



**PATIENT**

Bandit Pajewski

**PRESENTING CLINICAL SIGNS**

gastroenteritis renal dz severe IVDD

**SPECIES**

Canine

**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 were noted. Ureteral papillae were normal.

**BREED**

Boxer

**SEX**

Neutered Male

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.45 cm.

**AGE**

13 Years

The **left kidney** presented subcapsular and retroperitoneal fluid accumulation. The left kidney measured 7.45 cm with slight pyelectasia noted.

**Adrenal Glands**

**WEIGHT**

60 Pounds

The **left adrenal gland** was enlarged and irregular, measuring 3.96 cm x 1.69 cm at the caudal pole and 1.57 cm at the cranial pole.

An undifferentiated mass was noted in the region of the **right adrenal gland**. The mass was hypoechoic and irregular. The mass measured 6.0 cm and deviated the right kidney. Retroperitoneal extension of inflammation noted. Exact origin of the mass could not be ascertained, yet is suspicious for right adrenal involvement and likely hepatic involvement.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**HOSPITAL NAME**

Rockaway AH

**Liver**

The **liver** presented heterogeneous changes throughout, particularly in the area of the caudate process. Suspect metastatic disease. The gallbladder was unremarkable.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

**INVOICE**

33300

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.

**DATE**

12/6/21

**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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**DATE**

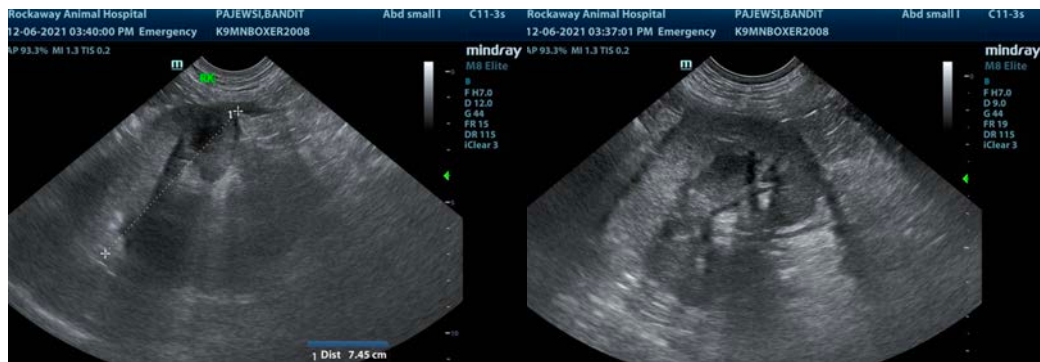
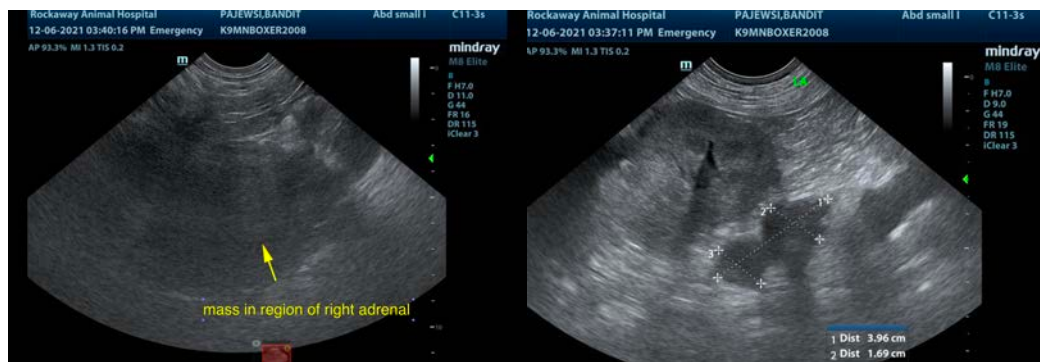
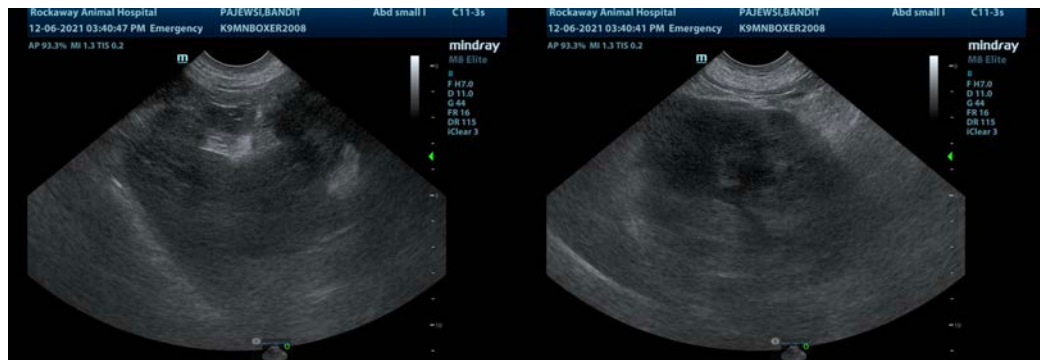
12/6/21

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged left adrenal gland
- Mass in the area of the right adrenal gland, deviating the right kidney and occupying portions of the liver and retroperitoneal space
- Undefined hepatic nodules – suspect metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA could be considered for further definition. CT evaluation would be ideal, as much of the pathology was undifferentiated. Prognosis is poor.





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

**SPECIES**

Canine

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.

**BREED**

Boxer

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

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