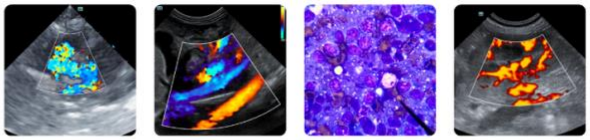


PATIENT

Xander Hague

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

27.9 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

14850

DATE

04/03/26

PRESENTING CLINICAL SIGNS

P presented for 7-day duration of decreased appetite. Otherwise doing well. Not on any long-term medications, no previous health issues. On year-round prescription hw/f/t prevention.

Abnormal PE/Chem/CBC/UA Results: See attached file

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm

Both kidneys exhibit adequate cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. There is a 10.0 cm x 7.0 cm x 6.0 cm heterogenous mass arising from caudal pole of the right kidney. The proximal ureters are not visible (normal). The left kidney is 6.6 cm in length. There is no evidence of invasion into the surrounding vasculature. The surrounding omentum is hyperechoic.

Adrenal Glands

The left adrenal gland is identified in its normal location measuring 3.7 mm at the cranial pole and 5.1 mm at the caudal pole. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal is not visualized due to the extensive pathology within the region.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

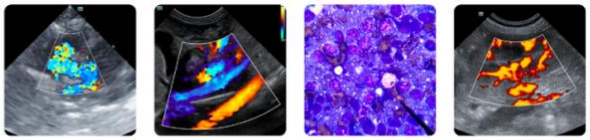
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is not seen. The gastric wall measured 3.9 mm.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the spleen. The associated omentum and intra-abdominal fat surrounding the right renal mass are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There are small nodular lesions extending into the omentum in the region of the mass.

PRIMARY FINDINGS

- Large right renal mass.
- Nodular lesions at the periphery of the mass which may represent blood clots but may also represent local metastasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large right renal mass is suspected to be malignant, based on the size and vascularity. There are small nodular lesions within the omentum located at the periphery. Given that there is scant free fluid present, this mass may have blood, and these may be incidental blood clots, however, the possibility that these are local metastases cannot be excluded.

There is no evidence of vascular invasion seen, although a CT scan may be needed to completely exclude this possibility. Three-view chest radiographs would be recommended if not already performed, and if there is no evidence of thoracic metastases, abdominal exploratory would be recommended as planned.

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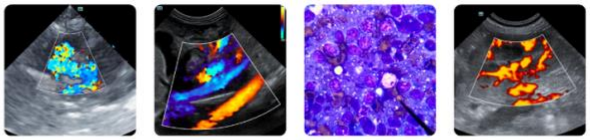

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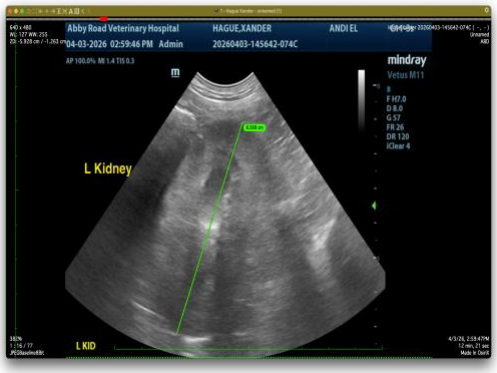

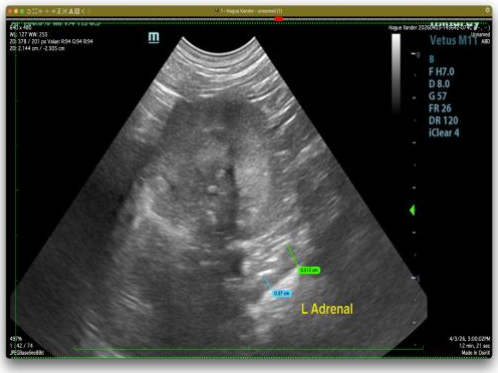

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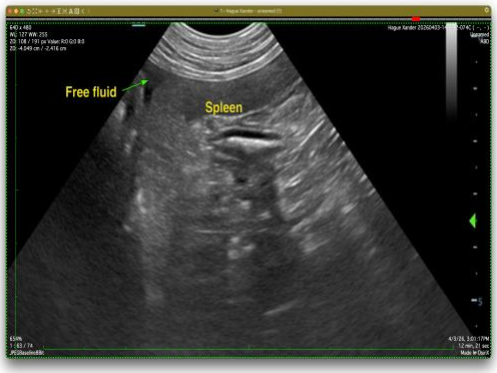

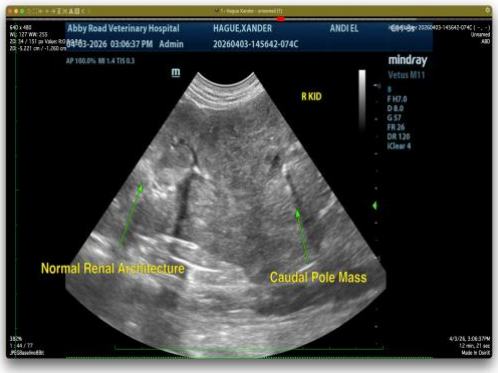

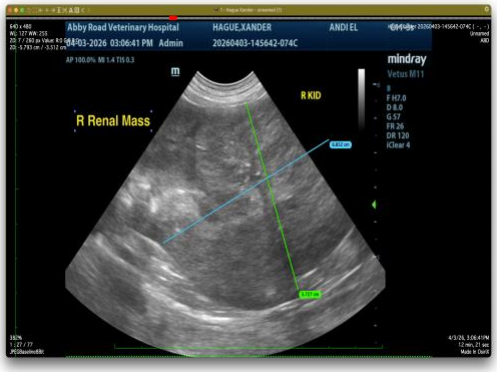

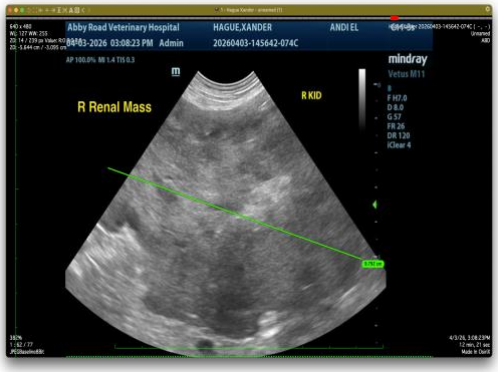

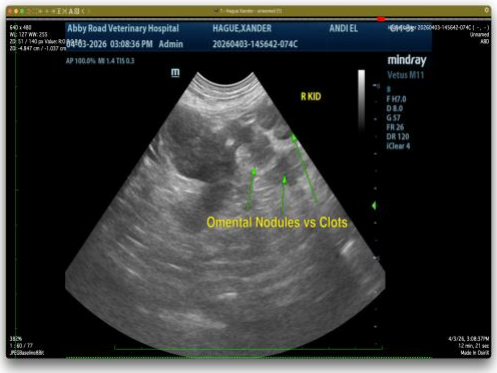

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com