



**PATIENT**

Abby Woods

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

16.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Reid VH

**REFERRING VET**

Dr. Yuen

**DATE**

8/26/21

**Invoice**  
91531

**PRESENTING CLINICAL SIGNS**

History: \*Two masses- both SQ- one on ventral thorax approx 1cm, soft, moveable, non-painful; another ventral abd, approx. 3 mm, firm, non-painful, moveable. \*Firm mid-abd. mass effect palpated- non-painful: Rec. radiograph- one lateral approved- large circular opacity mid-cranial abd  
Abnormal PE/Chem/CBC/UA Results: None

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.45 cm. The left kidney revealed severe hydronephrosis that measured 10 x 6.8 cm with echogenic debris. A minimal amount of pelvic architecture was remaining in the left kidney and measured approximately 2.0 x 1.0 cm with polypoid changes. The cause of hydronephrosis is unclear in this patient. There is no blood flow to the residual kidney architecture whatsoever.

**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 left adrenal gland measured 1.72 x 0.3 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland measured 1.66 x 0.38 cm at the cranial pole and 0.26 cm at the caudal pole.

**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



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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.

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**Gastrointestinal**

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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**

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**

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Complete, left-sided hydronephrotic kidney with unremarkable right kidney.

Minor, residual polypoid renal tissue.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pathology appears isolated. I recommend left nephrectomy in this patient. The residual tissue should be biopsied as there is a minor potential for underlying neoplasia. Three view chest radiographs are warranted to assess for metastatic disease. However, the chance of neoplasia of left kidney is minimal. Direct left nephrectomy is recommended. Culture of the hydronephrotic fluid is warranted to assess for concurrent infection. Blood pressure measurements are also indicated.

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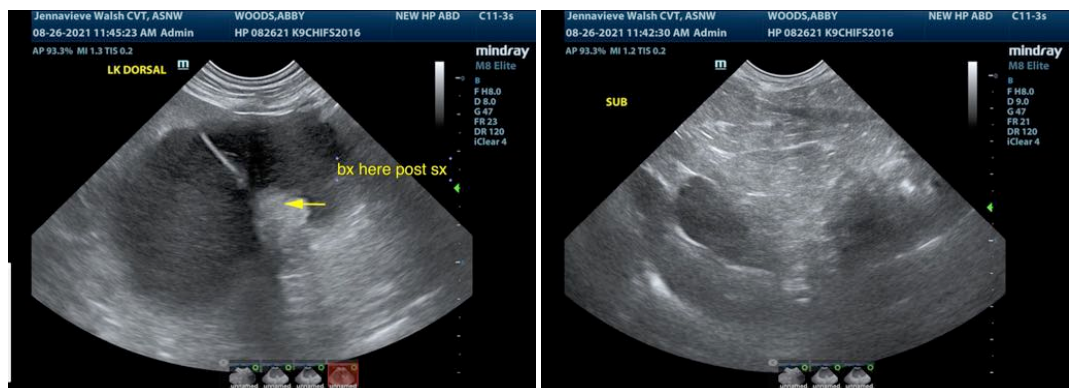
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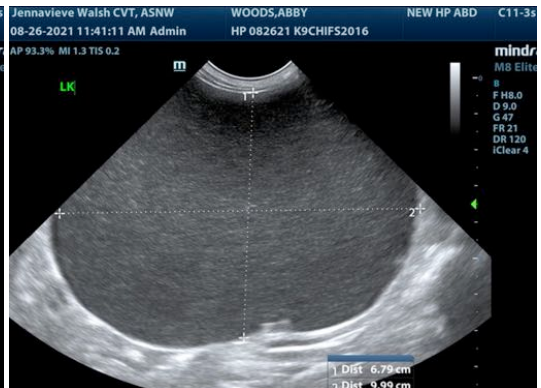
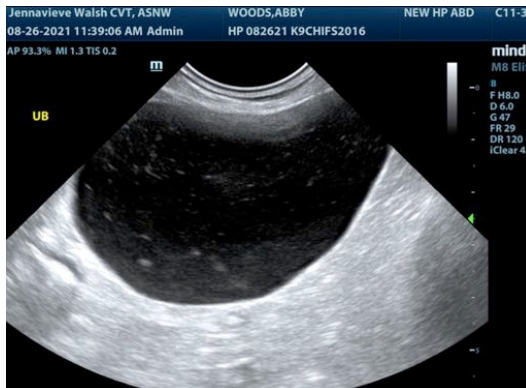
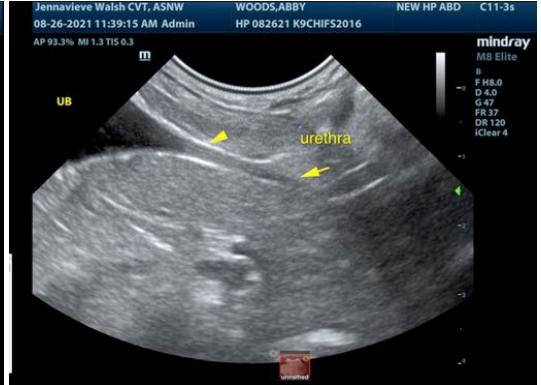
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

Chihuahua Mix

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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**Eric Lindquist, DMV, DABVP, Cert. IVUSS**

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com

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