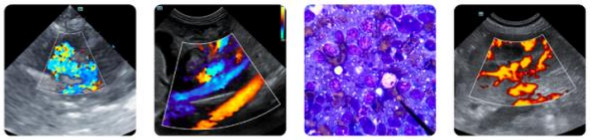

PATIENT

Chip Luke

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen Animal Hospital

REFERRING VET

Dr. Allison Maxey

INVOICE

15686

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Owner reports chronic vomiting for ~3 months. Vomits shortly after eating. Has also lost ~2lbs in last year.

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The left kidney is hyperechoic and exhibits mildly decreased cortico-medullary differentiation. There are small cortical cysts present within the left kidney. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.2 cm in length.

There is a large 7.7 cm by 5.9 cm heterogeneous mass within the region of the right kidney, which may be arising from the kidney, but more likely is displacing it so that it is not able to be visualized.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.3 mm at the cranial pole and 3.8 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

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 and a moderate amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 4.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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 (1.2 mm) are of normal thickness with intact wall layering. The ileocecal junction is not seen.

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 throughout the abdomen. The associated omentum and intra-abdominal fat are hyperechoic. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There is a 7.7 cm by 5.9 cm undifferentiated heterogeneous mass found in the region of the right kidney.

PRIMARY FINDINGS

- Large undifferentiated mass in the right cranial abdomen.

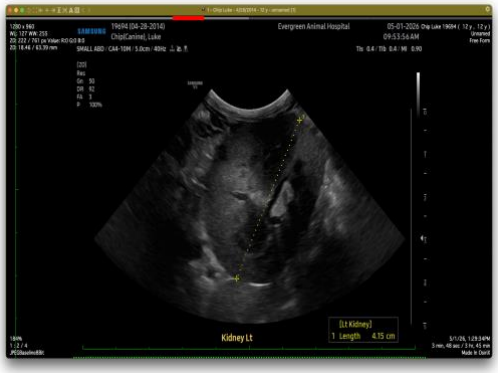
SECONDARY FINDINGS

- Mild chronic renal changes seen within the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the right cranial abdomen is not typical of a renal mass, as there is no evidence of normal renal architecture associated with it. However, the possibility of a renal origin mass that is completely effacing the kidney is not excluded. Additional other possible origins for this mass would include lymph node, pancreas, and omentum.

If coagulation parameters are normal, then fine needle aspiration of the mass is recommended, which will hopefully provide a definitive diagnosis. The pending lab work may also provide additional insight. Three-view chest radiographs are recommended if not already performed to assess for metastatic disease.



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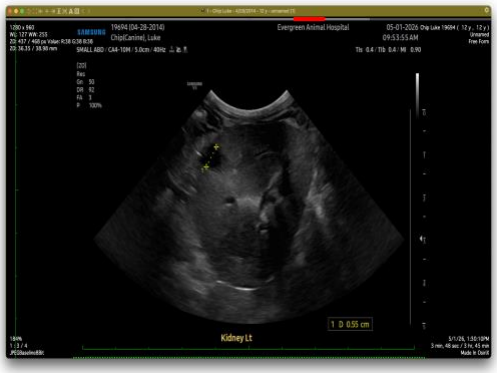

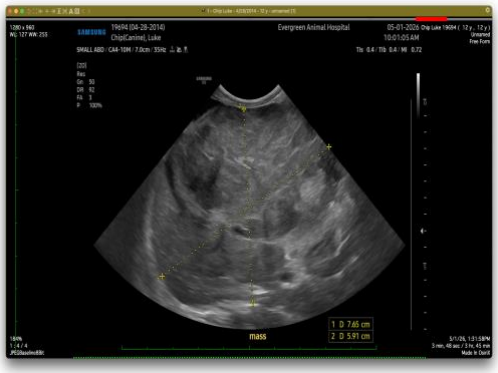

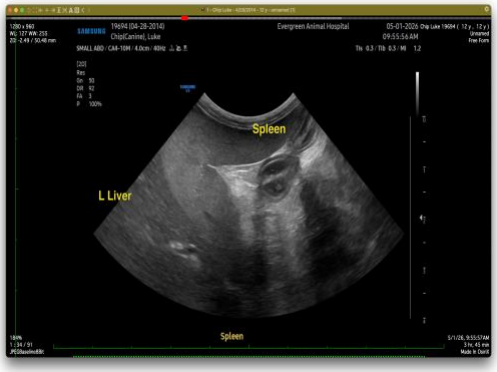

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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