

**DATE**

4/8/22

**PRESENTING CLINICAL SIGNS**

History: Has not been eating well for past week (off and on.) Yesterday owner gave a leftover medication (sounds like it was Maropitant) in the morning and Nala did eat dinner last night. (chicken and rice.) Has also had small amounts of diarrhea but not producing much stool in total since not eating much. She seems weak to the owners; she has trouble when first getting up but then is ok when walking around.

**PATIENT**

Nala Meistering

**SPECIES**

Canine

**BREED**

Golden Retriever Mix

**SEX**

Spayed Female

**AGE**

10/2/11

**WEIGHT**

67.1 Pounds

Current Medications: Clavamox and Cerenia.

Lab Results: None-regenerative anemia. HCT - 35%; TS 8.6 (8.0)  
WBC - 27.5 (16.7); BUN 30 (27); Glob 4.9 (4.5); Alkp 245 (212).

Radiographs: Abdominal mass, enlarged kidney.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**The **urinary bladder** presented a large amount of suspended debris and overdistention.

The **right kidney** was significantly enlarged, irregular and nodular. The right kidney presented multiple masses deriving from the cranial and caudal cortices and severe renomegaly with pericapsular inflammatory pattern, measuring up to 13.5 cm in width.

The **left kidney** was normal in size and contour, structurally unremarkable. The left kidney measured 7.26 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 2.4 cm x 0.47 cm at the cranial pole and 0.69 cm at the caudal pole.

The region of the **right adrenal gland** revealed no evident pathology.

**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

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**INVOICE**

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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***

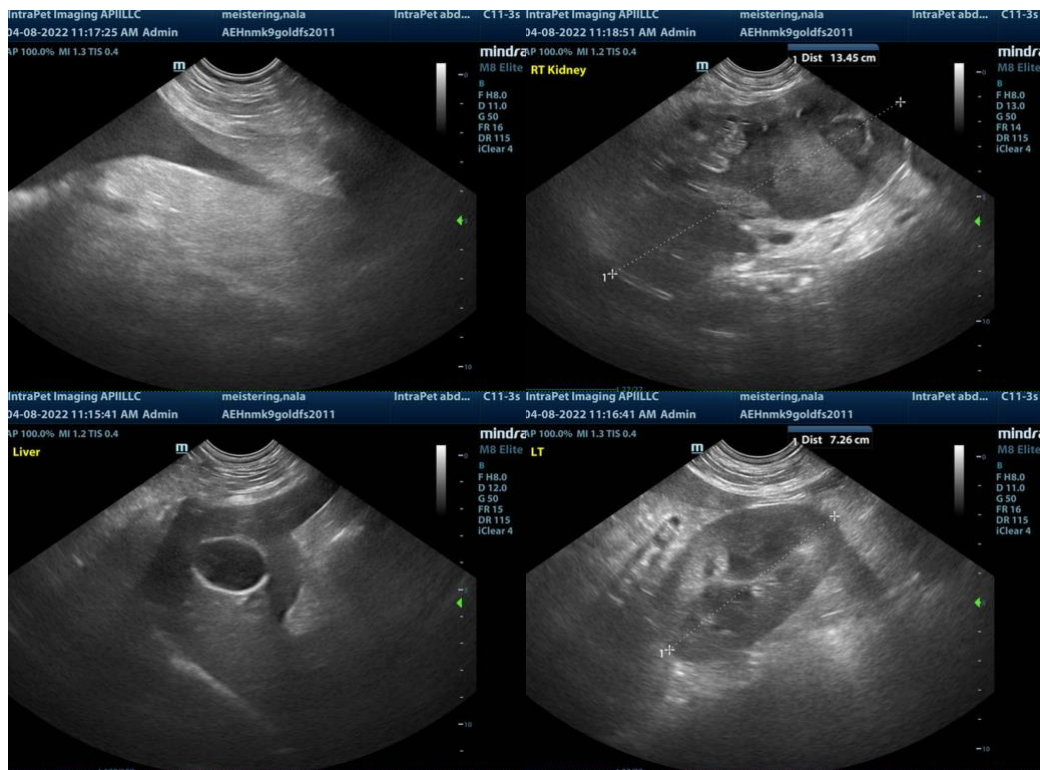
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

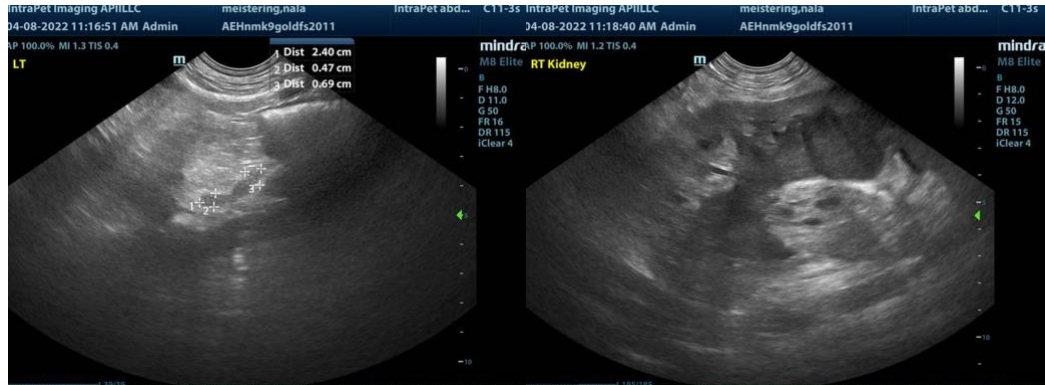
### **ULTRASONOGRAPHIC FINDINGS**

- Right kidney masses, suspect hemangiosarcoma versus carcinoma, appears to be isolated
- Urinary bladder debris

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

Chest radiographs and echocardiogram warranted to assess for metastatic disease, followed by right nephrectomy. Guarded prognosis.





**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.

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