



PATIENT

Ivy Contestabile

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

8.3

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Harnoor Bhinder

HOSPITAL NAME

Hespeler Animal
Hospital

REFERRING VET

Dr. Harnoor Bhinder

INVOICE

16175

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Ivy have a h/o previous pancreatitis , she stopped eating last week . no new food or treats , had 1 episode of vomiting followed by diarrhea . was on low fat food , now not interested in eating . blood test results pending . having profound diarrhea, lethargy and shaking a lot. temp 39.8 degree Celsius , hr 155/min , resp 65 /min,mm-pink , qar

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.77 cm in length.

The **left kidney** revealed pelvic calculus measuring 1.4 cm with echogenic debris and pyelectasia. Hypoechoic parenchyma with the left kidney measuring 5.8 cm with enhanced pericapsular fat consistent with inflammation. This is consistent with pyelonephritis as best describes this presentation with nephrolithiasis that appears partially obstructive. A significant amount of inflammation was noted around the left kidney with retroperitoneal fluid and regional blood clots occupying the retroperitoneal space.

Adrenal Glands

Both **adrenal glands** were not visualized and obscured owing to the inflammation.

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



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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

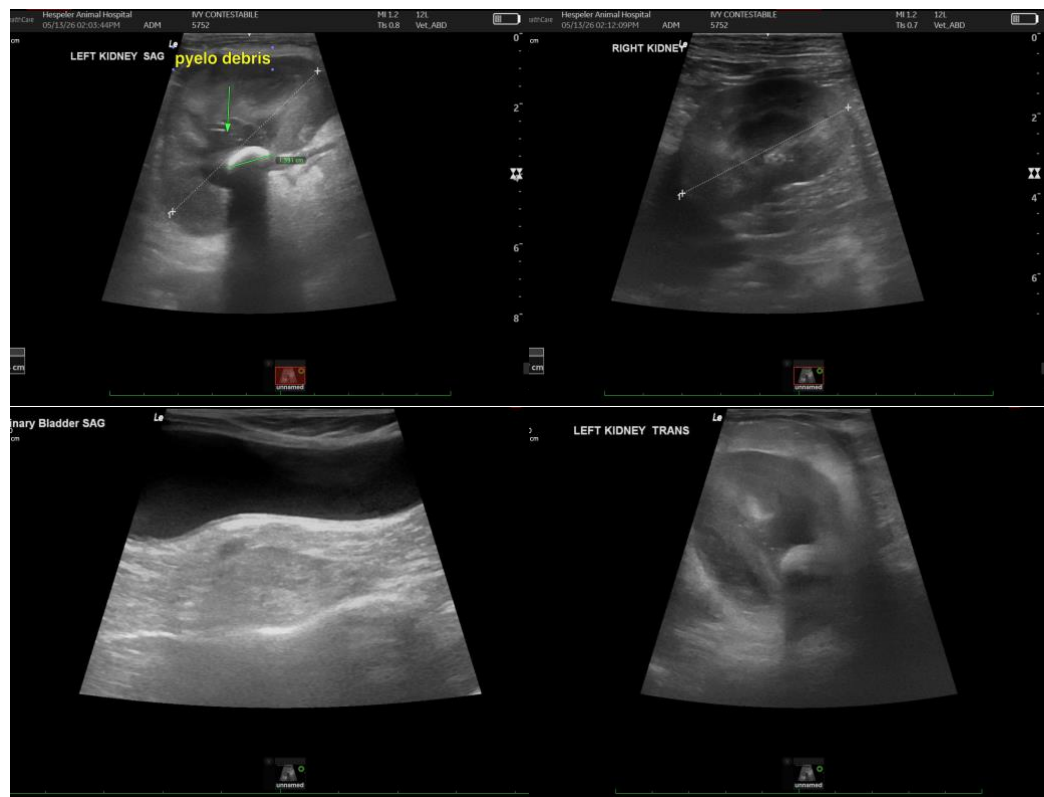
Extension of inflammation from the left kidney entered into the left **pancreatic limb**.

ULTRASONOGRAPHIC FINDINGS

- Suspect left kidney pyelonephritis with regional extensive inflammation occupying the retroperitoneal space and left pancreatic limb.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nephrotomy with stone removal, abdominal and pelvic lavage would be appropriate in this patient. However, a judgment call left nephrectomy may be necessary. Cannot rule out a neoplastic process though not suspected.





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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,

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