



**PATIENT**

Copper Whitcraft

**SPECIES**

Canine

**BREED**

Coonhound

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

90 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. De Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. De Cordon

**INVOICE**

36716

**DATE**

4/7/22

**PRESENTING CLINICAL SIGNS**

History of Lyme disease and anaplasma two months ago, treated with Doxycycline for 1 month. Patient lives outside in the farm, up to date on all vaccines besides lyme. Presented to MDAEH on 4/6/22 because onset of lethargy and bloody urine. At presentation patient was tense on abdomen. Hematuria noticed. BW revealed azotemia and UA revealed large amount of RBC, no bacteria. Re-presented today for recheck BW. Worsening azotemia. X rays decreased serosal detail. Urine is bloodier.

Abnormal PE/Chem/CBC/UA Results: Witness zoetis Lepto test: negative Blood work 4/6: CBC: WBC:16.53 NEU: 14.79 CHEM/LYTES: BUN:39.2 CREAT:1.8 P:5.2 TP:5.2 L GLUC:198 NA:140 K:3.5 Blood work 4/7: chem/lytes: BUN:46.6 Creat:2.0 TP:5.5 Gluc: 176 K:3.7 Cl:95 PT/PTT: PT 37.5 (12-17) PTT: WNL

**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 residual prostate measured 1.0 cm.

The **right kidney** presented swollen irregular contour with pyelectasia and echogenic debris. Pelvic inflammation noted. The right kidney measured 9.12 cm. Pericapsular inflammatory pattern noted.

The **left kidney** presented pericapsular inflammatory pattern noted. The left kidney measured 7.5 cm.

A sublumbar/retroperitoneal blood clot or mass noted caudodorsal to the left kidney.

**Adrenal Glands**

The **left adrenal gland** was not visualized, cannot rule out potential adrenal origin to the tissue density in the retroperitoneal/sublumbar space.

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

**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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary 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.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

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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.

**BREED**

Coonhound

**Free Abdomen**

Slight free fluid noted in the caudal abdomen. Ill-defined mass effects noted in the caudal abdomen.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Retroperitoneal/paralumbar/caudal abdominal mass and free fluid – possible hemorrhage deriving from the left kidney, or possible adrenal origin. Acute renal insult with pericapsular/retroperitoneal hemorrhage is possible.

**AGE**

2 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel warranted with ultrasound guided FNA of the hypoechoic portion of the mass for further definition. Prognosis is guarded. 72-hour IV fluid protocol recommended. Visibility was difficult owing to regional inflammation. CT evaluation would be ideal.

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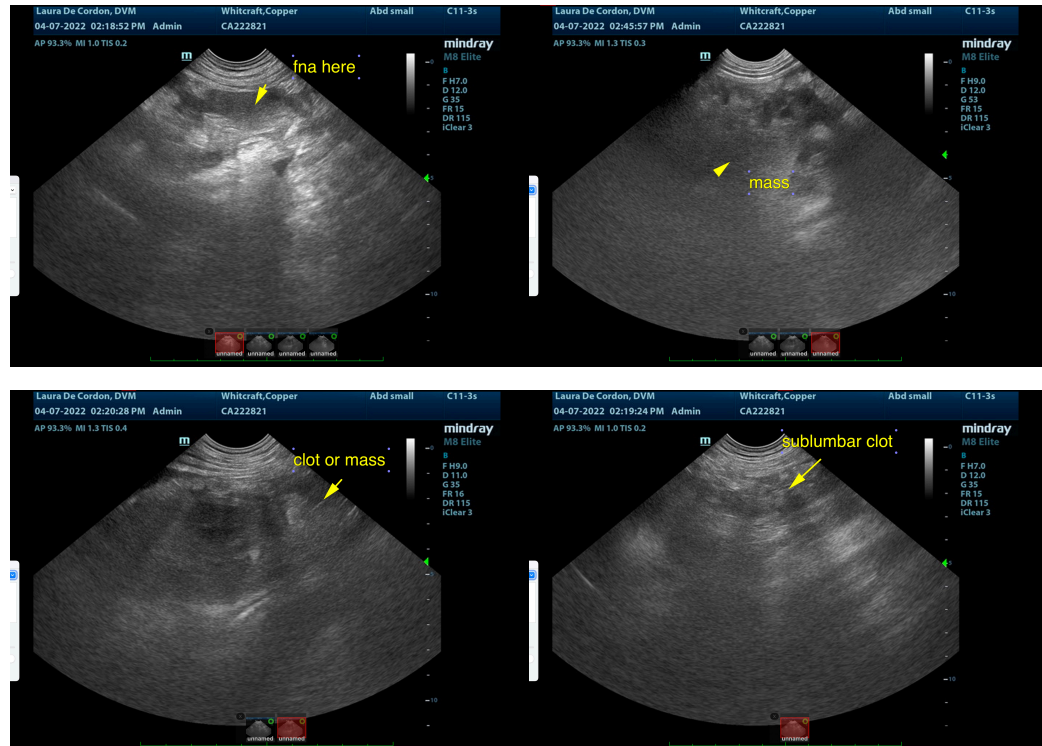
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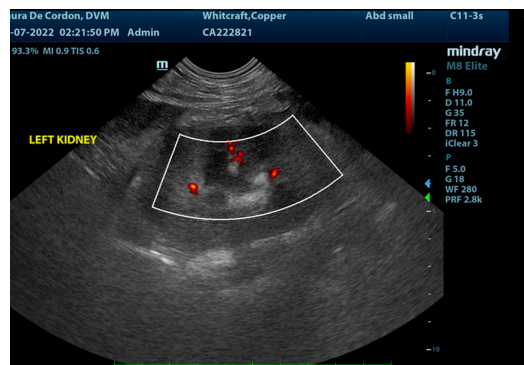
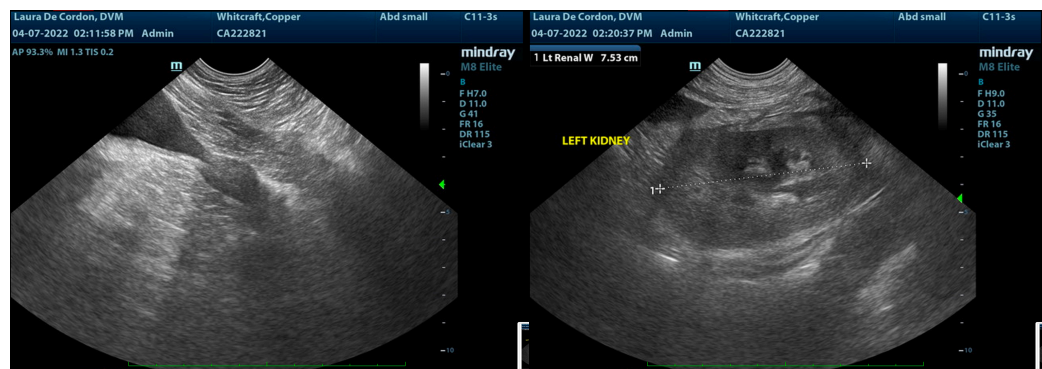
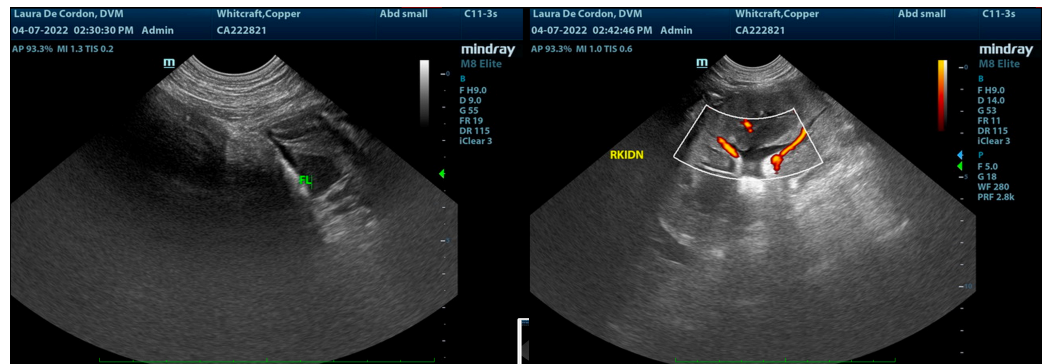
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

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