



PATIENT

Terp Kennedy

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

13 Years

WEIGHT

28.6

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Aaron Lucas

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Aaron Lucas

INVOICE

45122

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Patient presented on 2/13/23 with a two-week history of neurologic episodes perceived to be seizures by owner. Owner notes these episodes have increased in frequency from 2 times weekly to as much as twice daily. They occur when patient is walking. Upon further discussion, episodes are more consistent with syncope than epileptic events. Upon physical exam a large (grapefruit sized) left sided, middle, dorsal abdominal mass was identified.

Abnormal PE/Chem/CBC/UA Results: Large (grapefruit sized) left, dorsal middle abdominal mass. Renal azotemia (BUN - 102, Creatinine - 4.3, SDMA - 37) USG - 1.015 Inflammatory urine sediment (RBC and WBC with no bacteria) Mild nonregenerative anemia

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented multifocal cortical cysts with disrupted architecture and loss of corticomedullary definition. The left kidney measured 7.1 cm. The right kidney measured 6.3 cm with pyelectasia with debris, suggestive for pyelonephritis. A complex mixed echogenic mass was present deriving from the cranial pole of the left kidney, measuring 7.8 cm with largely cystic component. This may represent a complex cyst or a neoplastic event.

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 0.75 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional hypoechoic nodular changes noted. Increased portal markings noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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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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ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Cystic mass deriving from the left kidney or complex cyst possible with concurrent pyelonephritis
- Mild to moderate hepatic remodeling
- Partially full stomach

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV

Blood pressure measurements warranted. 72-hour IV fluid protocol and urine culture and sensitivity indicated. Prognosis is guarded. If the patient is able to stabilize the azotemia, then left nephrectomy could be considered. However, given the level of polycystic changes in the kidneys, prognosis is very guarded to poor long-term. Seizure activity may be related to the azotemia.

DABVP, Cert. IVUSS

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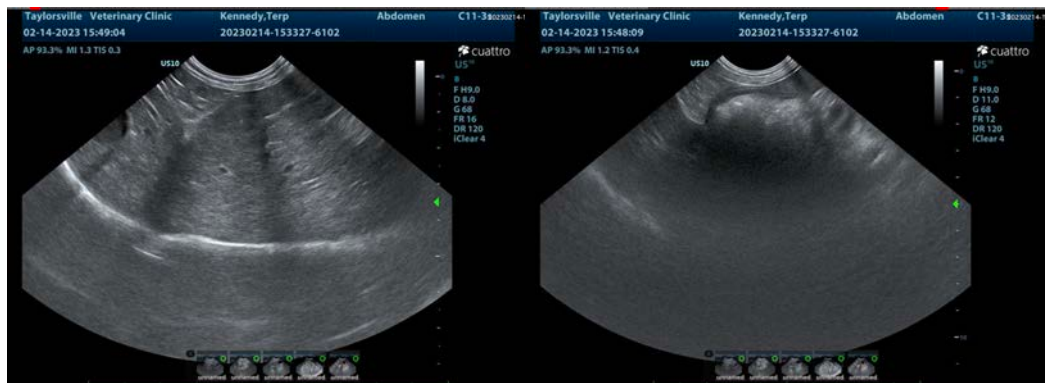
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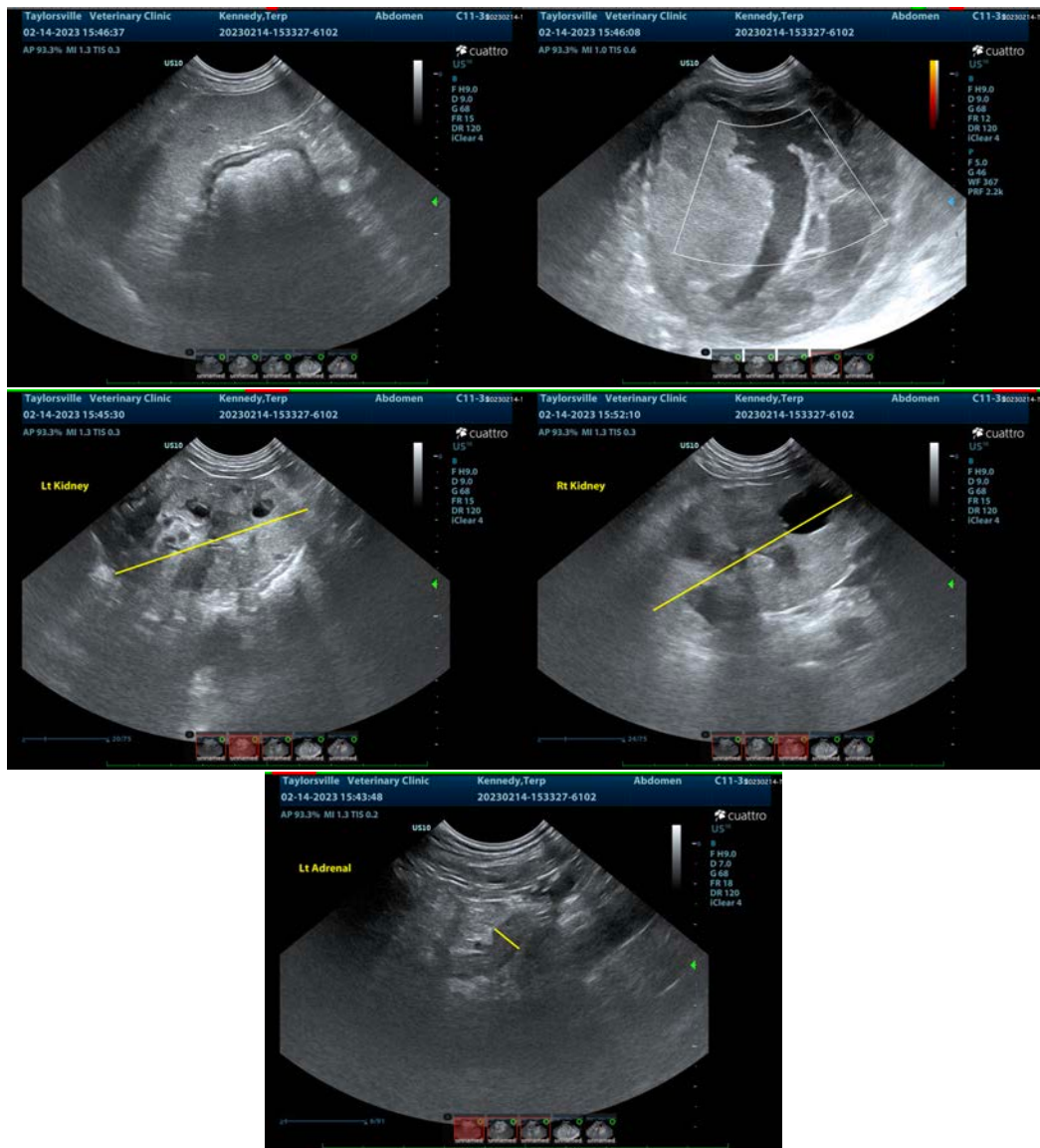
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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