



PATIENT PRESENTING CLINICAL SIGNS

Shadow Lyons Panting. Mass in abdomen. ALT 138, phos 2.1, calcium 11.9, BUN 12, creatinine 0.9.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

SEX Neutered male
The residual prostate measured 0.6 cm.

AGE 13 years
The **left kidney** a significantly parenchymal and cystic mass that is highly vascular. The left kidney measured 8.9 cm with a minor amount of retroperitoneal fluid was noted possibly owing to hemorrhage or leakage from the mass. The mass was significantly vascular on color flow and Power Doppler assessment. The right kidney revealed moderate degenerative changes with microcystic cortical changes with areas of remodeling and mineralization. Slight pyelectasia was noted. The right kidney measured 5.67 cm.

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HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Louer

INVOICE

91268

DATE

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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 2.16 x 0.74 cm. The left adrenal gland measured 2.02 x 0.51 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland does not appear to be involved with the renal 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



PATIENT

Gastrointestinal

Shadow Lyons

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.

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

13 years

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A mineralized lymph node was also enlarged caudal to the left renal artery and measured 2.0 cm and was moderately vascular. Further fluid accumulation was noted progressively during the sonogram. This is presumed to be likely hemorrhage or leakage from the left kidney.

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ULTRASONOGRAPHIC FINDINGS

Parenchymal cystic left renal mass.

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Progressive free fluid.

Mineralized lymph node.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend stabilization of the patient with exploratory surgery with left nephrectomy and lymph node removal. I suspect carcinoma or possible hemangiosarcoma. There was no evidence of metastatic disease. However, given the lymph node spread the prognosis long term is poor depending on if the pathology is chemoresponsive. Given the patient's history of panting it is possible that the patient has been bleeding periodically and reabsorbing given the nature of the mass and the presence of retroperitoneal free fluid.

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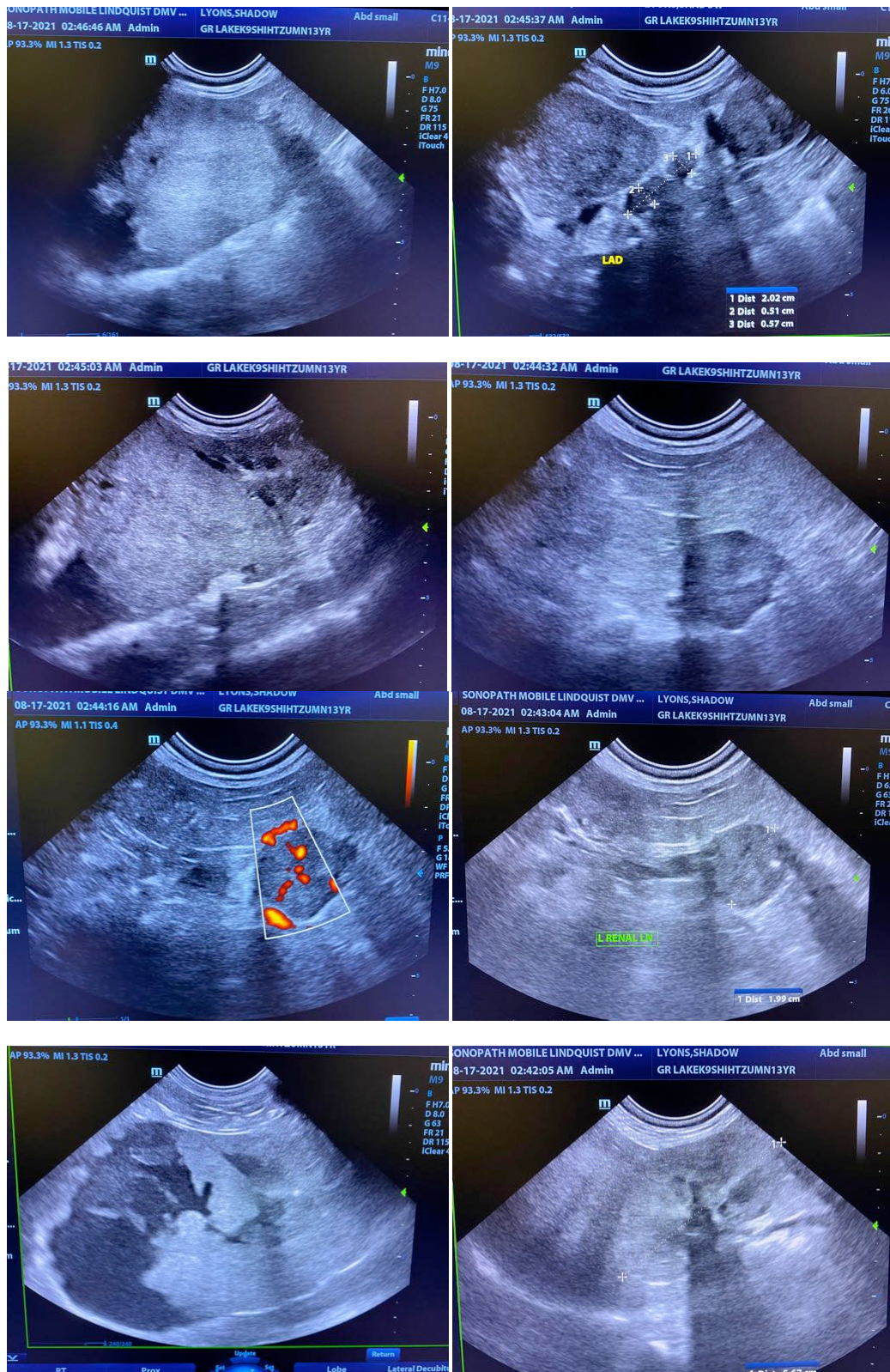
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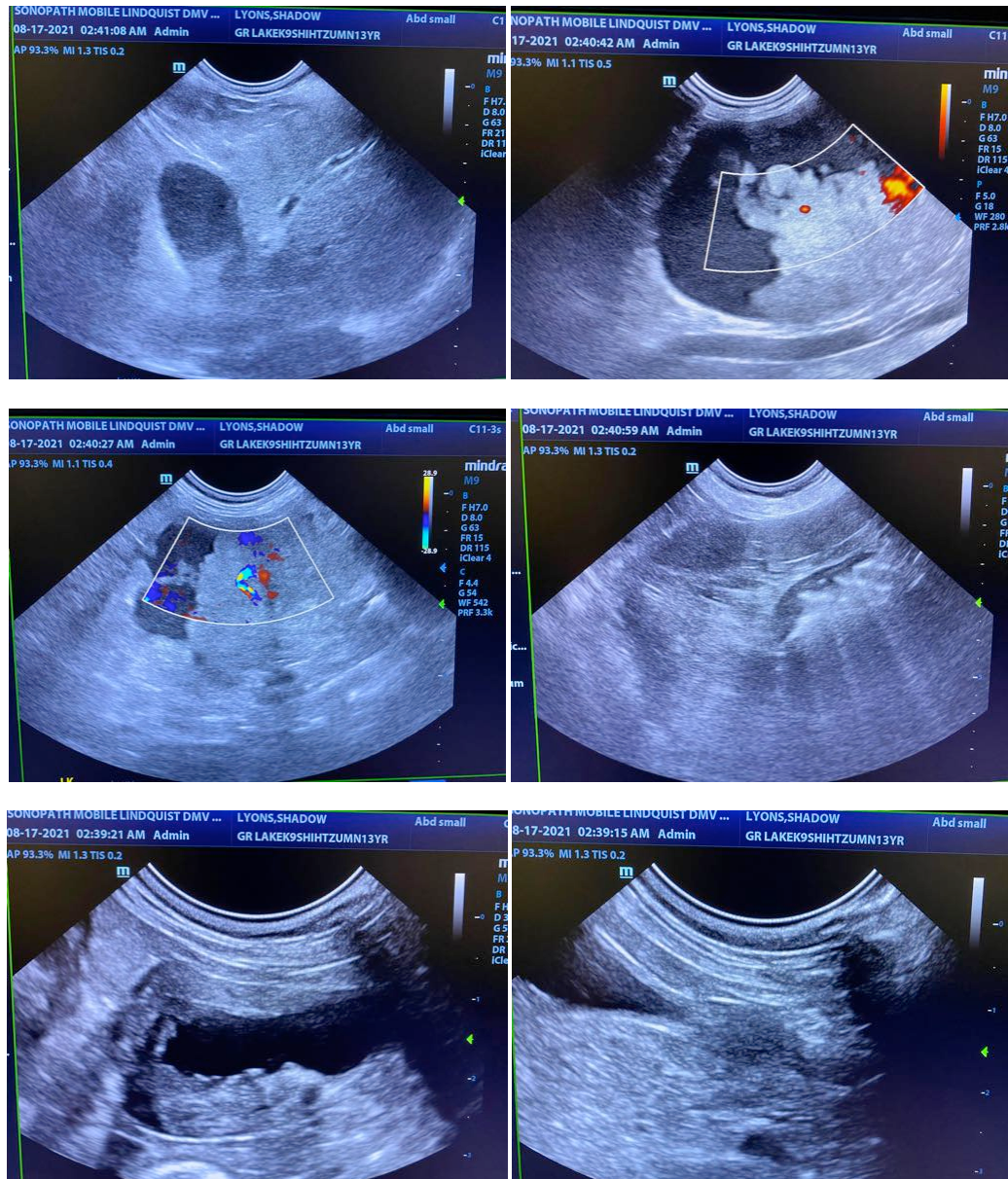
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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