



PATIENT

Tuffy Chandler

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed female

AGE

12 years

WEIGHT

15.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

74019

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- 1 month history of progressive hyporexia and decreased energy/activity levels. PU/PD. Owner noted abdominal distention starting yesterday
- CBC - mildly elevated reticulocytes 188 (10-110) No anemia but HCT on low end of normal 37.9 (37.3 - 61.9) RBC low normal rest of CBC normal CHEM - mild hypernatremia no azotemia (Creatinine 1.3) UA - from 3/30 - Isosthenuria (1.017) and proteinuria (no UPC checked) Removed 420 ml dark red fluid from cystic L kidney with 20g catheter Rechecked abdomen 30 min later - no additional free fluid Renal fluid culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.0 cm.

The **left kidney** was comprised of a mineralizing mass with subcapsular fluid accumulation and regional inflammation. The entire left kidney apparatus measured 8.3 cm.

Adrenal Glands

Both **adrenal glands** were 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 1.64 x 0.32 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 1.0 x 0.6 cm.

Spleen

The **spleen** was displaced cranially owing to the left renal renal pathology. However, the spleen itself 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 was noted.



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Liver

The **liver** was mildly hypoechoic and slightly swollen with mild irregular contour. This is consistent with benign hepatopathy. However, I cannot rule out an emerging neoplastic event. 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

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.

Free Abdomen

Free fluid was noted in the abdomen deriving from the left renal pathology.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. However, subjectively the heart appeared volume contracted.

ULTRASONOGRAPHIC FINDINGS

Left renal mass with leakage to the retroperitoneal space in the abdomen. Suspect carcinoma versus hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory is recommended in this patient with expectations towards left nephrectomy and abdominal lavage. Early microscopic spread to the retroperitoneal space and abdomen is possible. The prognosis is very guarded. Chest radiographs are warranted prior to surgery. IV fluid support is warranted given the volume contraction of the heart. Hydration status should be evaluated.



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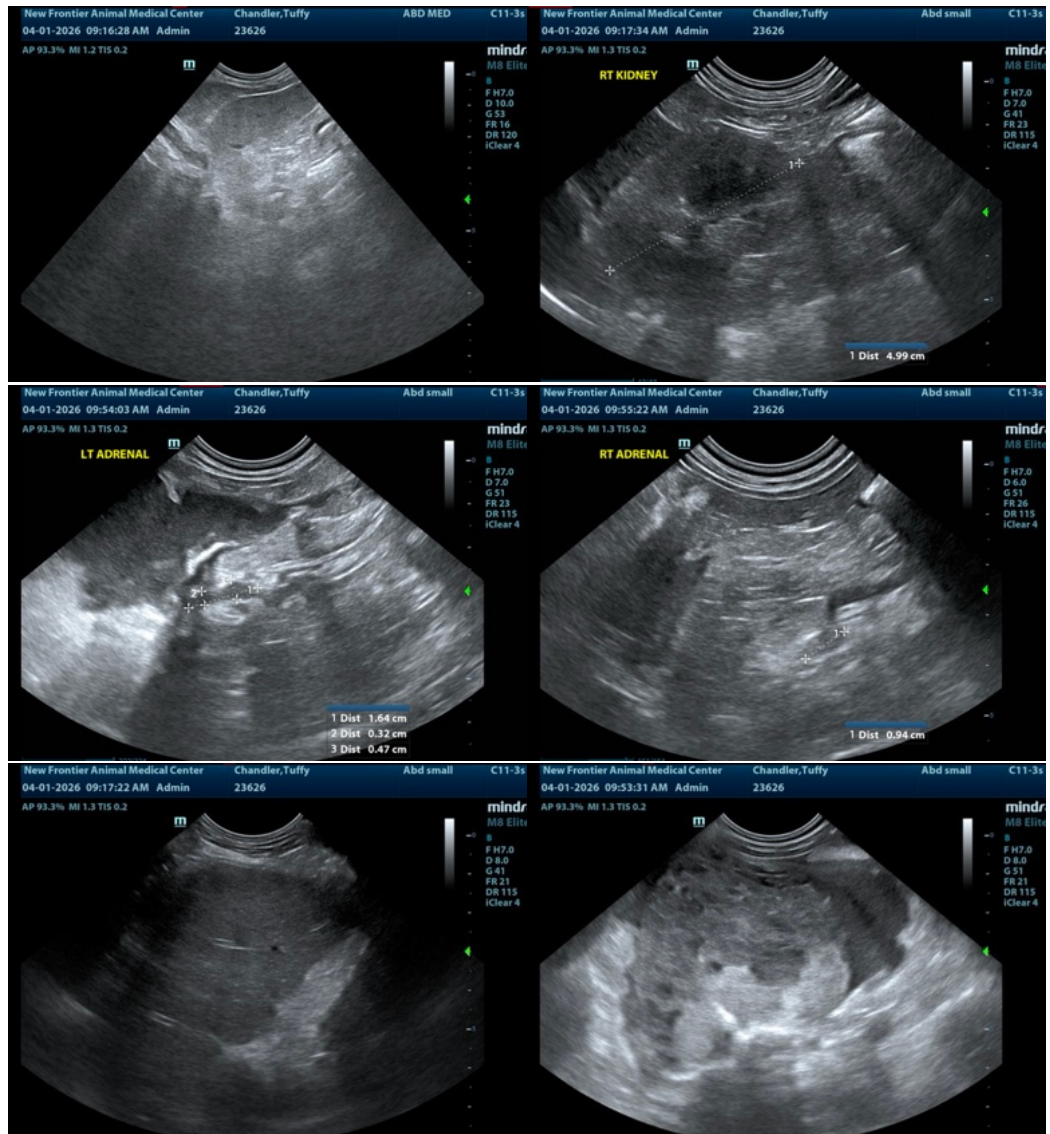
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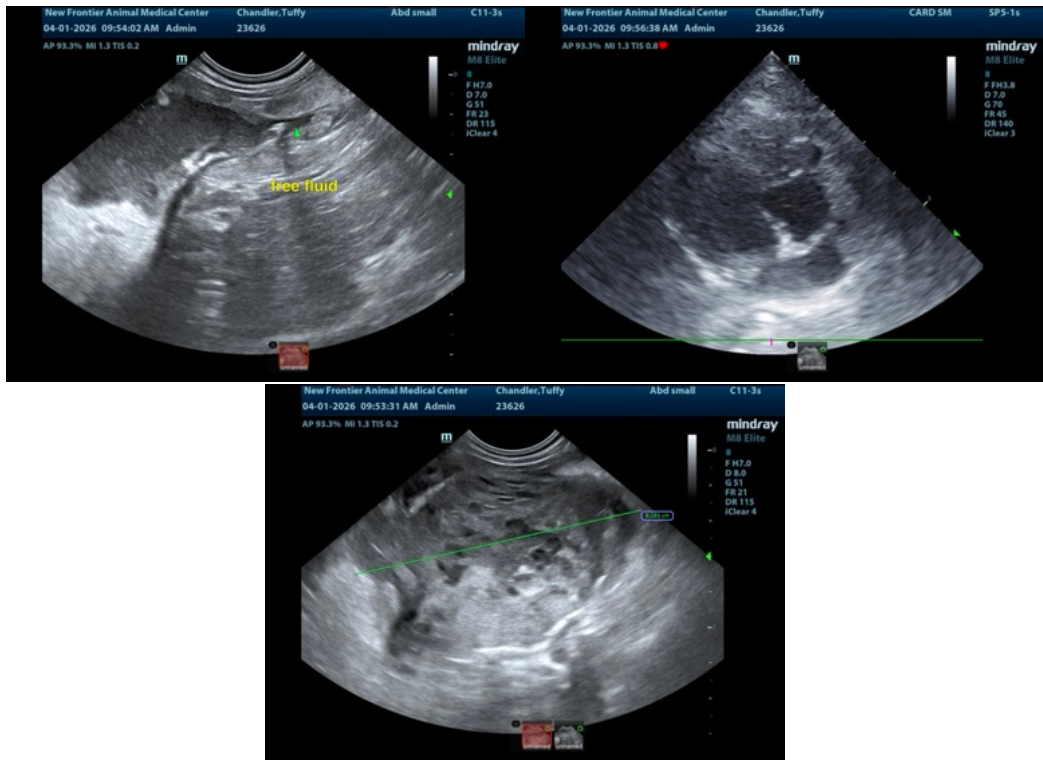
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com