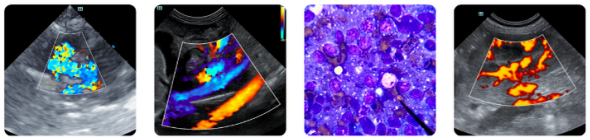



**PATIENT**

Maya Nelson

**SPECIES**

Canine

**BREED**

German Shorthaired Pointer

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

57.1 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

**IMAGING PERFORMED BY**

Jenny Wenrich, DVM

**HOSPITAL NAME**

Straley VA

**REFERRING VET**

Jenny Wenrich, DVM

**INVOICE**

35511

**DATE**

11/14/25

## PRESENTING CLINICAL SIGNS

History: 10-day hx of ADR/lethargy, intermittent vomiting and diarrhea, hacking cough intermittently, this morning coughed up blood.

Abnormal PE/Chem/CBC/UA Results: Sinus arrhythmia, pale mm, CBC mild regenerative anemia, mild inflammatory leukogram, chemistry in unremarkable and SNAP 4DX is negative x 4, UA: glucosuria, significant hematuria with no bacteriuria and no pyuria.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 6.6 cm. Multifocal nodules were noted in the left kidney; an example measured 1.3 cm. The right kidney revealed ill-defined nodular changes as well. The right kidney measured 6.6 cm.

### *Adrenal Glands*

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm.

The **right adrenal gland** was not visualized.

### *Spleen*

The **spleen** revealed subtle splenic nodular changes.

### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Comet tail lung pattern was noted through the diaphragm.

### *Gastrointestinal*

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

***Pancreas***

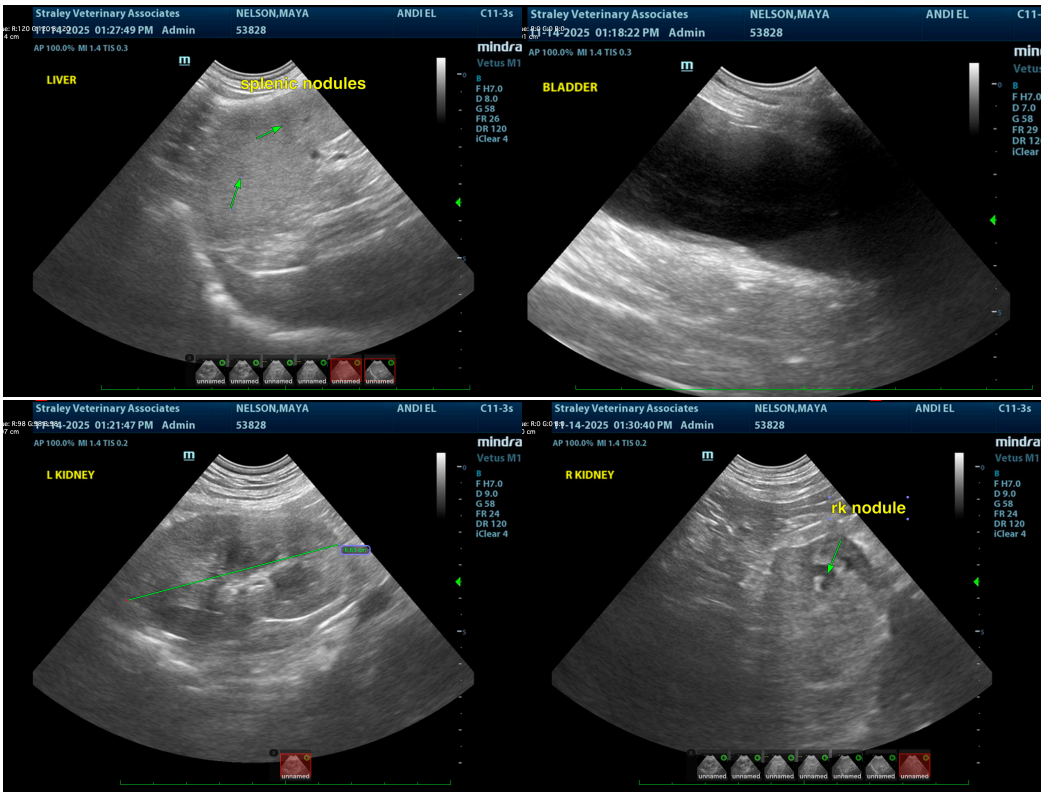
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Concerning renal nodular changes
- Potential hepatic involvement
- Comet tail lung pattern
- Subtle nodular splenic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the renal nodules and spleen is indicated. Chest radiographs are warranted given the comet tail lung pattern. Strong concern for multifocal neoplasia.



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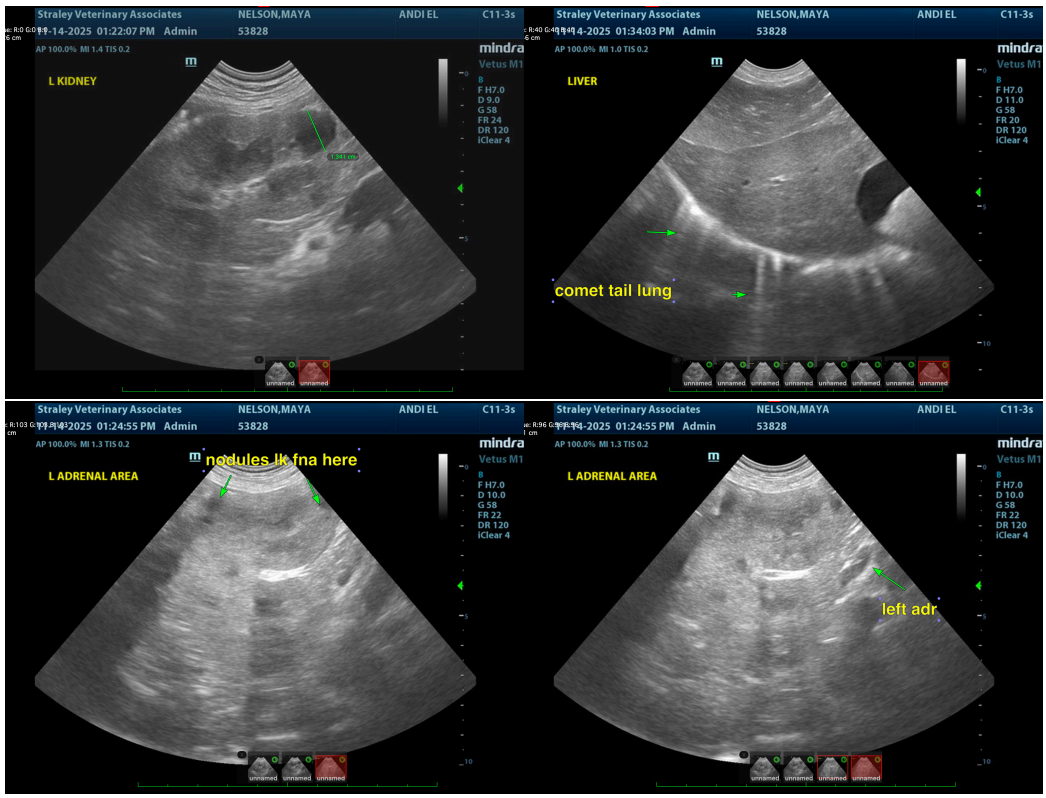


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com