

PATIENT

Rosie Rodriguez

SPECIES

Canine

BREED

Bulldog

SEX

Spayed female

AGE

11 years

WEIGHT

44 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM (Internal
Medicine)

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

71307

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Quick scan @ GSVS shows abdominal mass. Evaluate for mass. Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the wall (wall measured up to 0.6 cm). Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph nodes measuring up to 0.5 x 2.2 cm in size maintaining a normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Left renal mass is noted and measured 11.0 cm with a mottled echogenic, cystic and poorly vascularized appearance.

Enlarged right kidney measuring 8.8 cm in size with a mottled echogenic and nodular appearance, loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. A large cortical cyst measuring 5.0 x 6.0 cm was noted on the cranial pole of the kidney.

Adrenal Glands

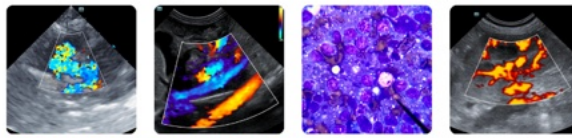
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 3.2 cm in length x 0.56 cm in width. The right adrenal gland measured 2.92 cm in length x 0.74 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.0 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The small intestine measured up to 0.54 cm.

Pancreas

The pancreas is not clearly visualized, but the visualized sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Left renal mass.
- Right renal disease.
- Iliac lymphadenomegaly.
- Urinary bladder thickening.
- Ascites.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

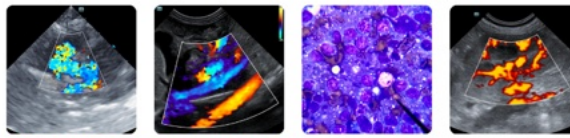
The most likely etiology for the left renal mass would be neoplasia.

Etiologies for the right kidney would be chronic kidney disease and possibly emerging neoplasia.

Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

Etiologies for the thickened urinary bladder wall would be chronic bacterial cystitis, granulomatous disease and possibly emerging neoplasia.

The ascites can be ascribed as secondary to the left kidney mass.



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The gallbladder sediment is most likely an incidental finding.

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Further assessment would be urinalysis, urine culture, possibly BRAF analysis, three view thoracic radiographs and FNA cytology of both kidneys and iliac lymph node.

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Specific therapy would be dependent on an etiologic diagnosis.

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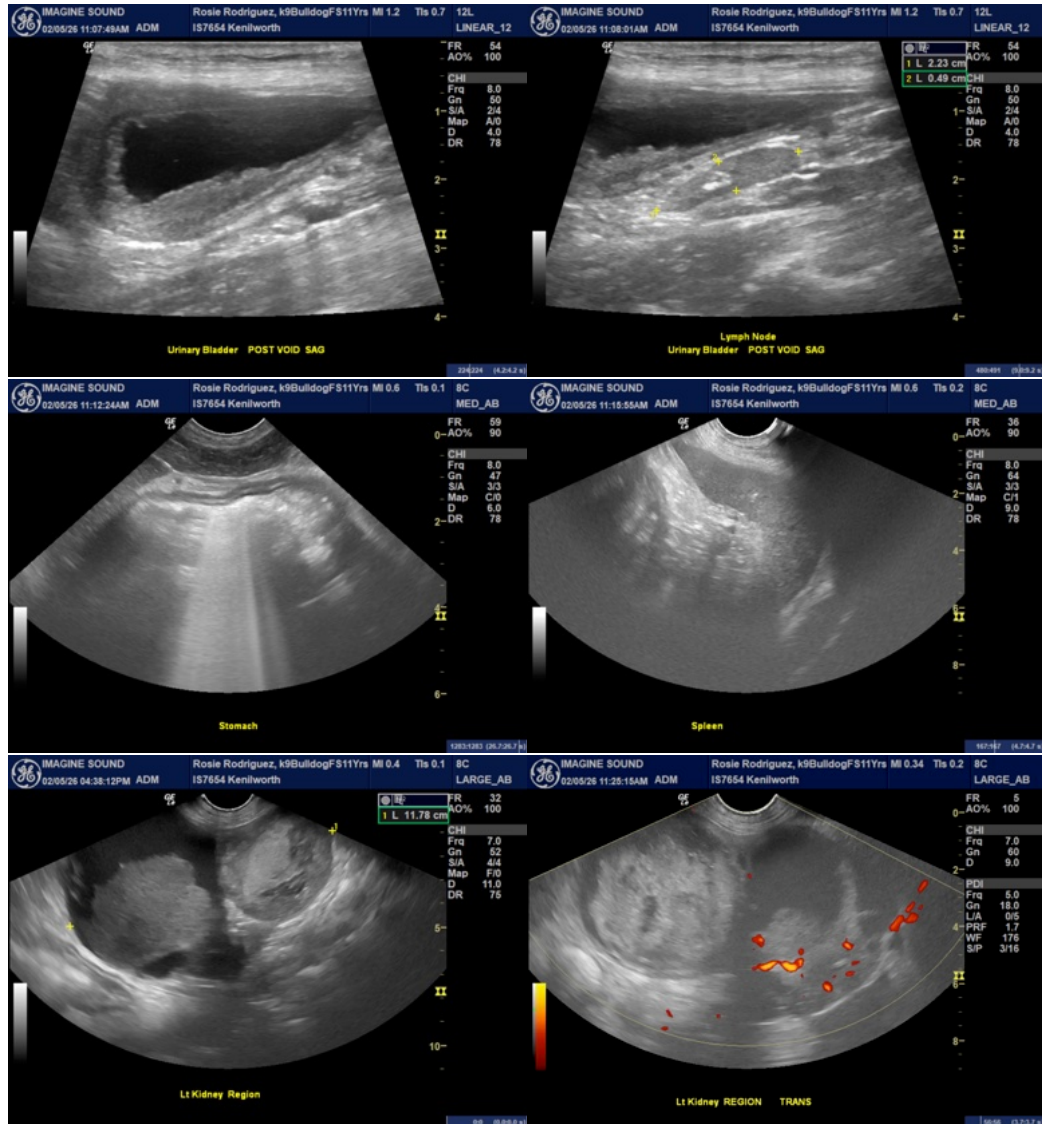
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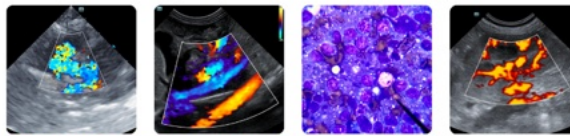
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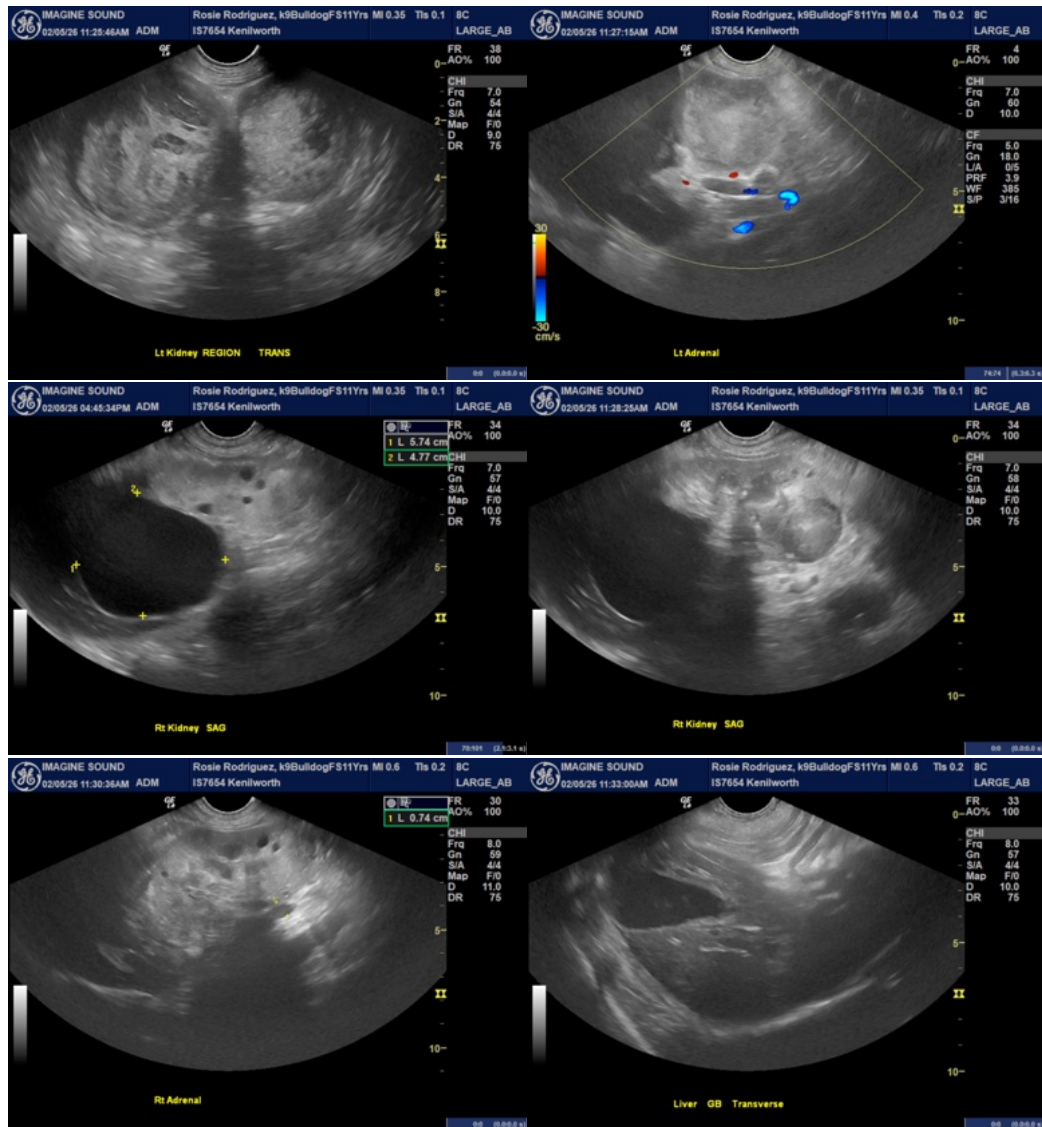
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

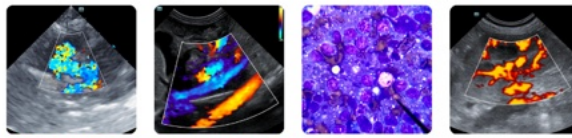
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