prominent in size based on caudal pole measurement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length and 0.82 cm width in the caudal pole.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

The right adrenal gland was not definitively visualized with the possibility of right adrenal involvement within the mass possible although not obvious.

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**HOSPITAL NAME**

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Hospital

**Liver/Gallbladder**

**REFERRING VET**

Dr. Maniar

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

12773ag

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SPECIES**

**Pancreas**

Canine

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**BREED**

**Free Abdomen**

Mix

No overt lymphadenopathy was present.

**SEX**

Scant right retroperitoneal free fluid was present.

MN

Intermittent scant pocket of perisplenic/perihepatic free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Large extensive mass involving the right kidney and right retroperitoneal space, concurrent minor volume retroperitoneal free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

63.5

Neoplastic criteria associated with the extensive mass involving the right kidney is likely. Assuming normal clotting status and using a 25g needle, a right kidney/retroperitoneal mass FNA for screening cytology could be considered for further assessment. Given this presentation, abdominal CT is likely ideal for further assessment as well as potential surgical resectability if possible. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

A screening BP is advised to assess for evidence of hypertension which may allude to right adrenal involvement i.e. pheochromocytoma.

**ABOUT SONOPATH CT SERVICES:**

**IMAGING PERFORMED BY**

Jenn

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

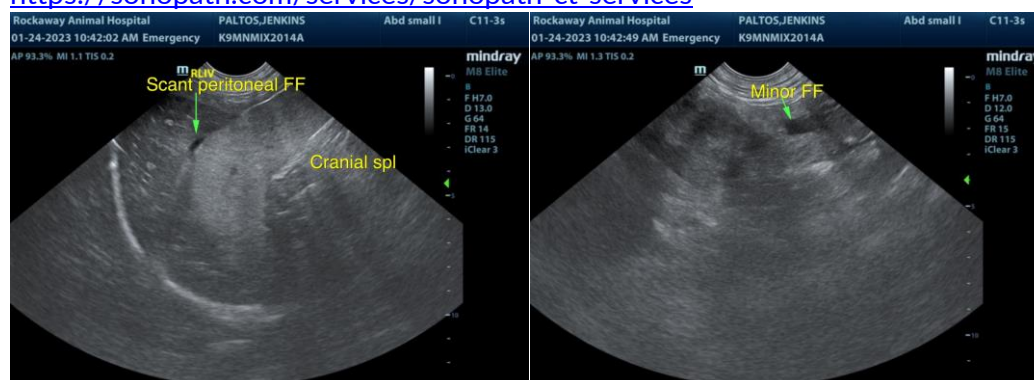
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<https://sonopath.com/services/sonopath-ct-services>

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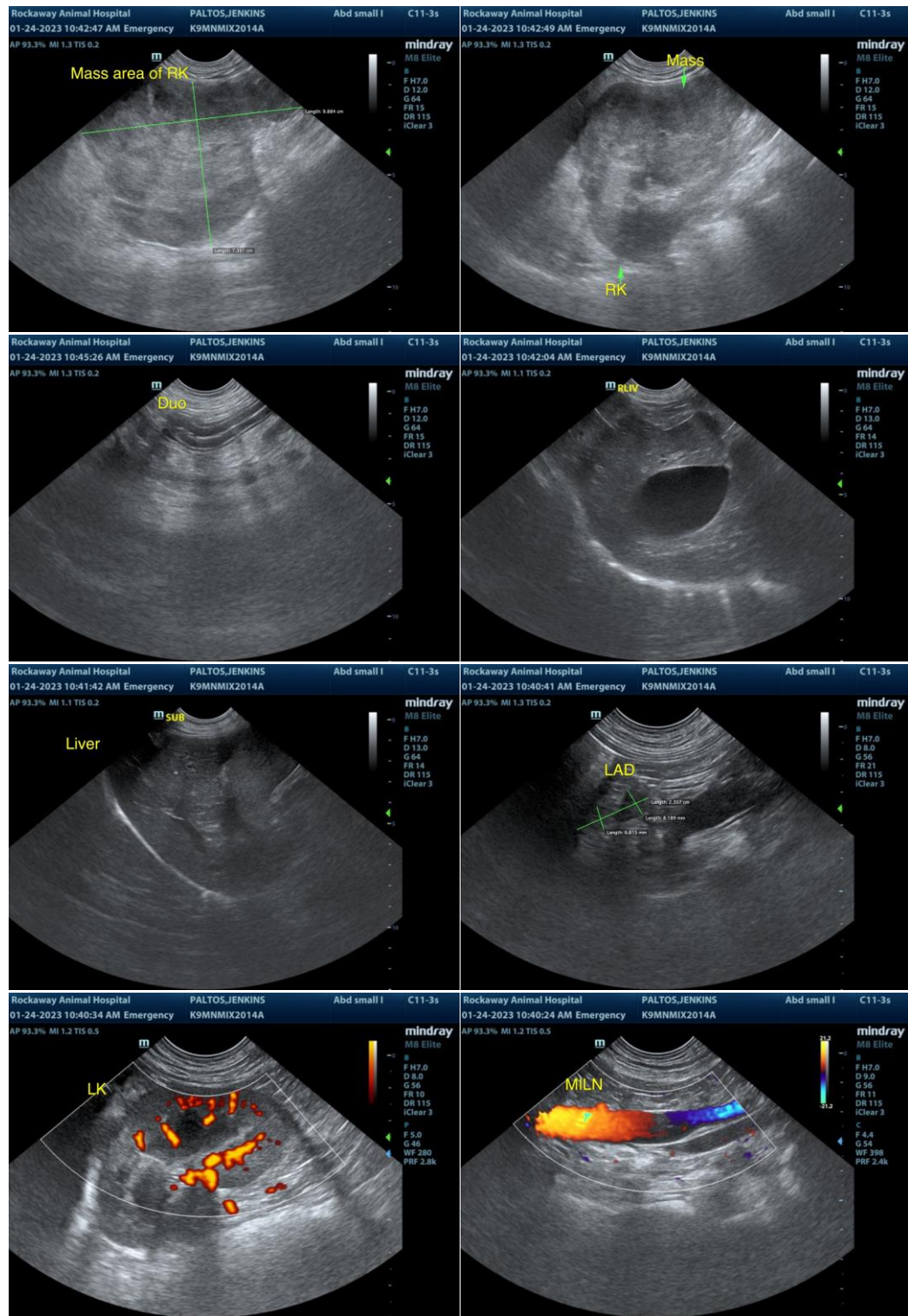
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**SPECIES**

Canine

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