



**PATIENT**

Cosmo Whalen

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

14 Years 6 Months

**WEIGHT**

24 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Carter

**INVOICE**

22125

**DATE**

4/21/23

**PRESENTING CLINICAL SIGNS**

Presented on 4-4-23 for annual exam. No client concerns. Tense abdomen on exam and suspected cranial organomegaly. Ultrasound fast scan, mostly to collect urine for urinalysis; suspected nodule in spleen and large fluid filled mass seen

Abnormal PE/Chem/CBC/UA Results: SDMA 18 K+ 6.3 usg 1.024; trace blood normal BUN 18 normal creatinine 1.3 abdominal rad; very large right kidney

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A minor amount of urine was present at the time of the sonogram. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a moderate change. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 cm.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.58 cm. Slight pyelectasia was noted in the left kidney.

Degenerative changes in the **right kidney** were significant. The right kidney measured 5.8 cm. A large cyst was noted in the right kidney, measuring 8.5 cm with suspended and dependent debris. The cyst impinged upon the right liver but appeared to be definitively separate from the liver.

**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 **right adrenal gland** was not visualized.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**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



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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. \*\*The right kidney cyst impinged upon the right liver but appeared to be definitively separate from the liver.

**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**

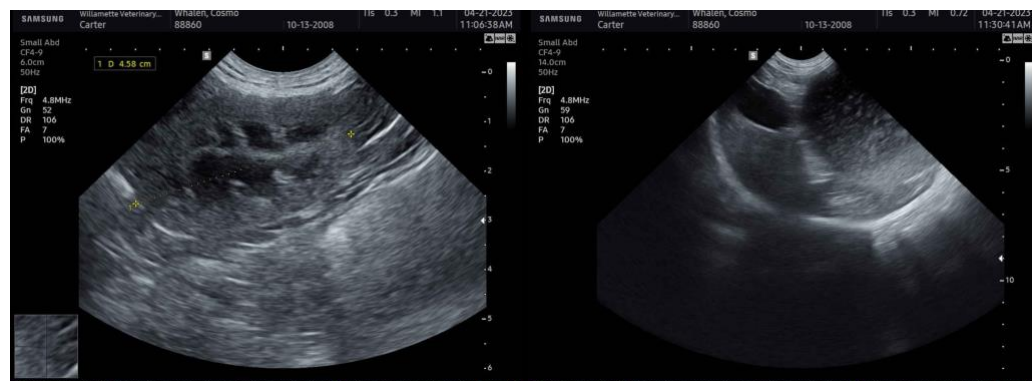
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Significant degenerative right renal changes with large cyst
- Minor degenerative left renal changes with left kidney pyelectasia
- Age-related abdominal changes otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided drainage carries some risk for leakage in this particular type of cyst. Right nephrectomy should be considered or heminephrectomy. The left kidney appears to have only minor degenerative changes. The right renal cyst is large enough to cause tense abdomen. No overt evidence of disease.





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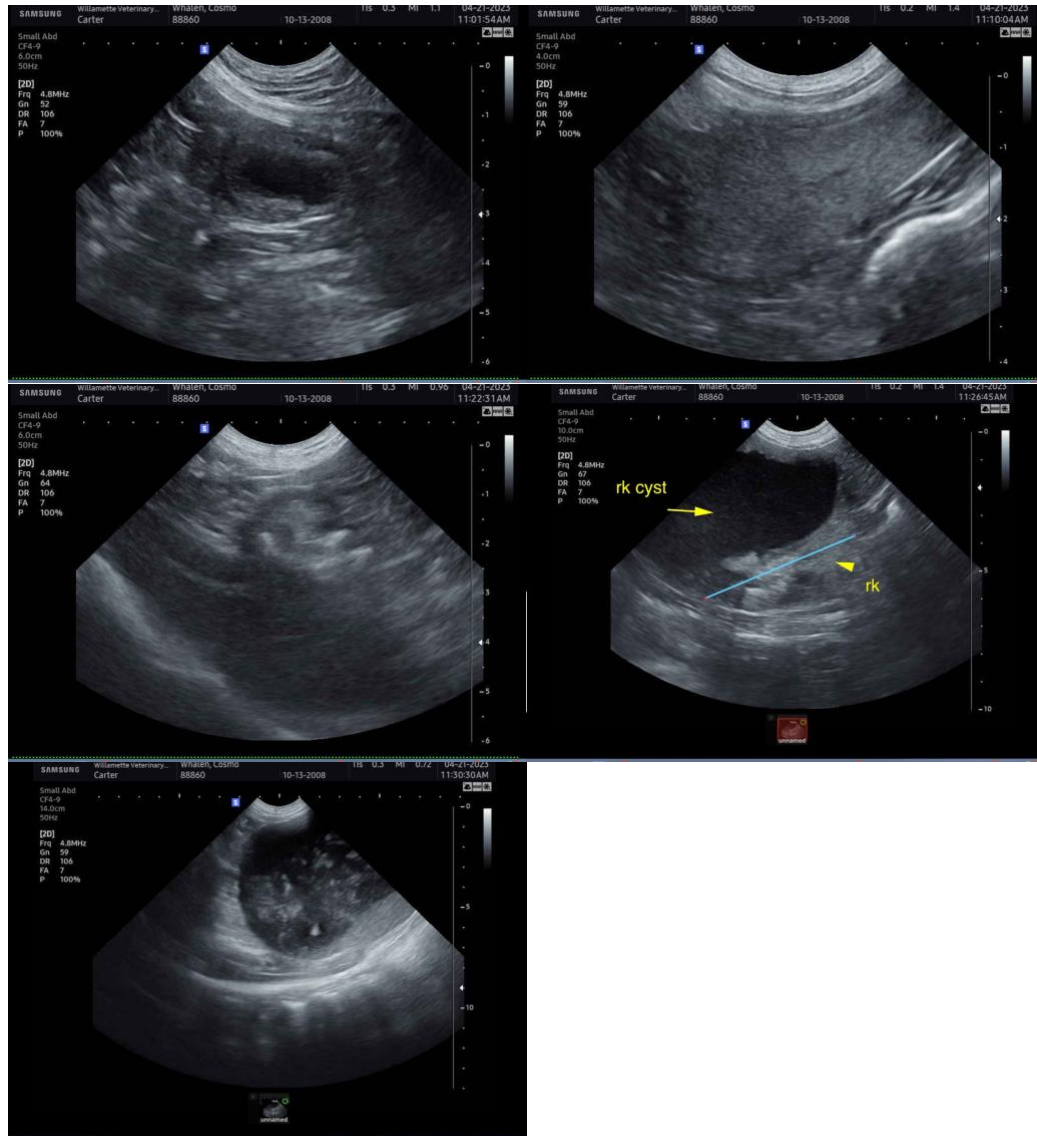
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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