



PATIENT

Olive Avondoglio

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

8 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. McConnell

INVOICE

47174

DATE

5/5/23

PRESENTING CLINICAL SIGNS

Vomiting/diarrhea on 5/4/23, declined overnight, severe abd pain.

Abnormal PE/Chem/CBC/UA Results: Reticulocyte hemo 16.2, WBC 18.86, Monocytes 4.37, Albumin 1.9, ALP 232, amylase 395, lipase 182, phos 24,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **left kidney** was enlarged and irregular, measuring 5.9 cm, with loss of corticomedullary definition and pericapsular inflammation. Significant renal swelling noted.

The **right kidney** measured 5.28 cm with pyelectasia and thickened cortices.

Adrenal Glands

Both **adrenal glands** were 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 measured 1.5 cm x 0.56 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measured 1.5 cm x 0.57 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with slight scalloping and subtle micronodular reticular pattern.

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

The **stomach** was unremarkable. Variable fluid filled small intestine noted. Fluid filled colon noted. The colonic wall was unremarkable.

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.



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Free Abdomen

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Regional inflammation noted throughout the cranial abdomen, but the primary pathology appears to be in the kidneys. Occasional lymph nodes mildly enlarged.

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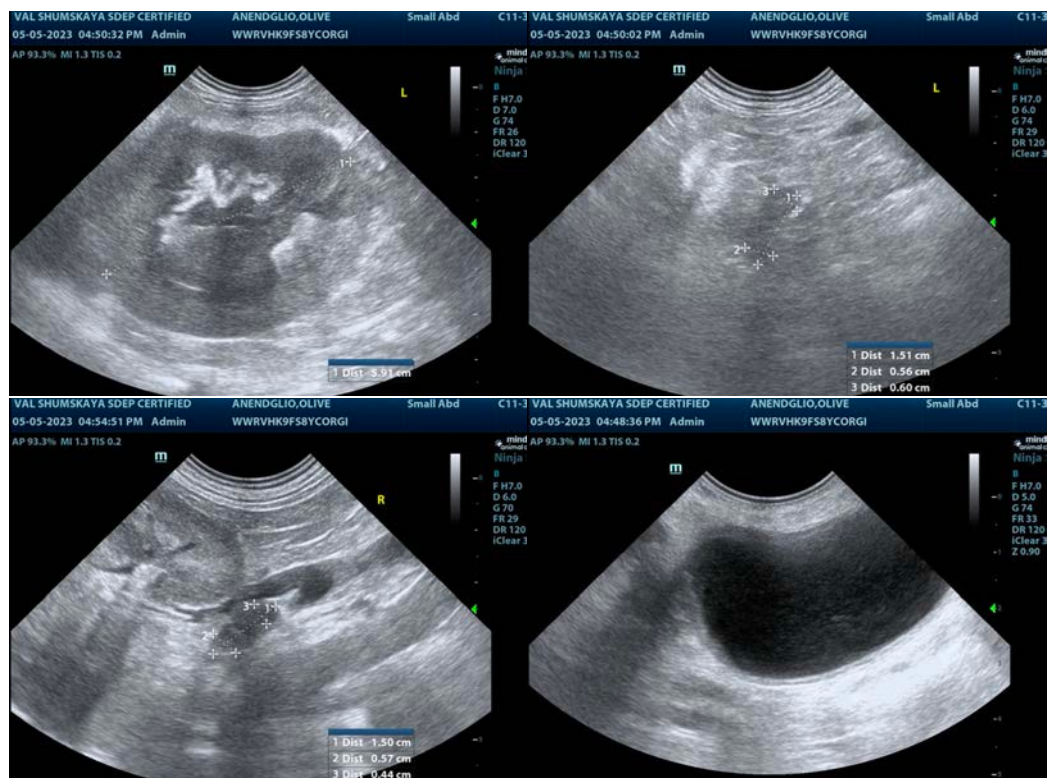
5/5/23

ULTRASONOGRAPHIC FINDINGS

- Severe nephritis pattern with strong potential for emerging renal neoplasia
- Enteritis pattern
- Urinary bladder debris
- Free fluid
- Minor enlarged, scalloping spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Protein losing disease either from the kidneys or the GI tract possible. Urine culture and sensitivity, coagulation panel, and 25-gauge FNA of the left kidney and spleen recommended. Plasma expanders warranted. Prognosis is extremely guarded.





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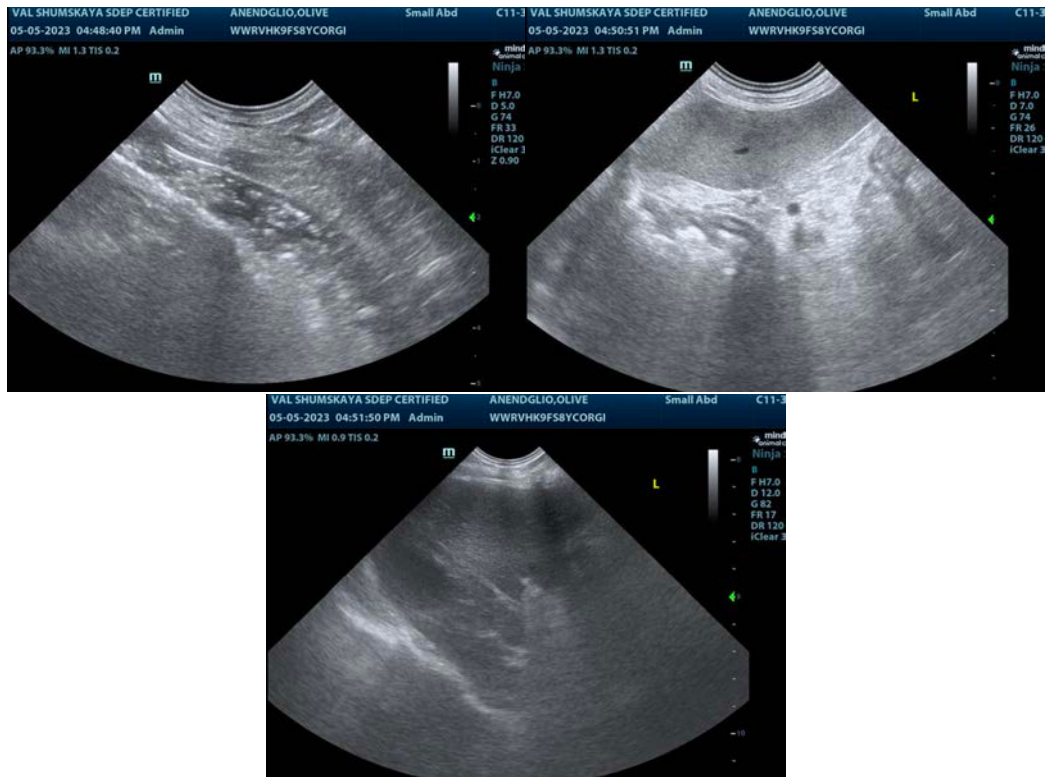
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com