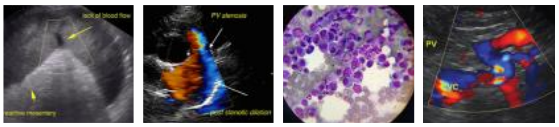

PATIENT

Bear Corrough

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

5 years

WEIGHT

21.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr Tangeman

INVOICE

14595

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Patient got into pizza a couple months ago and got severe diarrhea causing him to lose a lot of weight. Diarrhea has resolved, but patient has been unable to gain weight. Last month we check blood work and a fecal analysis. Everything was normal, except mild anemia (35%), mild hyperglobulinemia and dilute urine (1.019). Recommended owner increased calorie intact. On recheck today patient has not gained any weight and anemia has gotten worse (29%). Peripheral lymph nodes normal.
Abnormal PE/Chem/CBC/UA Results: Anemia/HCT: 29% Mild hyperglobulinemia: 4.2 g/dL USG: 1.019
Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was overtly normal in size and margination. A maintained normal 1:3 cortex / medulla ratio with minor subjective loss of corticomedullary border demarcation were present. No evidence of pyelectasia or hydronephrosis was present. The left kidney measured 7.3 cm in length.

The right kidney was enlarged in size with moderate to severe hydronephrosis exhibited by moderate to severe pelvis dilation with fluid extending into the lateral diverticuli. Evidence of right kidney pinpoint to focal mineralization, as well as evidence for regional right perinephric inflammation was present. The right kidney measured approximately 11.0 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

A large, expansive, ill-defined nonhomogeneous mass was present in the area of the right adrenal gland and right kidney. The ill-defined mass appeared to be vascular, potentially measuring 9.0-10.0 cm in diameter, but possibly larger. The regional caudal vena cava adjacent to the right kidney and ill-defined mass exhibited subjective dilation with luminal soft tissue echo.

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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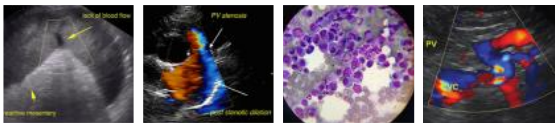

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Liver/ Gallbladder

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.

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 area of the pancreas base and right limb was indistinctly visualized owing to regional pathology.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Extensive ill-defined mass lesion in area of the right adrenal gland and right kidney
- Moderate to severe right kidney hydronephrosis
- Extensive soft tissue echo within subjective dilated caudal vena cava - consistent with vascular invasion associated with the ill-defined mass lesion, potential for thrombus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined mass lesion in the area of the right adrenal gland and the right kidney was sonographically consistent with expansive neoplastic criteria with primary suspicion for adrenal origin. This ill-defined mass is also suspected to be obstructive of right kidney ureteral flow resulting in secondary right kidney hydronephrosis. Concurrent evidence of caudal vena cava vascular invasion was present.

No obvious evidence of gastrointestinal pathology was evident.

Potential for non-adrenal origin i.e., renal, pancreatic. or other Is considered less likely. Screening BP is advised to assess for evidence of hypertension. Given this presentation, abdominal CT for further assessment would be ideal. However, given the sonographic abnormalities, an unfavorable prognosis Is likely indicated.

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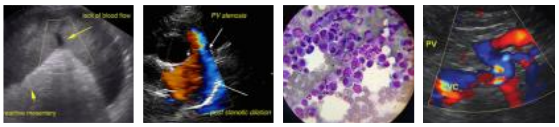

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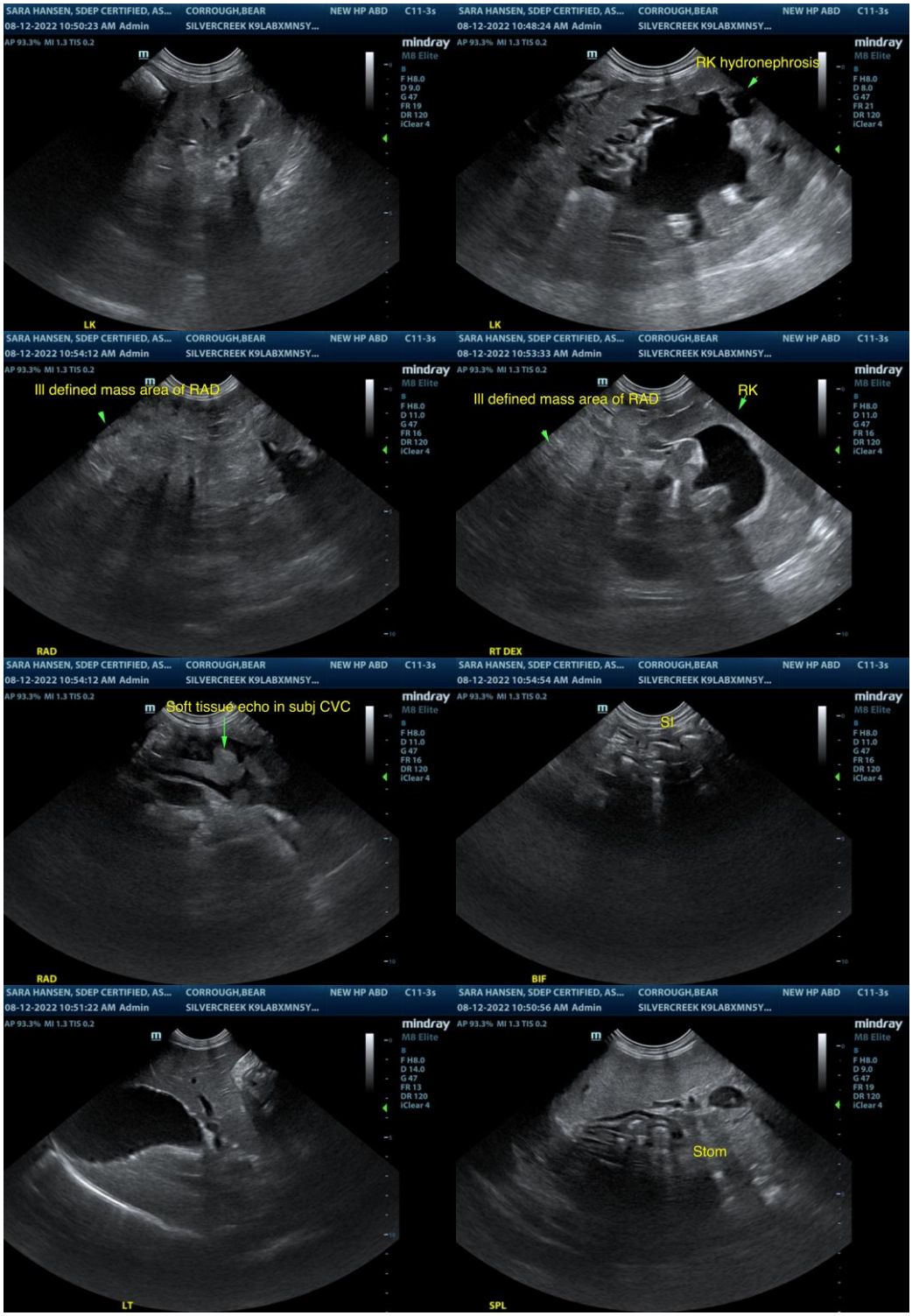

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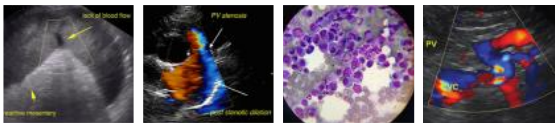

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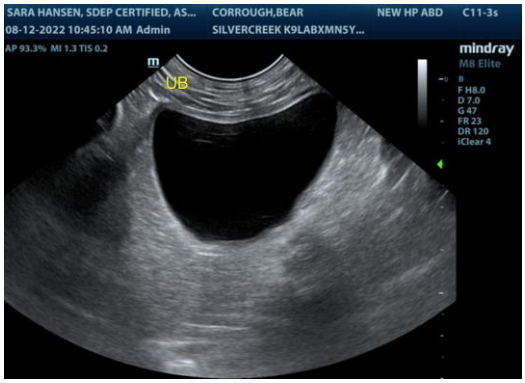

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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