**PATIENT**

Torque Manley

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

9 years

WEIGHT

96 lbs.

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

13413

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Presented at previous dvm for hematuria. Exam - possible enlarged submandibular LN. Rads 2/10/22 showed large mass that appeared to be L kidney, could not visualize R kidney. 2/18 exam: low appetite and drinking. Unintentional weight loss (still overweight). Still has hematuria. Scheduled exploratory sx. Today: presurgical bloodwork showed elevated BUN 50 (9-29) and CREA 1.5 (0.4-1.4). CBC WNL. Paused sx for U/S.

Abnormal PE/Chem/CBC/UA Results: 2/10/22: CBC, Chem, T4: WBC 26.5 (4.9-17.6), Neut 24.64 (2.94-12.67), SDMA 20 (0-14), AST 75 (16-55), rest WNL. UA: red opaque, sp. grav 1.031, pH 5.0, protein 3+, blood 3+, no bacteria, cast, or crystals seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild, nondependent, particulate sediment waws present, likely consistent with cellular debris / protein, given the hematuria. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic urinary bladder criteria was noted.

The residual prostate was sonographically unremarkable without evidence of pathology measuring 1.2 cm in diameter.

The area of the aortic trifurcation was free of pathology.

A moderately sized, nonhomogeneous mass was present in the area of the left kidney measuring approximately 13.0 cm in diameter. The mass appeared to extend caudally, noted adjacent to the apical urinary bladder, yet without evidence of urinary bladder involvement, as well as cranially to the level of the caudal spleen, yet without overt evidence of splenic infiltration or origin. Mild associated left retroperitoneal inflammation was present. Potential for mild left retroperitoneal effusion is possible yet not definitive.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained along with discernable architecture. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 9.2 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to the mass in the area of the left kidney. The potential for left adrenal involvement cannot be definitively excluded.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole and 0.84 cm width at the cranial pole.

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.

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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/ Gallbladder

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.

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Gastrointestinal**SEX**

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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.

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Pancreas

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 were evident.

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Free Abdomen

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Left kidney mass with mild associated retroperitoneal inflammation - consistent with neoplastic criteria such as adenocarcinoma, hemangioma, sarcoma, or other
- Right kidney mild chronic changes, no evidence of concurrent nodules or masses
- Sonographically unremarkable urinary bladder with mild sediment - likely cellular debris / protein, given the hematuria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

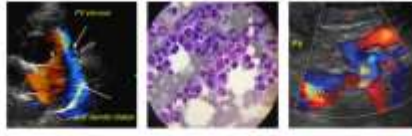
Overt evidence of major abdominal metastasis owing to the left kidney mass was not definitively evident. Potential for non-sonographically evident metastasis / micrometastasis cannot be definitively excluded. Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with expectation toward left nephrectomy could be considered.

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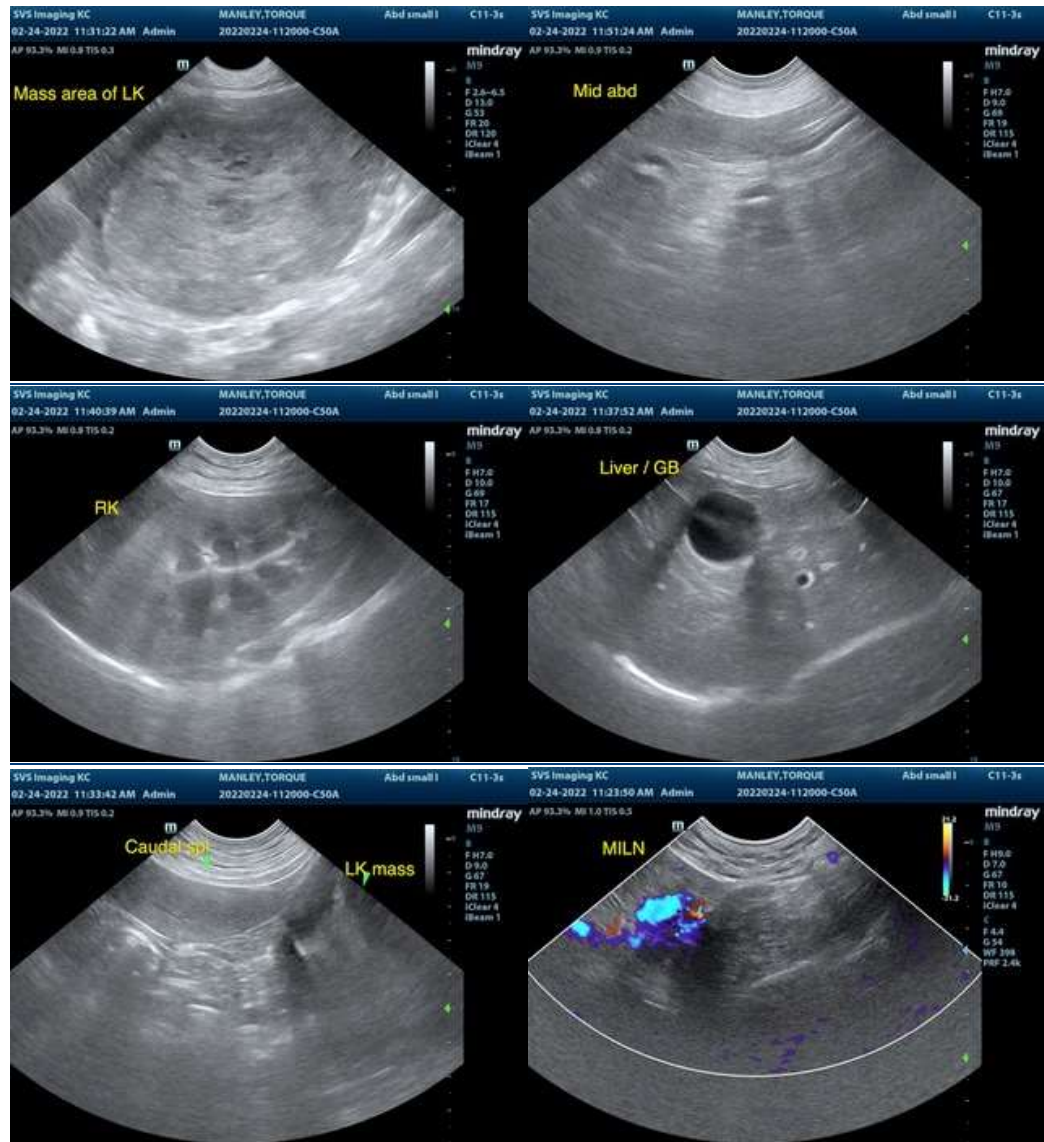
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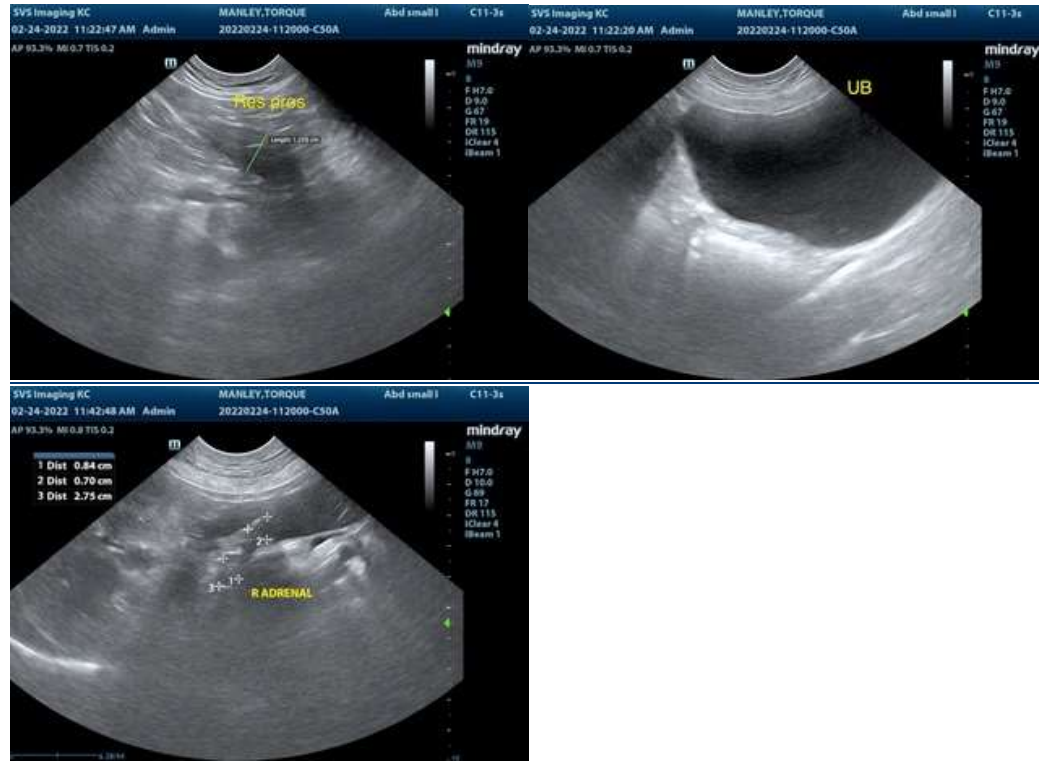
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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