



PATIENT

Luna Yeasted

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

18 Months

WEIGHT

25.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

13353

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for possible ingestion of trash 2 days ago, vomiting. Had chicken in it (packaging with dessicant pad), but unknown what actually eaten. Previous Health Concerns: none

Abnormal PE/Chem/CBC/UA Results: Abdominal: tense cranial abdomen and mid; no obvious foreign body appreciated; thin Radiographs: loss of detail typical of thin patient, gas in fundus, ST opacity in area of pylorus but no obvious foreign material, gas/fluid within colon, no plication of SI noted but possible mild bunching. Chemistry: BUN 53.4 H, Creat 2.5 L, Globulin 4.0 H, Cholesterol 375 H, Amylase 1938 H, Lipase 294 H CBC: WBC 18.29 H, PMN 16.46 H, stress leukogram EPOC: BUN 42 H, Creat 3.2, Sodium 152 H cPL: strong abnormal flex 4 (heart worm, lyme, Ehrlichia, Anaplasma) negative X 4 cortisol: 2.9 (1- 6) urinalysis: blood 2+ (50, hemolyzed), protein 3+ (300), glucose negative, pH 5.0, USG 1.014, leukocytes negative wbc 0-1/hpf, rbc none, casts none, epithelial cells 0-1/hpf, crystals none, bacteria none

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed thickened irregular cortices and disrupted pelvic architecture, strongly suggestive for primary renal dysplasia. Moderate echogenic cortical remodeling noted as well as cortical cysts. A cortical cyst on the left kidney measured up to 2 cm. The left kidney measured 5.27 cm. The right kidney measured 6.56 cm. Irregular vascular pattern noted in the left kidney.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident 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 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

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



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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

Boxer Mix

- Primary renal dysplasia pattern. Cortical cysts, irregular structure and secondary degenerative changes

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Renal biopsy necessary for further definition. Other causes of acute renal insult such as toxin or infectious exposure should be considered as well, however, renal biopsy recommended for further confirmation.

AGE

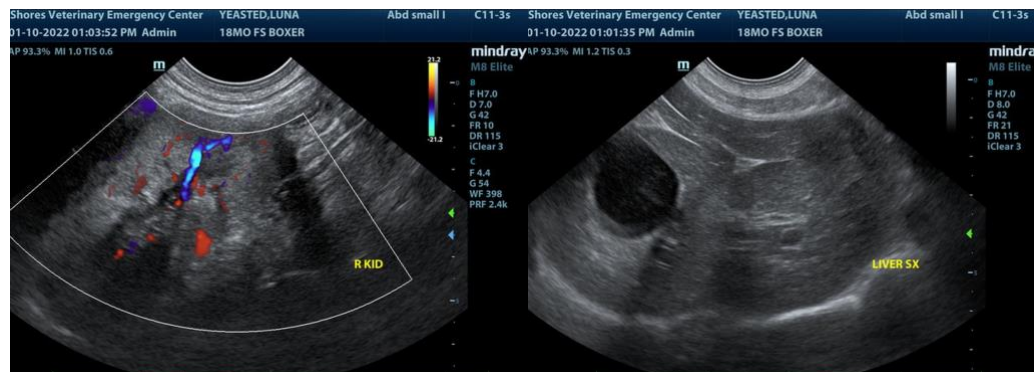
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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