



**PATIENT**

Riley Jewell

**SPECIES**

Canine

**BREED**

Retriever X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

27.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

36510

**DATE**

3/28/22

**PRESENTING CLINICAL SIGNS**

V+ since Friday 3/25/2022, only able to syringe feed water until today, she wont take anything. Only had a few pieces of kibble yesterday afternoon, nothing to eat since. No d/c/s. Does chew toys and doesn't know if she ate any. No known toxins HX of possible kidney that was cut during spay and left like that, was told its just a mass in the abdomen.

Abnormal PE/Chem/CBC/UA Results: Patient presented lateral recumbent, in hypovolemic shock and suspect septic. 1.Hypoglycemia/Hypotension 2.Neutrophilia 3. Severe 4.Dehydration/hemoconcentration 5. Abdominal effusion 6. Azotemia r/o pre renal 7. Hypovolemic shock Abdominocentesis: CREAT 3.0 Cytology: 2-3 neutrophils HPF some cocci present. UA: pending

**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 **left kidney** presented normal size and contour, structurally unremarkable. The left kidney measured 3.93 cm.

The **right kidney** presented severe hydronephrosis. The hydronephrosis was irregular with enhanced surrounding mesentery. Hydronephrosis measured approximately 15 cm.

**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 0.5 cm.

The **right adrenal gland** was not visualized owing to the right renal pathology.

**Spleen**

The **spleen** was largely uniform. Minor heterogeneous changes noted. No evidence of significant pathology. Likely reactive state.

**Liver**

The **liver** presented normal size and contour. Minor echogenic gallbladder wall noted. No evidence of passive congestion as cause of ascites.

**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.



**PATIENT**

**Free Abdomen**

Riley Jewell

A moderate amount of echogenic free fluid was noted in the abdomen.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Severe hydronephrosis of the right kidney with peritonitis type presentation

**BREED**

Retriever X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I'm concerned for leakage of the right kidney into the abdomen. Recommend immediate exploratory surgery in this patient with expectation towards abdominal lavage and right nephrectomy. The left kidney appears largely normal and should be able to maintain metabolic need depending upon confirmation of ascites owing to right renal pathology. Inspection and FNA of the spleen would also be warranted, likely a reactive state. However, an underlying neoplastic event cannot be completely ruled out. Alternatively, abdominocentesis and cytospin of the free fluid would be indicated with immediate slide preparation to assess for potential exfoliating neoplasia versus septic abdomen.

**AGE**

8 Years



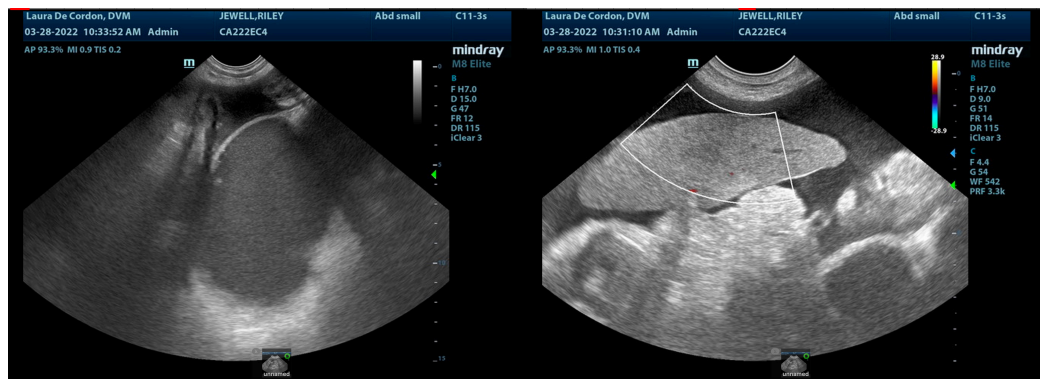
**WEIGHT**

27.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

36510

**DATE**

3/28/22



**PATIENT**

Riley Jewell

**SPECIES**

Canine

**BREED**

Retriever X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

27.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

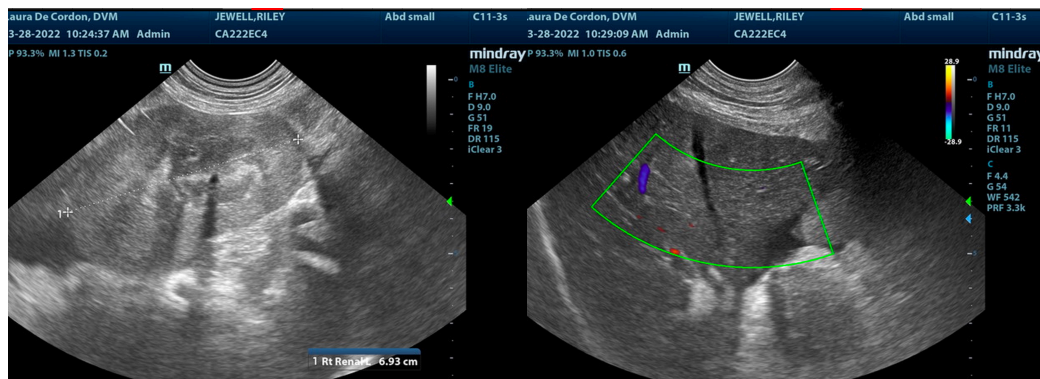
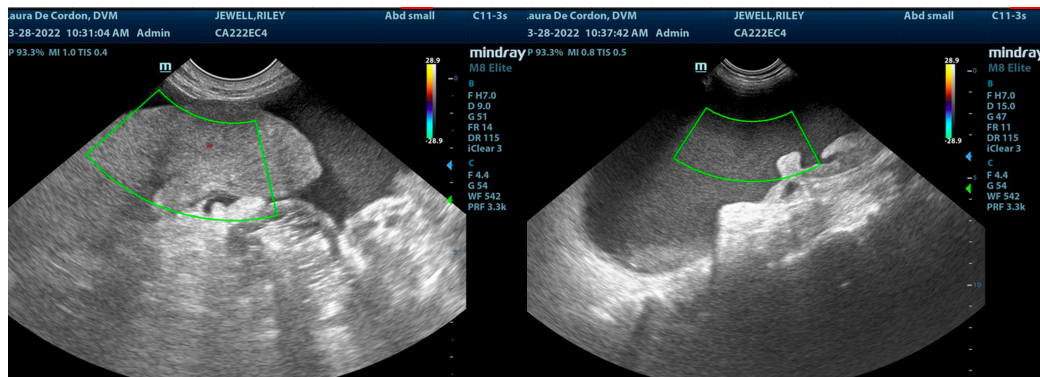
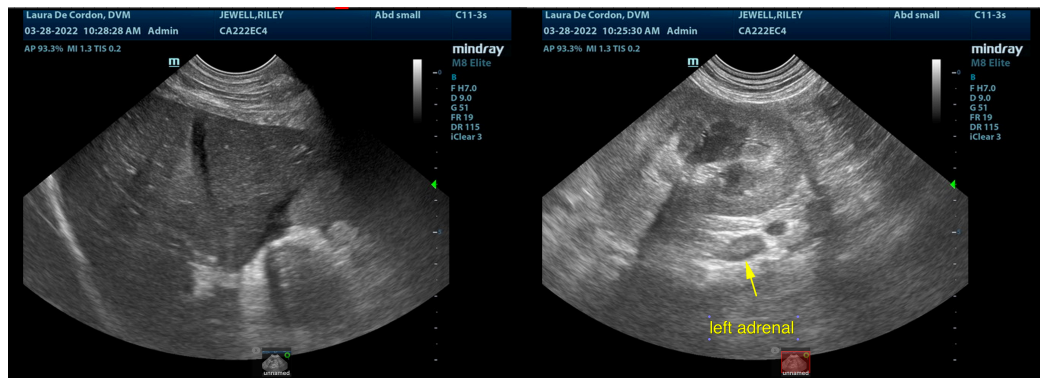
Dr. Laura de Cordon

**INVOICE**

36510

**DATE**

3/28/22





**PATIENT**

Riley Jewell

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.

**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.

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

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

**BREED**

Retriever X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

27.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

36510

**DATE**

3/28/22