



PATIENT

Chance Isaacson

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

13 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. Coleman

INVOICE

42637

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: First seen on 11/15/22 for weakness, lethargy and decreased appetite of 2 days duration. Musculoskeletal pain was suspected but there was no improvement with Methocarbamol and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: On presentation today 11/21/22 the patient had a brief neurologic event with head pressing, circling and horizontal nystagmus. He was noted to have lost 3 pounds since his visit on 11/15/22. Chest radiographs from 11/21/22 suggestive of mild pleural effusion and possible mediastinal mass. Blood work and urinalysis from 11/15/22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal.

The **kidneys** were both enlarged and irregular in contour with pericapsular fluid accumulation. The left kidney measured 6.6 cm. The right kidney measured 6.8 cm.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 2.15 x 0.89 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 2.0 x 0.4 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** appeared uniform with no overt evidence of hepatic vein dilation. The gallbladder and common bile duct were unremarkable. Free fluid was noted between the liver lobes.

Gastrointestinal

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.



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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.

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Free Abdomen

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The iliac trifurcation was unremarkable. A significant amount of retroperitoneal fat enhancement was noted. This is owing to pericapsular fluid likely owing to renal insult.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular kidneys with pericapsular inflammatory pattern. Acute insult is suspected.

AGE

13 years

Structurally unremarkable liver and volume contracted spleen.

WEIGHT

67 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided cortical FNA of either kidney is indicated. Leptospirosis titers are indicated. Full urinalysis assessment is indicated +/- culture and sensitivity. Given the reported thoracic pathology renal involvement in that pathology or thromboembolic episodes may be an issue.

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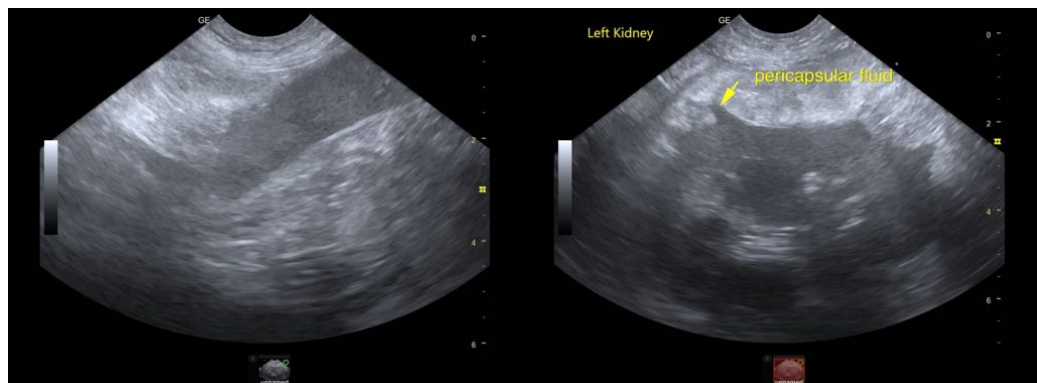
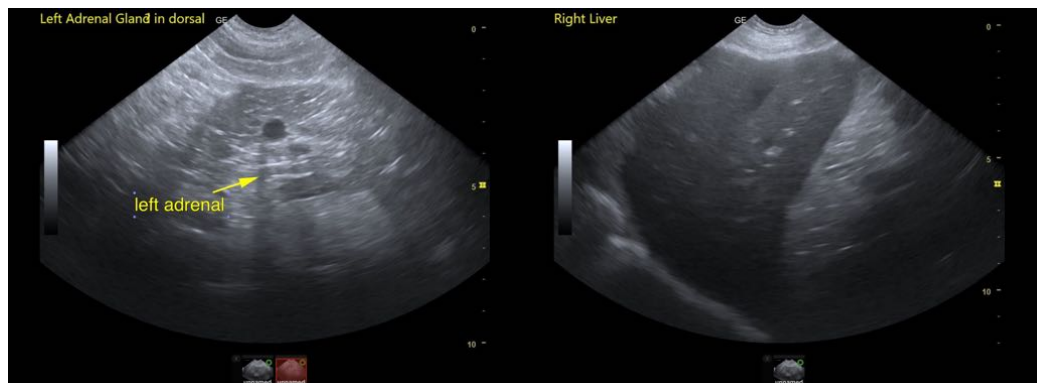
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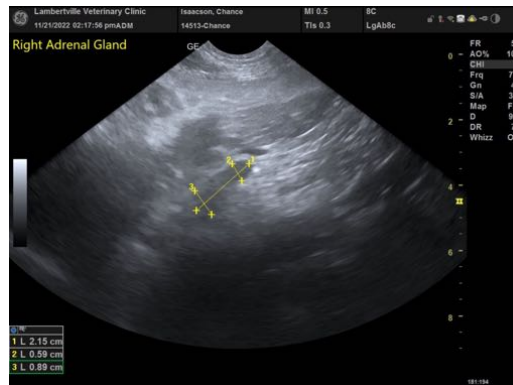
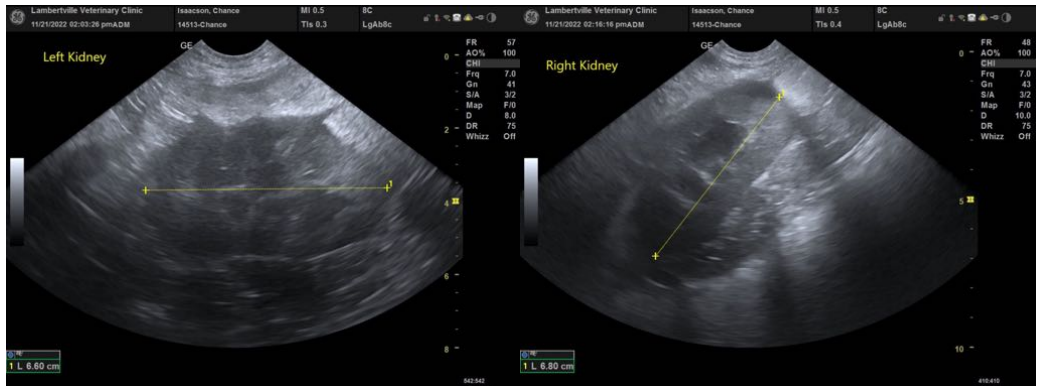
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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