



**PATIENT**

Annabell Lee Anderson

**SPECIES**

Canine

**BREED**

Pekingese X

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

10.2

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Roy Smith

**INVOICE**

46185

**DATE**

3/27/23

**PRESENTING CLINICAL SIGNS**

Referred from another practice for ultrasound due to hematuria and recent weight loss  
Abnormal PE/Chem/CBC/UA Results: Records provided note mild azotemia (BUN=29 mg/dL, Cr=1.5 mg/dL), amylase =2317, usg=1.031

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. Slight polypoid change noted at the cystourethral junction to monitor. This may be attached debris.

A 2.0 cm hypoechoic mass was noted deriving from the caudal cortex of the **left kidney**. The mass appears to extend into the retroperitoneal space.

The **right kidney** presented a similar lesion with severe hydronephrosis and occupied proximal ureter. The mass was on the caudal aspect of the right kidney and appeared to extend into the renal pelvis and proximal ureter. Secondary hydronephrosis noted.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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** presented coarse architecture and increased portal markings. The gallbladder was unremarkable.

**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**

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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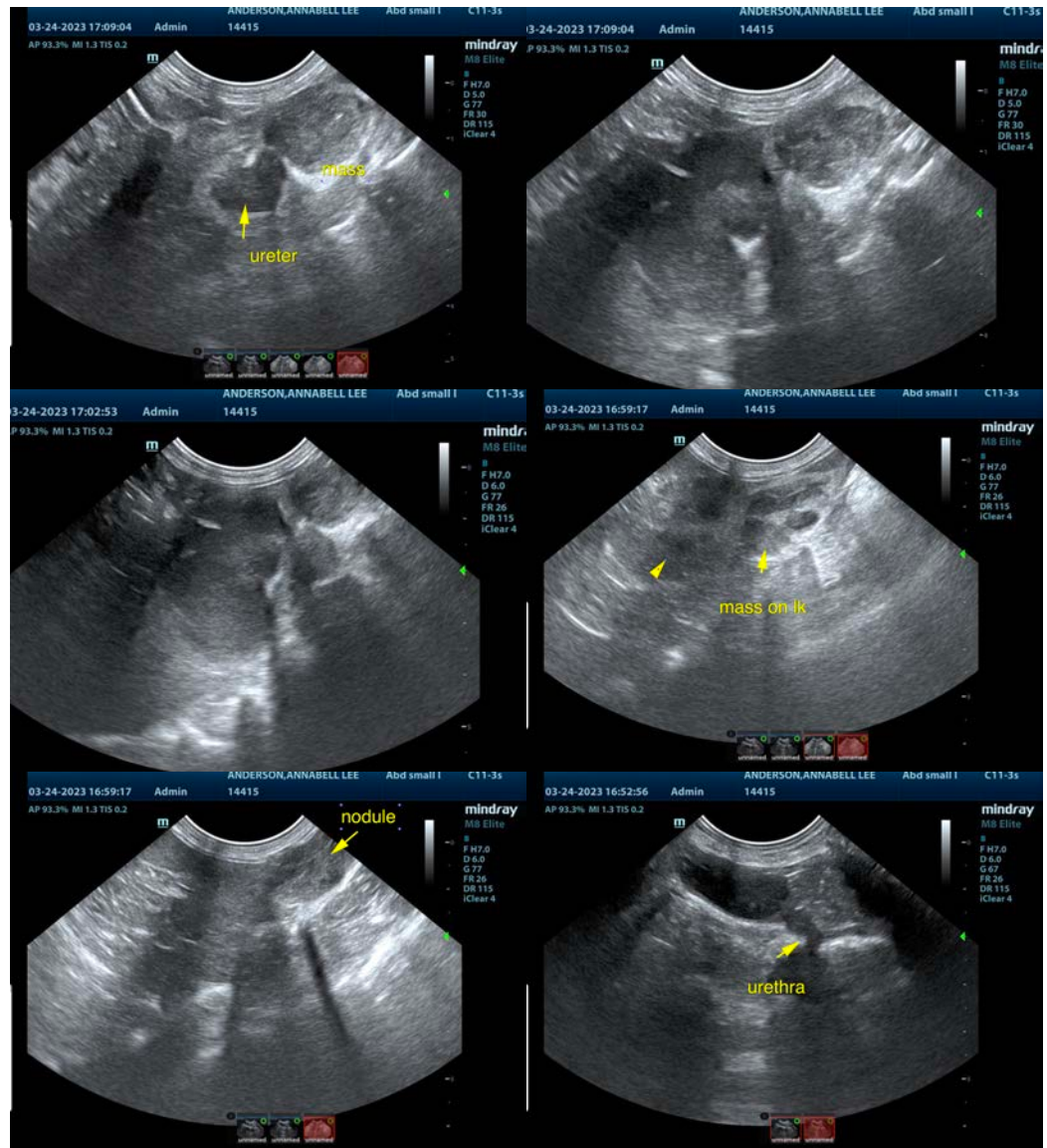
3/27/23

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renal masses with regional inflammation and hydronephrosis of the right kidney
- Bladder debris and minor bladder polyp

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect bilateral carcinoma. FNA could be considered for further definition, and potential chemoreduction.





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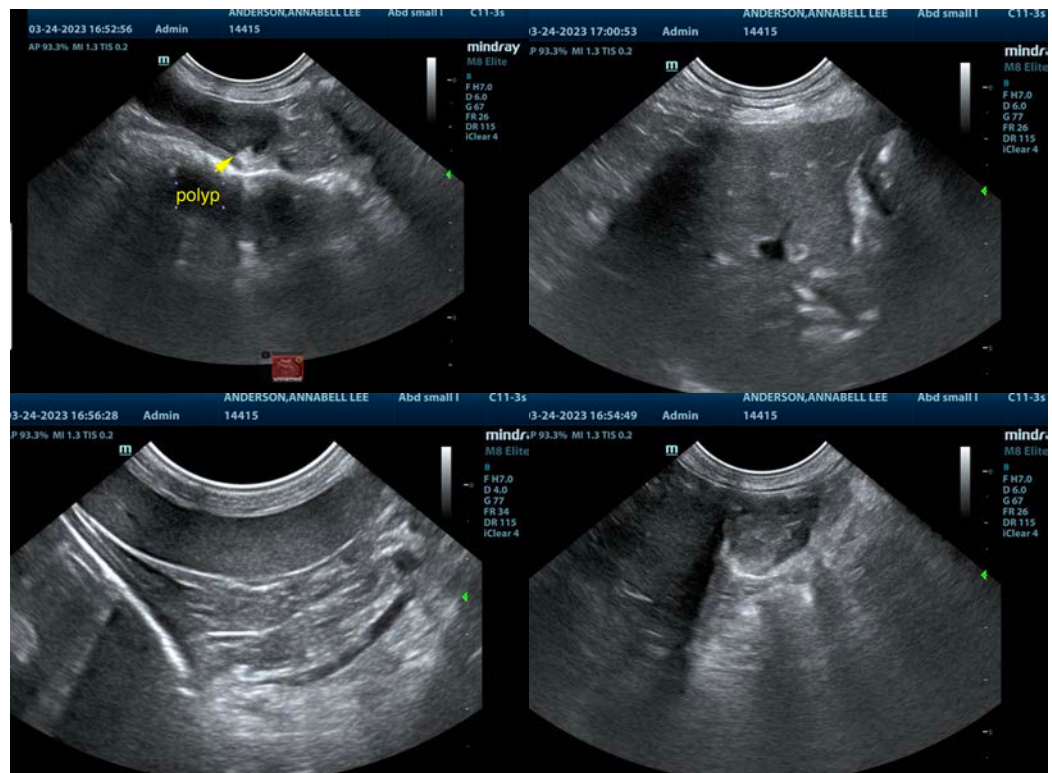
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)