

**PATIENT**

Chevy Carder

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

14yr

WEIGHT

47.5lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Banks

INVOICE

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DATE

01/30/2023

PRESENTING CLINICAL SIGNS

No clinical signs related to anemia or suspected abdominal mass; anemia found on routine bloodwork because Chevy is on Carprofen and Levothyroxine. Bloodwork findings led to radiographs, radiographs led to ultrasound recommendation.

Abnormal PE/Chem/CBC/UA Results: On physical exam, Chevy is BAR, mm pale pink, no heart murmur auscultated, multiple SQ masses. Bloodwork performed 1/16/23 revealed a normocytic normochromic non-regenerative anemia and decreased reticulocyte-hemoglobin. Discussed my concern for possible neoplasia with owner, recommended thoracic and abdominal radiographs which showed a possible left cranial abdominal mass, no evidence for metastatic pulmonary neoplasia, suspect irregularity of the left kidney, mild hepatomegaly, suspect IVDD at L1-2 and mild osteoarthritis at the left coxofemoral joint. Discussed abdominal ultrasound vs exploratory surgery with owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

Normal right renal size with asymmetrical margination was present. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The right renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The right renal medullary volume was subjectively reduced. The right kidney measured 7.3 cm in length.

A large expansive irregular mixed echogenic nodular mass was present in the area of the left kidney with minimal discernable visualized left kidney parenchyma. Mild indistinct left kidney pyelectasia was present. The mass measured ~ 10 cm in diameter. Minor retroperitoneal free fluid was present.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

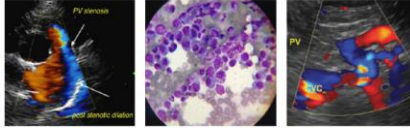
The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width.

Spleen

The spleen exhibited mild enlargement and maintained symmetrical capsule contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent cystic appearing non-disruptive splenic nodule/s were present, an example measuring 3.3 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent non-disruptive cystic appearing nodules were present, an example measured 2.7 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

Canine

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.

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.

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

Pancreas**SEX**

MN

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.

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Free Abdomen

No overt lymphadenopathy or obvious peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS**WEIGHT**

47.5lb

- Large irregular nodular left kidney mass
- Mild splenomegaly with focal to intermittent cystic nodule/s
- Hepatic parenchymal remodeling with similar appearing intraparenchymal nodule/s
- Intact right kidney exhibiting moderate chronic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the left kidney mass is most consistent with neoplastic criteria. The hepatosplenic presentation including similar appearing nodule/s are non-specific with benign etiologies possible yet are suspicious for possible metastatic criteria. Potential involvement of the left adrenal gland cannot be excluded.

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Assuming normal clotting status and using a 25g needle, left kidney mass, hepatosplenic parenchyma and hepatosplenic cystic nodule FNA for screening cytology are warranted for further assessment.

Abdominal CT is likely ideal for further clarification if clinically indicated.

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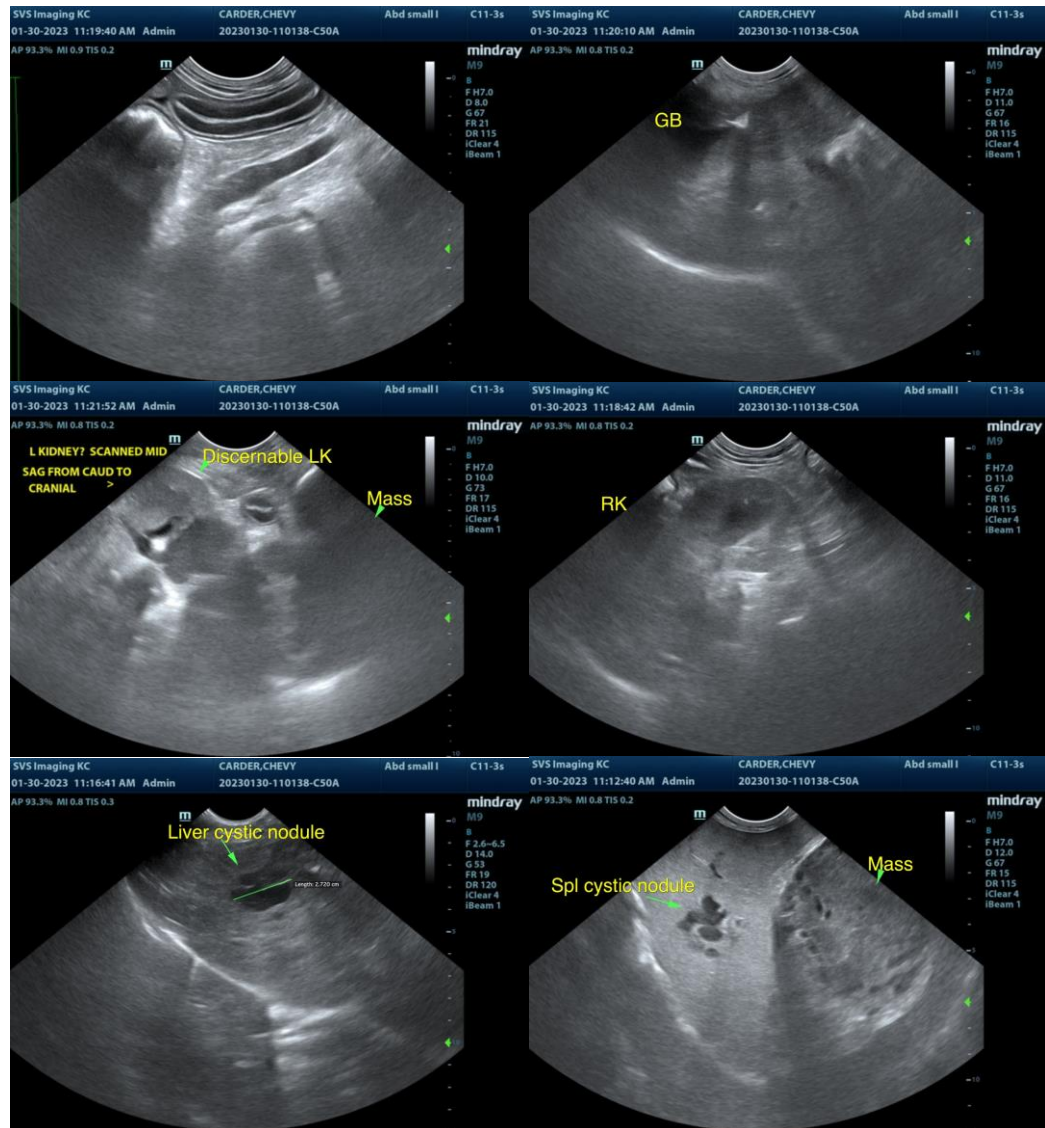
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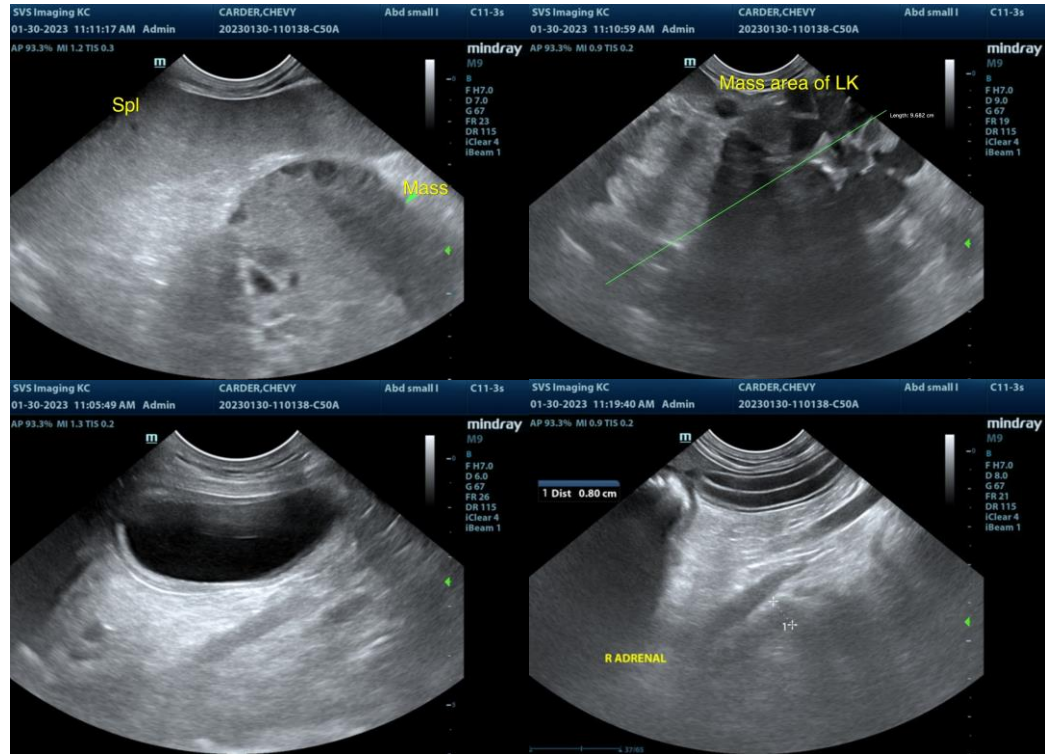
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com