



**PATIENT PRESENTING CLINICAL SIGNS**

Cruzer Robson

History: Sudden onset hematuria; no straining to urinate, good stream No response to antibiotics. Date of scan owner said he may appear very slightly better or his urine at least looks more clear. Has 3 days left of antibiotic. Clavaseptin 250mg - 1.5 BID

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Result Blood work shows slight increase in SDMA and lipase. U/A shows suboptimal concentration with significant hematuria and pyuria Culture done and grew Strept canis Currently on Clavaseptin

**BREED**

Boxer

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Intact Male

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. Mild nondependent particulate urinary bladder sediment was present. The sediment may indicate mild cellular or crystalline debris with potential for mild mucus. The ureteral papillae were normal. The ureters were not visible which is normal.

**AGE**

11.5 Years

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.8 cm x 3.6 cm. The visible post-prostatic urethra was normal in structure and tone to a depth of 4.0 cm. Anechoic, thinly walled parenchyma cysts were present.

**WEIGHT**

27 kg

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

The right kidney was indistinctly visualized. The discernable right kidney measured approximately 4.0 cm in diameter, exhibiting mild to moderate loss of normal corticomedullary border demarcation. \*See right adrenal section.

**IMAGING PERFORMED BY**

Crystal Hill

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices 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 7.0 cm in length.

**Adrenal Glands**

**HOSPITAL NAME**

Snelgrove VS

No overt pathology in the area of the left adrenal gland.

A large non-homogeneous to expansive mass was present in the area of the right adrenal gland as well as the right kidney, measuring approximately 6.0 -6.5 cm in diameter.

**REFERRING VET**

Dr. McQueen

**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.

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**Liver**

**DATE**

1/31/22

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



**PATIENT**

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.

Cruzer Robson

**Gastrointestinal**

**SPECIES**

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.

Canine

**BREED**

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.

Boxer

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

**SEX**

**Pancreas**

Intact Male

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.

**AGE**

**Free Abdomen**

11.5 Years

No overt evidence of lymphadenopathy or peritoneal/retroperitoneal free fluid was present.

**WEIGHT**

**Other**

27 kg

The right testicle was sonographically unremarkable. The left testicle exhibited normal size with nonspecific variably echogenic nodule. An example of a left testicular mildly hypoechoic nodule measured 1.4 cm in diameter.

**INTERPRETED BY**

A rapid view of the heart revealed no evident pathology.

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DVM, DABVP  
(Canine and Feline)

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Crystal Hill

- Unspecified mass in the area of the right kidney/right adrenal gland
- Sonographically unremarkable urinary bladder with mild sediment
- Mild prostatomegaly, exhibiting non-homogeneous to focally cystic parenchyma- benign prostatic hyperplasia, potential for prostatitis possible.
- Nonspecific left testicle nodules

**HOSPITAL NAME**

Snelgrove VS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

The mass in the area of the right kidney and right adrenal gland is consistent with neoplastic criteria with multiple potential etiologies possible. The mass did not overtly appear to involve or originate from the caudate liver, spleen or gastrointestinal tract. Ideally, CT assessment of the mass for further clarification as well as assessment for potential surgical respectability is recommended, if possible. Screening blood pressure is recommended to assess for evidence of hypertension. The hematuria in this patient may potentially be originating from the right kidney without overt evidence of lower urinary tract or significant prostatic pathology.

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**SPECIES**

Canine

**BREED**

Boxer

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Intact Male

**AGE**

11.5 Years

**WEIGHT**

27 kg



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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