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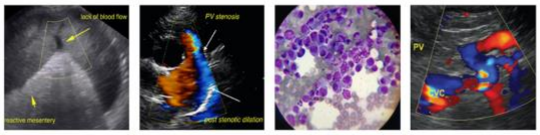

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Sam Brunetti

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2010

**WEIGHT**

88 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT ARDMS/RVT

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Stanglein

**INVOICE**

15113

**DATE**

5/9/22

## PRESENTING CLINICAL SIGNS

History: Hepatomegaly, LarPar signs, OA Cosequin, CBD

Labs: recent unremarkable CBC. Chemistry panel: BUN 28, Creat 0.9, Calcium 10.7, CK 377, unremarkable liver enzymes, Urinalysis: Specific gravity 1.036, neg protein and glucose

## 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. 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.

The area of the residual prostate appeared normal and free of pathology. The residual prostate measured 0.8 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length.

The right kidney was mildly enlarged compared to the left kidney. The right kidney measured 8.7 cm in length. Mildly expansive nonhomogeneous nonmineralized mass was present, occupying the mid to cranial right kidney, measuring 5.7 cm x 5.2 cm, resulting in obliteration of mid to cranial corticomedullary architecture. No overt evidence of parenchymal escape or retroperitoneal effusion. The mid to caudal right kidney exhibited intact corticomedullary architecture with mild loss of corticomedullary border demarcation.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.56 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized yet overtly did not appear to be involved within the cranial right kidney mass, subjectively measuring 1.1 cm at the cranial pole in width and 0.84 cm at the caudal pole in width.

### *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.

### *Liver*

The liver was mildly enlarged with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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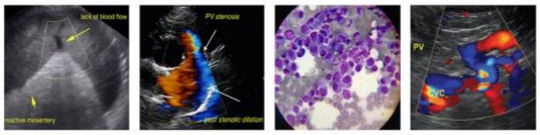

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The gallbladder was non distended in size with mild nondependent nonorganized gallbladder debris with primarily anechoic content. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

### *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.

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.

### *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 was evident.

### *Free Abdomen*

No omental masses, lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Right kidney mass- neoplastic criteria, such as round cell neoplasia, sarcoma or carcinoma is favored. A nonneoplastic process, such as granuloma or consolidated abscess is possible, yet thought less likely. Mild age-related left kidney.
- Mild nonspecific hepatomegaly
- Minor gallbladder debris- non-mucocele, likely incidental

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible, assuming normal clotting status, ultrasound guided FNA of the right kidney mass is recommended for screening cytology. Overt evidence of intraabdominal metastasis was not definitively evident. Given the lack of hepatic enzyme elevation, the mild hepatomegaly was nonspecific. Concurrent screening hepatic FNA could be considered with continued monitoring of hepatic enzymes. Radiology review of three-view chest radiographs is suggested.

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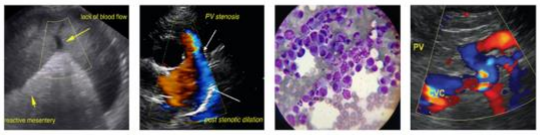

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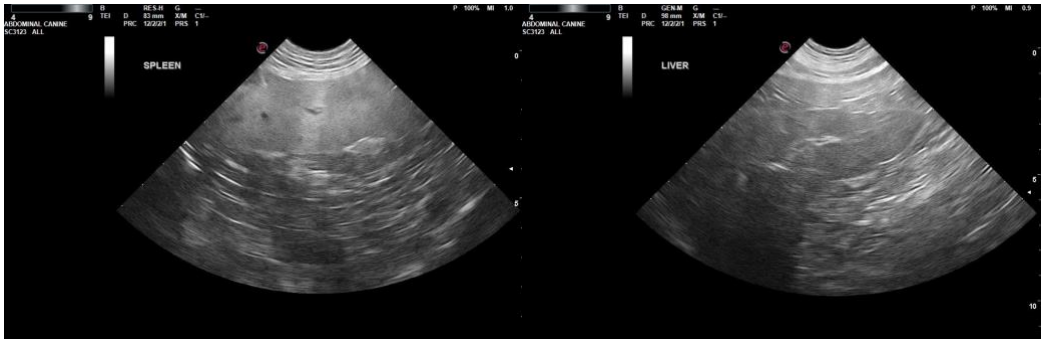




**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**
mac.daniel@sonopath.com