



PATIENT

Roscoe Davis-Brown

SPECIES

Canine

BREED

Pug X

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

16745

DATE

8/7/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for getting up ~ 2am to go o/s, was out for ~ 5-10min which is longer than normal for pt. Came back inside and did not want to go to bed with O, was shaking/panting and seeming uncomfortable. O unsure if elims due to not being o/s with pt. Abdomen tense per O, also switched brands of dog food tonight Previous Health Concerns: Allergies Current Medications: Apoquel SID

Abnormal PE/Chem/CBC/UA Results: Abdominal: very very painful hard abdomen ; unable to evaluate Rads; large irregular area of decreased detail at left retroperitoneal area; mild hepatopathy; 2 stones in the bladder Blood work; mild increase alt 162 lactate 5.07 Cpl; neg Flex 4 : negative X 4 Witness lepto: negative Ua; rbc +++ protein + spgrav 1046 ph 6.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed two separate calculi, measuring up to 6.0 mm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** was swollen with pericapsular hyperechoic inflammatory pattern with pyelectasia and generalized enlargement, measuring 6.26 cm.

*Significant retroperitoneal heterogeneous parenchymal changes were noted associated with the left kidney, as well as a mass caudal to the left kidney. It is difficult to ascertain whether the mass is deriving from the kidney or the left adrenal gland. CT evaluation is indicated.

The **right kidney** measured 5.37 cm with normal size and contour. Slight pericapsular fluid accumulation was noted. The right kidney appears to be intact, yet fluid accumulation is noted in the retroperitoneal space.

Adrenal Glands

The **right adrenal gland** appeared unremarkable.

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



PATIENT

Roscoe Davis-Brown

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

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.

BREED

Pug X

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Mass associated with the left kidney or left adrenal gland and retroperitoneal space with regional fluid and heterogeneous omentum.
- Hydronephrotic right kidney
- Concurrent bladder calculus

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass may be deriving from the left adrenal gland, however, its completely undifferentiated and there is a significant amount of inflammation associated with the mass. The mass does not appear resectable. CT evaluation for further definition is recommended. FNA of the parenchymal portion of the mass could be considered. Prognosis is guarded to poor depending upon potential chemoreducible pathology.

WEIGHT

12.2 kg

* The mass is likely of left adrenal origin given the pattern and envelopment of the kidney and invasive nature entering into the sublumbar and retroperitoneal space.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

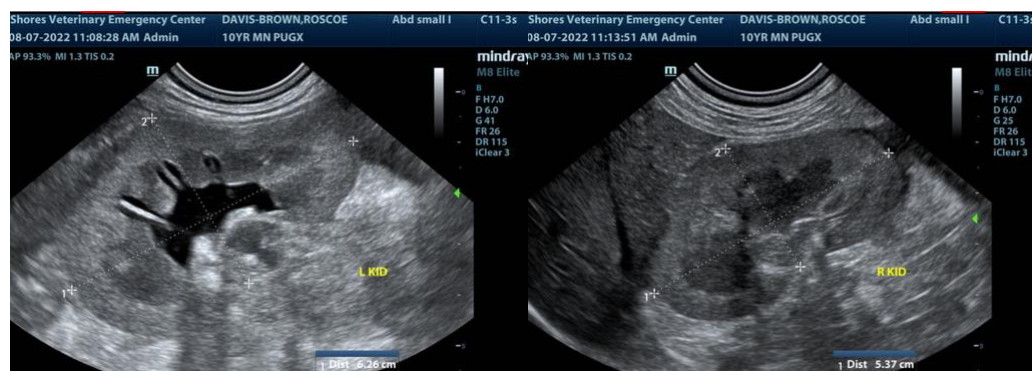
IMAGING PERFORMED BY

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

Erin Wicks

HOSPITAL NAME

Shores VEC



REFERRING VET

Dr. Slenbaker

INVOICE

16745

DATE

8/7/22



PATIENT

Roscoe Davis-Brown

SPECIES

Canine

BREED

Pug X

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

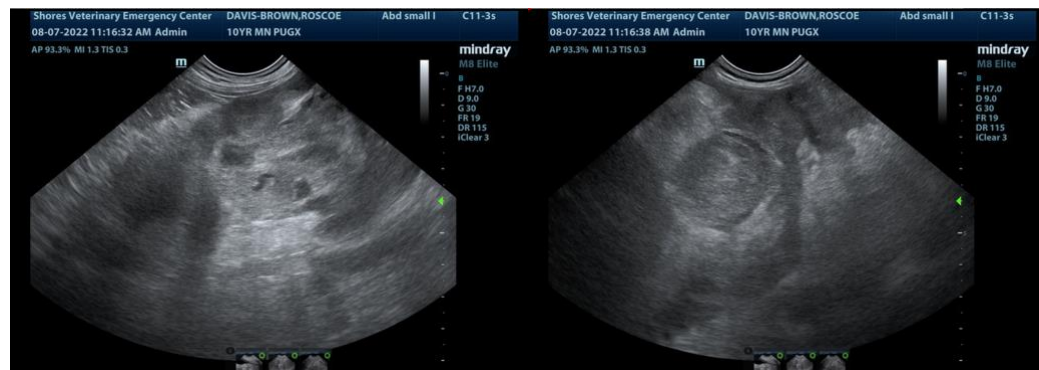
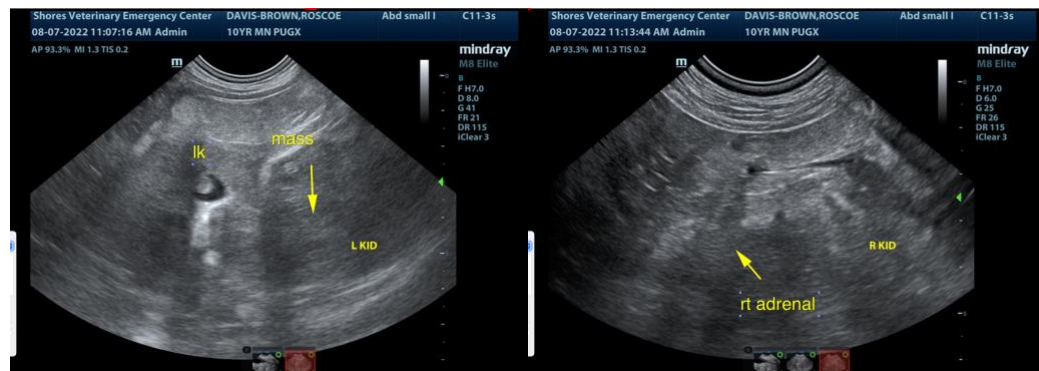
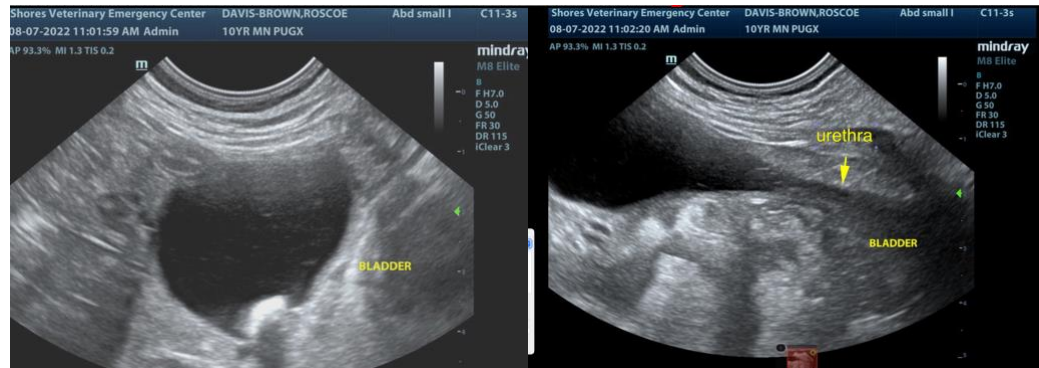
Dr. Slenbaker

INVOICE

16745

DATE

8/7/22



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.



PATIENT

Roscoe Davis-Brown

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.

SPECIES

Canine

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

BREED

Pug X

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

16745

DATE

8/7/22