

**DATE PRESENTING CLINICAL SIGNS**

4/14/23 Abdominal mass, bloody urine.

**PATIENT**

Brie Hilton-Schramm

Current Medications: Enalapril 2.5mg SID, Denamarin 90mg SID, Entyce 0.5mL SID, Hycodan 5mg/mL 1/4cc BID, Incurin 1mg SID, Baytril 20mg SID for 7 days- started 4/10.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Bichon

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**The **urinary bladder** presented a minimal amount of urine. Minor amount of debris and slight sand noted. The bladder wall was unremarkable.**AGE**

11/11/07

The **right kidney** presented polycystic changes with echogenic debris and chronic interstitial nephrosis pattern. The right kidney measured 5.09 cm. Pelvic calculi, pyelectasia, and an echogenic 2.0 cm cyst at the caudal pole noted. Multiple microcystic cortical changes. Blood flow appeared to be adequate.**WEIGHT**

10.8 Pounds

The **left kidney** was completely occupied by an anechoic cyst with echogenic debris, measuring 6.0 cm. Minimal amount of recognizable renal parenchyma present.**Adrenal Glands**The regions of the **adrenal glands** were unremarkable.**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.**HOSPITAL NAME**

AMC of Dulaney Valley

**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. 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.**REFERRING VET**

Dr. Chrest

**INVOICE**

46701

**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.

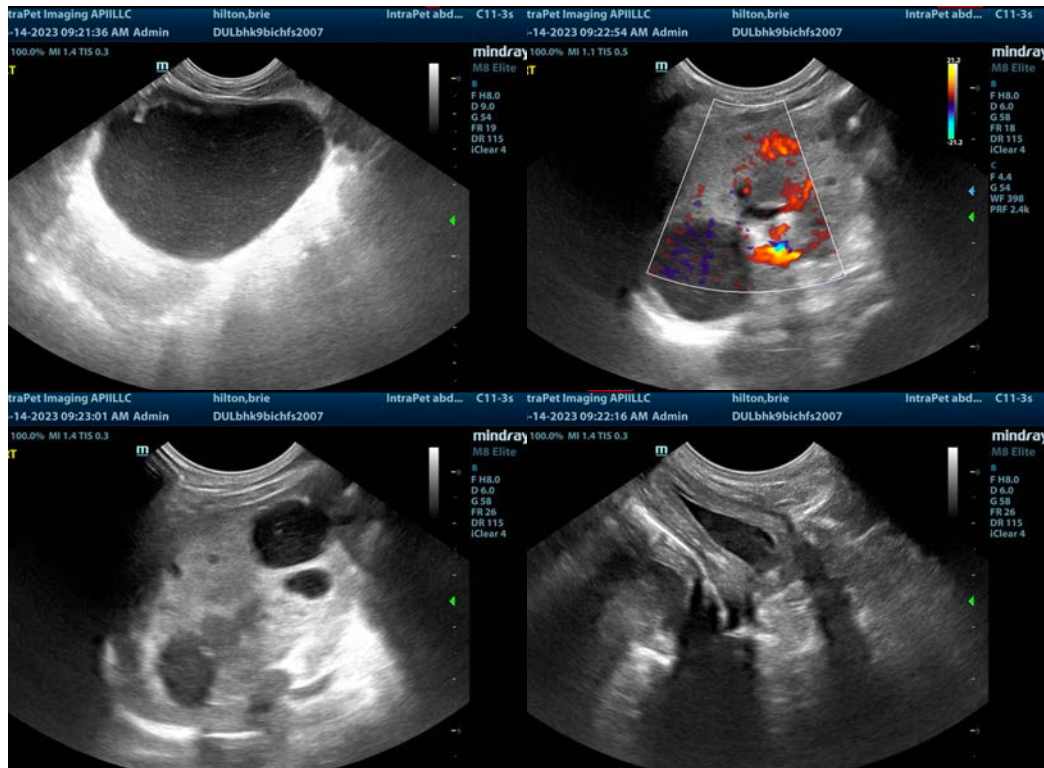
## **ULTRASONOGRAPHIC FINDINGS**

- Polycystic right kidney with pyelectasia and calculus, likely embedded infection
- Complete hydronephrosis or complex left renal cyst with minimal recognizable parenchyma
- Minor bladder debris and sand
- Age related hepatic changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup. Full CBC/Chem/UA indicated with urine culture assuming that inflammatory sediment is present. If the patient is azotemic, then stabilization of azotemia with left nephrectomy indicated as well as left renal cyst drainage and culture. Prognosis is guarded and mainly dependent upon viability of the kidneys. Blood pressure measurements also indicated.

*Radiographs: Mass in the area of the right kidney.*





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.

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