



PATIENT

Klowie McNeely

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

13 years

WEIGHT

62.2 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Liberty AH

REFERRING VET

Dr. Paoletti

DATE

2/6/23

Invoice

42572

PRESENTING CLINICAL SIGNS

History: Arthritis hind end, anorexia

Abnormal PE/Chem/CBC/UA Results: in house u/s- suspect lesion in region of left kidney? Current Medications Mirtazapine and cerenia daily

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 **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney appears to be adequate to maintain metabolic need from a subjective standpoint. The right kidney measured 7.52 cm. The left kidney revealed multiple nodular masses and fluid filled cavity. The left kidney measured 7.5 cm in its entirety. The left kidney appears encapsulated; however, some pericapsular inflammatory pattern was noted. Power Doppler signals are present in the cortical nodules. A left cranial nodule or cyst was noted and measured 3.0 cm. This may be unrelated to the renal pathology or possibly a metastatic lesion; however, it appears to be isolated.

Adrenal Glands

The left **adrenal gland** had an enlarged caudal pole measuring 1.43 cm, 0.68 cm at the cranial pole and 3.12 cm in length.

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** 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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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ULTRASONOGRAPHIC FINDINGS

Left adrenal and left renal masses with cystic component/hydronephrotic left kidney.

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Left cranial liver nodule or cystic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Serial blood pressure measurements are recommended in this patient to assess for hypertension related to the underlying adrenal pathology. Differentials on the left adrenal gland include pheochromocytoma or adenocarcinoma, adenoma is possible. The left renal pathology is consistent with either extension from the left adrenal gland pathology, renal carcinoma or hemangiosarcoma. The differentials for the liver lesion include metastatic lesion, benign cyst or possible abscessation. Chest and CNS CT would be ideal in this patient to assess for metastatic disease as well as abdominal CT to assess for metastatic disease and potential surgical planning. The prognosis is guarded. Ultrasound-guided FNA of the liver lesion can be considered, but it does carry some risk given the depth of the lesion and cystic component. Full coagulation panel is recommended prior to sampling and/or surgical intervention.

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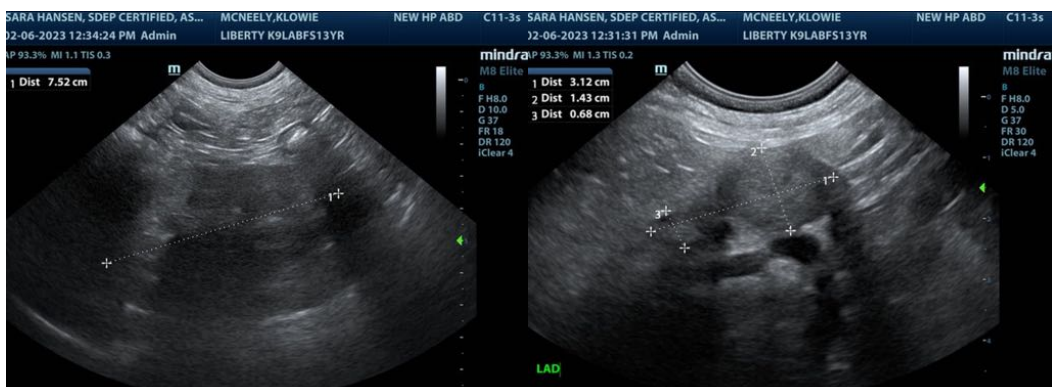
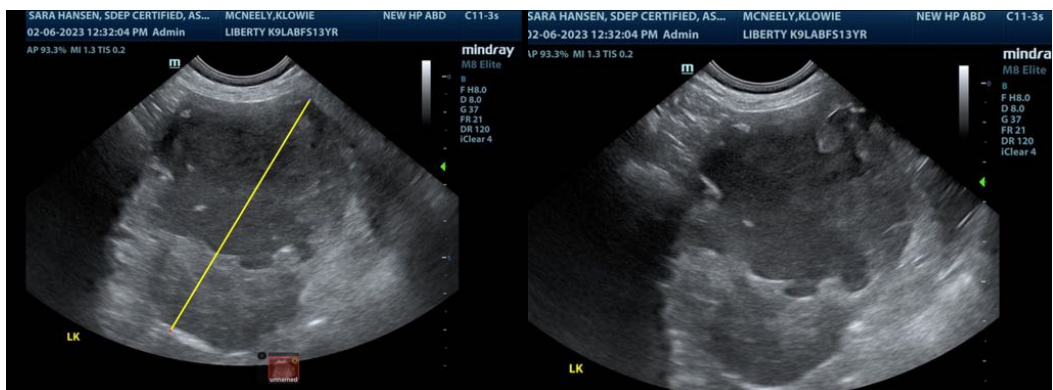
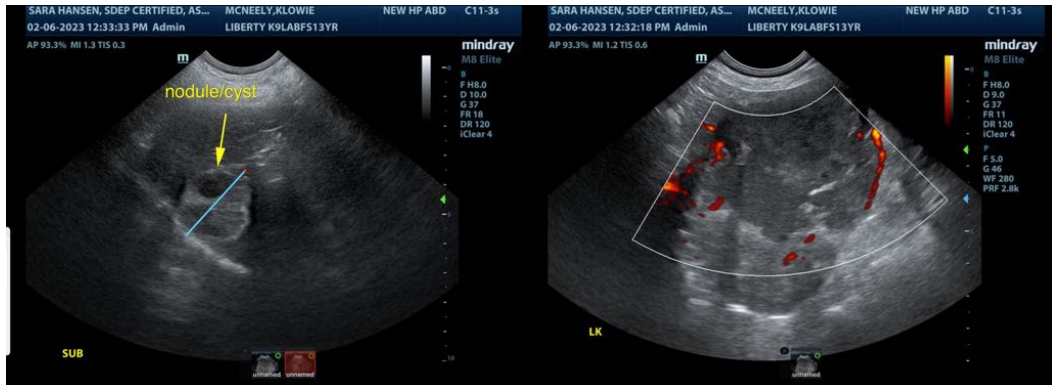
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Eric.Lindquist@SonoPath.com

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