



PATIENT

Kylie Noviello

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

12 years

WEIGHT

24 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

31436

DATE

7/3/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for sudden onset of lethargy and vomiting. K9s OD also has a “blister” Last Wed K9 got into a bag of treats but did fine, now today V+, lethargic, ADR, Panting. Previous Health Concerns: None Current Medications: None
Abnormal PE/Chem/CBC/UA Results: CPL abnormal Bloodwork: pCO2 27.2; vLIP 229; NEU 12.63; BAS 0.19; NEU% 85.6; LYM% 9.6 Rads: loss of serosal detail in the cranial abd, chest unremarkable

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 was noted. Ureteral papillae were normal.

The left **kidney** was swollen and irregular with thickened cortices with pericapsular inflammatory pattern. The left kidney measured 7.11 cm. The right kidney measured 7.06 cm. Retroperitoneal fluid was noted deriving from the renal insult.

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.

Spleen

The **spleen** was swollen, irregular and folded with subtle micronodular changes.

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed pyloric thickening. The small intestine and colon were unremarkable.

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.

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Free Abdomen

Reactive mesentery was noted throughout the midabdomen primarily around the kidneys.

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ULTRASONOGRAPHIC FINDINGS

Swollen, irregular kidneys, spleen, pylorus with hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for renal neoplasia versus acute renal insult. Coagulation panel and 25-gauge FNA of the renal cortex and spleen are recommended. Guarded prognosis depending on cytology results. If inflammatory cells are retrieved from the renal cortices then consider Leptospirosis or toxin exposure. However, round cell neoplasia is a strong potential.

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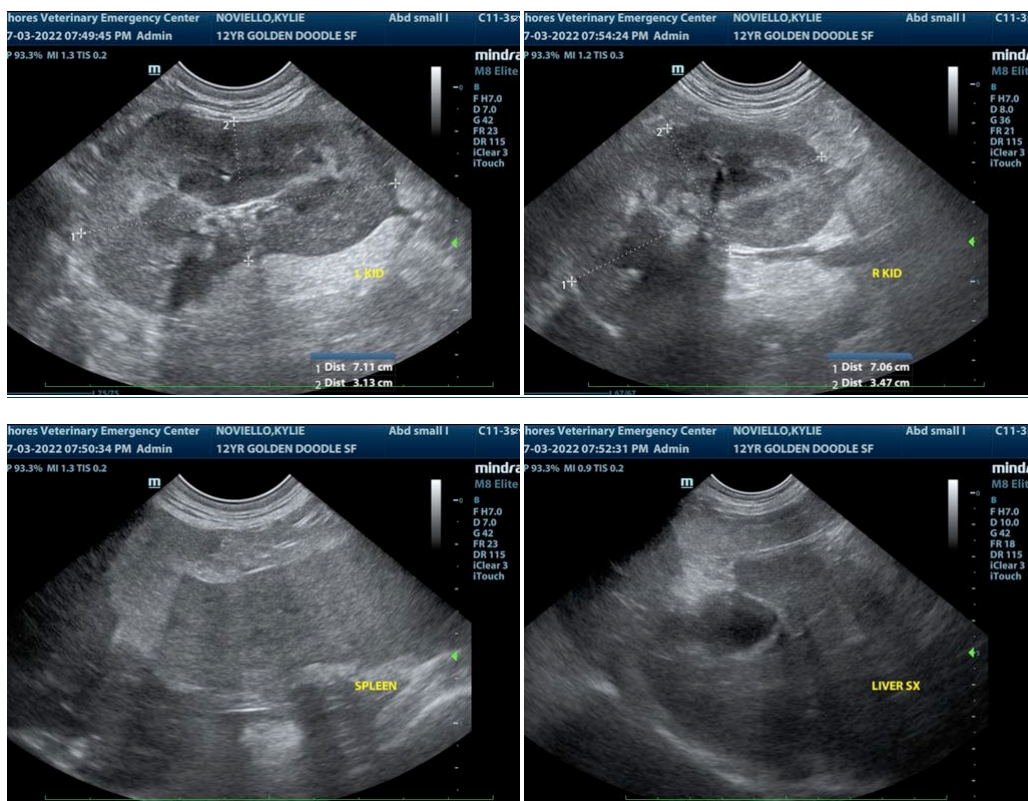
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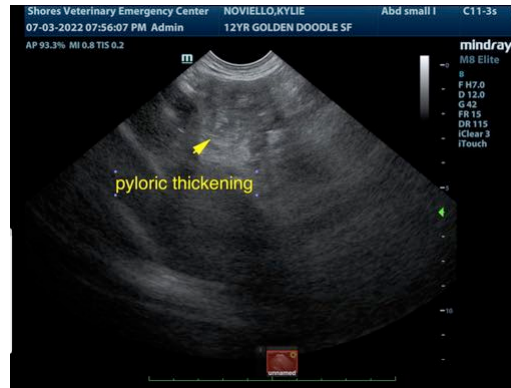
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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