



**PATIENT PRESENTING CLINICAL SIGNS**

Nelli Whetstone

Presented at our hospital for transfer from rdvm. Over weekend was lethargic, restless, painful, straining with defecation, decreased appetite. Potential for raisin ingestion within the last week.

**SPECIES**

Canine

Previous Health Concerns: hypothyroid, dental disease/fractures with extractions Current Medications/Supplements/OTC: thyroxine Q 24 hr; at rdvm today sedation for diagnostics (butorphanol, dexdomitor), approx. 3 pm given buprenorphine 1.1 ml iv, cerenia 3.5 ml iv, ampicillin 6 ml iv, was on iv fluids 200 ml/hr for approximately 2 hours

**BREED**

Lab

Abnormal PE/Chem/CBC/UA Results: Rdvm labs 6/27: 4 dx: negative lepto: negative chemistry BUN 41 H, creatinine 2.8 H cbc: wbc 16.78 H, neu 13.27 H, mono 1.86 H, mpv 14.3 H

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

7 Years

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**WEIGHT**

33.5 kg

The **kidneys** were significantly thickened, irregular, and swollen, with pyelectasia, loss of corticomedullary definition, and hydronephrosis of the left kidney with pericapsular fluid, retroperitoneal extension, and a significant amount of inflammation associated with both kidneys. The left kidney measured 10 cm. The right kidney measured 9.3 cm. This presentation is strongly consistent with a neoplastic process involving likely both kidneys. Round cell neoplasia or carcinoma. Ureteral dilation noted and envelopment by regional inflammation and omental adhesions.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were not visualized, likely encompassed in the inflammatory pattern.

**IMAGING PERFORMED BY**

Erin Wicks

**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.

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Law

**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.

**INVOICE**

43514

**DATE**

6/28/23

**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.



**PATIENT**

**Pancreas**

Nelli Whetstone

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Thickened irregular kidneys with significant inflammation

**BREED**

Lab

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

Ultrasound guided FNA of the left and right renal cortices recommended to assess cytology. If by chance these are not neoplastic, then aggressive medical management would be warranted with urine culture and sensitivity. Mild potential for severe bilateral pyelonephritis, yet the distortion of architecture meets neoplastic criteria. Ultrasound guided FNA is essential, 25-gauge recommended.

**AGE**

7 Years

**WEIGHT**

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**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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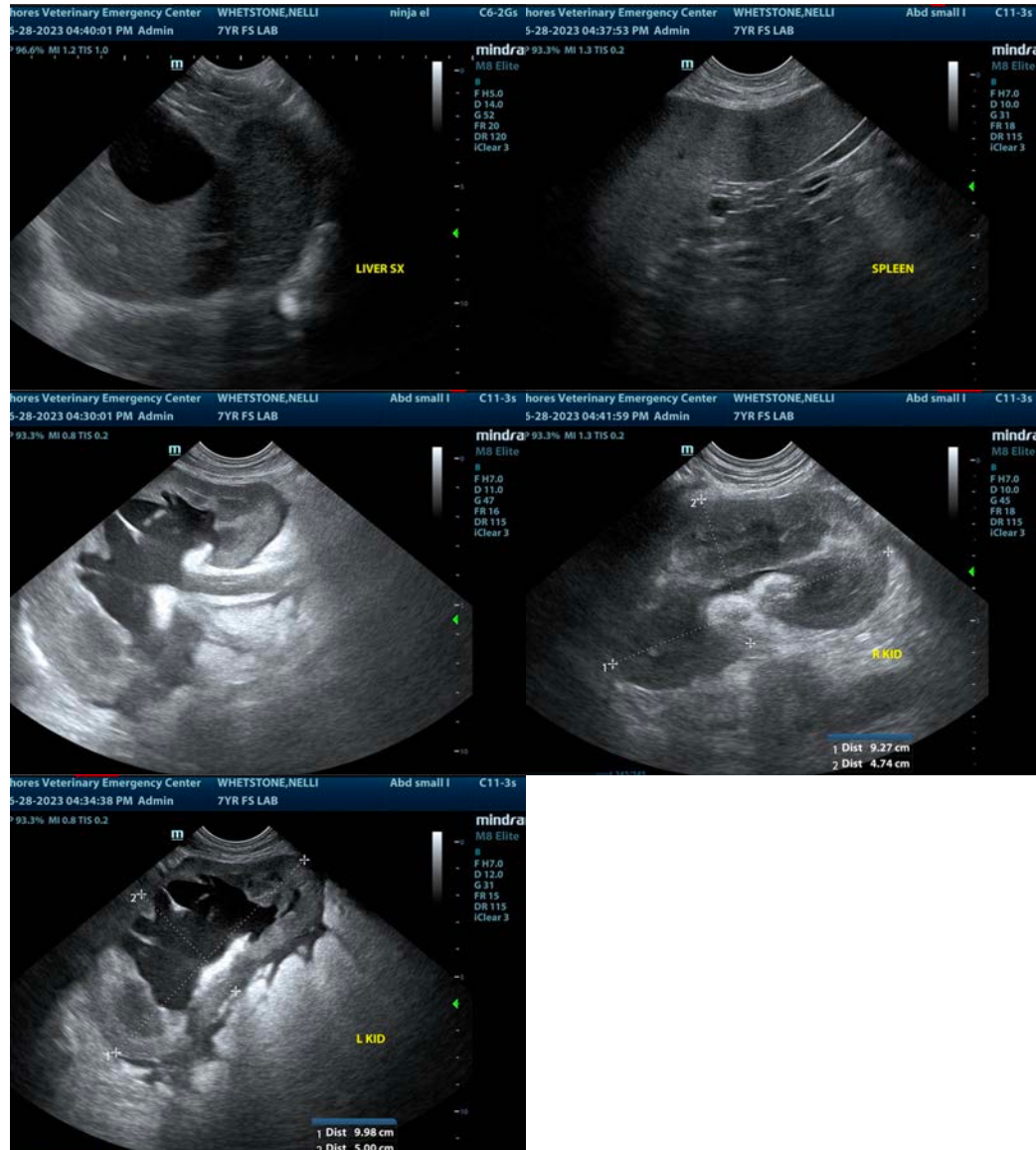
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**PATIENT**

Nelli Whetstone

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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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