



PATIENT

Hildy Dennis

SPECIES

Canine

BREED

GSD

SEX

Spayed Female

AGE

12 Years

WEIGHT

34.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

21744

DATE

3/24/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating, lethargy, and trouble walking at home. O was WNL throughout the day and ate breakfast WNL. Other dog in home. At lunch O gave grilled Chick Fil A nuggets. Later in the evening was outside playing with ball. P became very lethargic while outside and didn't want to get up. While up stiff and unsteady. O currently transitioning dog foods. O gave Adequan injection yesterday. Previous Health Concerns: Lyme disease Current Medications/Supplements/OTC: Adequan, cosequin, fish oil Appetite/When did they eat last: NE this evening/3/21 AM

Abnormal PE/Chem/CBC/UA Results: Abdominal: tense in mid abdomen Rads: decrease detail in mid abdomen; possible sl small heart; spondylosis L 4-5 LS area Cbc:nr Chem tp sl low (possible bleed?) Epc; nr

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 **right kidney** was slightly irregular in contour. Irregular cortical tissue appeared to be deriving from the right kidney. The right kidney measured 7.0 cm.

A mixed hypoechoic undifferentiated mass was noted around the **left kidney**, entering into the sublumbar space and appeared to derive from the left kidney. Cannot rule out an adrenal potential origin. Extensive proliferative pattern was noted in the left kidney. The left kidney measured 8.0 cm.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** appeared to have subtle micronodular changes. Mild swelling was noted in the spleen.

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.

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.

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

- Renal proliferative pattern with extensive sublumbar retroperitoneal mass in the left kidney and early proliferative pattern in the right kidney.

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- Subtle micronodular spleen- FNA is indicated for staging.

SEX

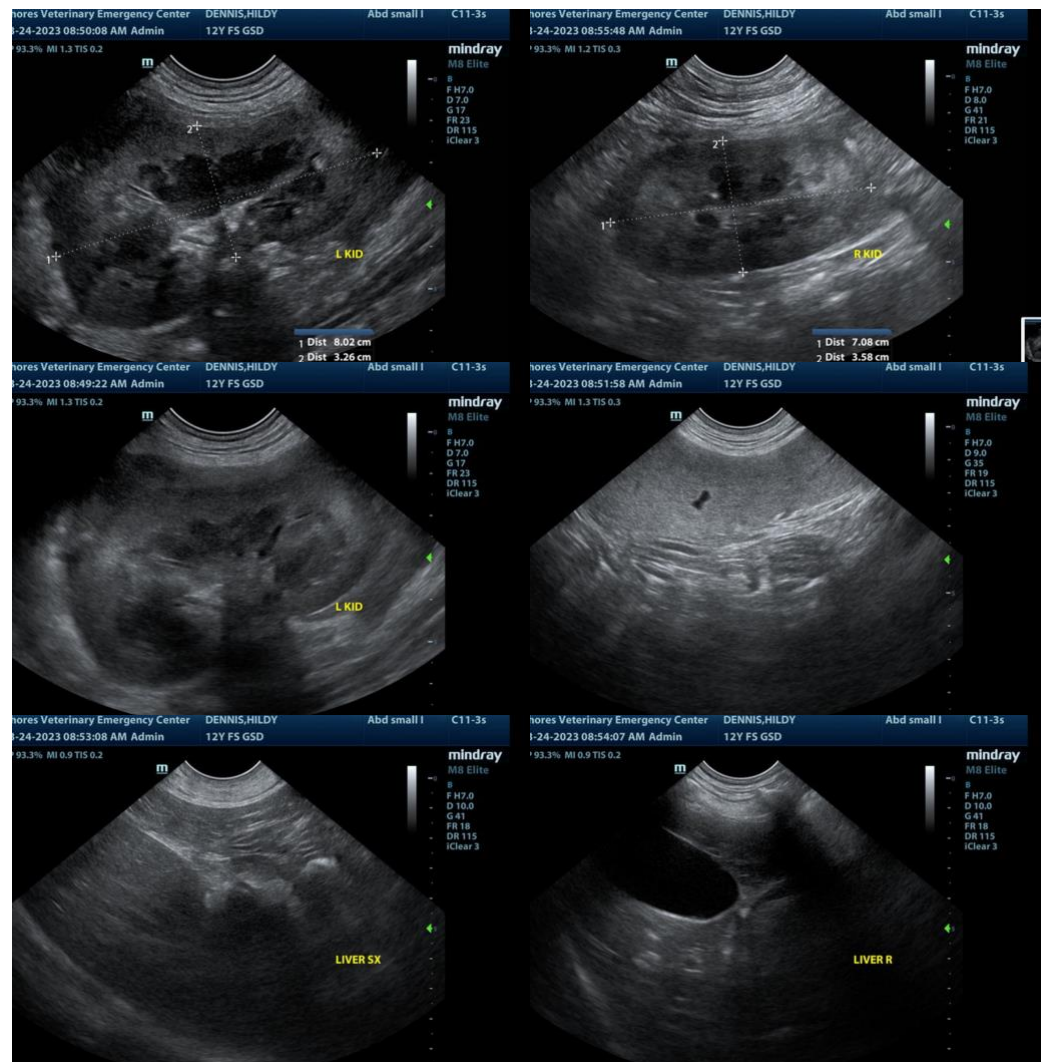
Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and ultrasound guided FNA is indicated to confirm suspicion of round cell neoplasia. There is a possibility of bilateral blood clots causing this presentation, however, this is unlikely. The left renal pathology extended into the retroperitoneal and sublumbar space. CT evaluation would be ideal.

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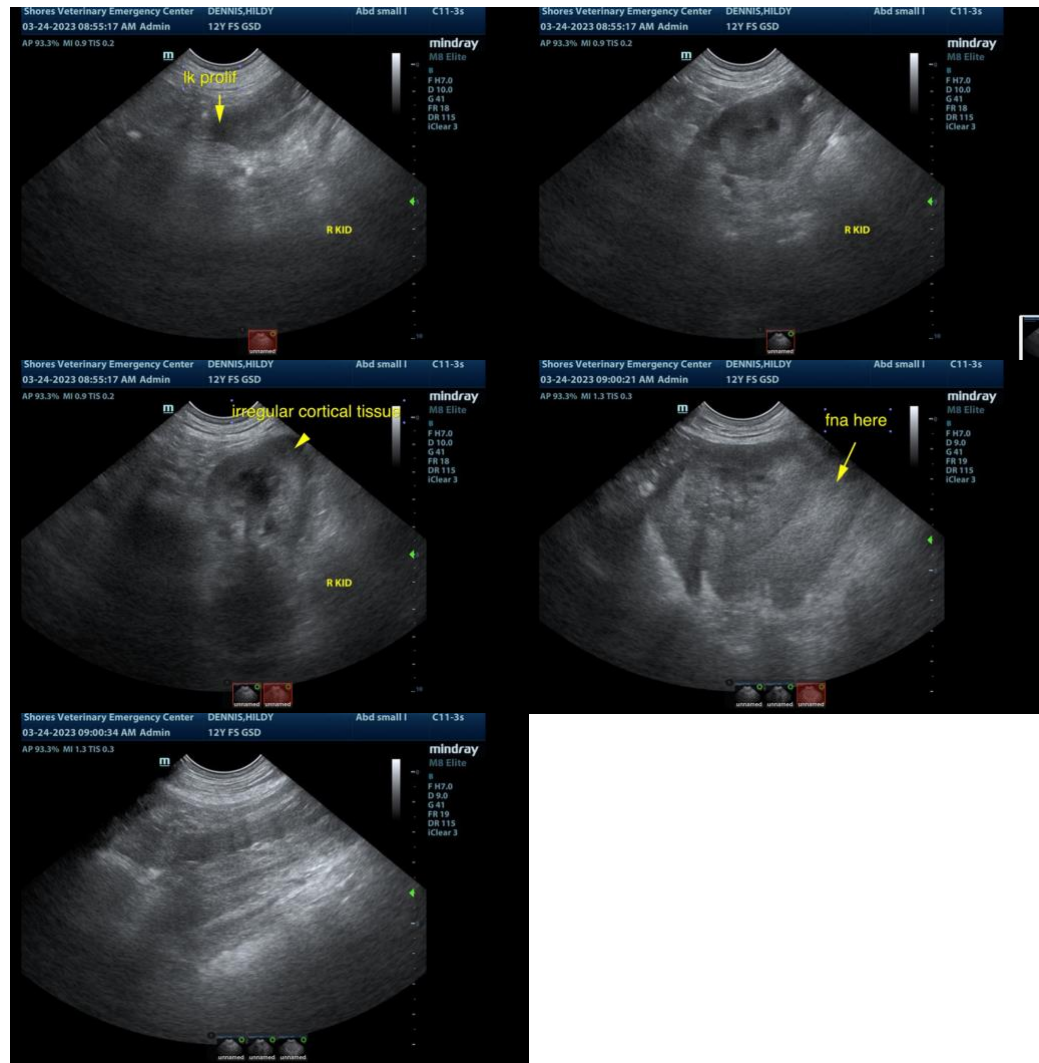
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com