



**PATIENT**

Daphne Tamzoke

**SPECIES**

Canine

**BREED**

Mini Poodle Mix

**SEX**

Spayed Female

**AGE**

2017

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Farview AC

**REFERRING VET**

Dr. Mosaad

**INVOICE**

34235

**DATE**

01/13/22

**PRESENTING CLINICAL SIGNS**

History: on/off V+/D+ for 1 month. Not eating/drinking well.

Last ate 7:30 last night, decent amount

Increased Kidney values

Radiographs: Unremarkable

Amylase 1501, BUN 86, Phos 8.9, Crea 3.4, Total Protein 8.8, Gob 6.4

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour. Slight pyelectasia noted in both kidneys. The left kidney measured 4.42 cm. The right kidney measured 4.57 cm.

**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 2.77 cm x 0.55 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 1.5 cm x 0.29 cm at the caudal pole and 0.32 cm at the cranial pole.

**Spleen**

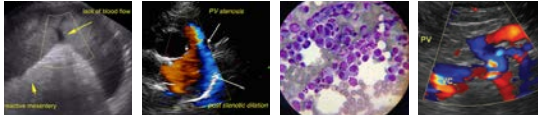
The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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 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.

**Free Abdomen**

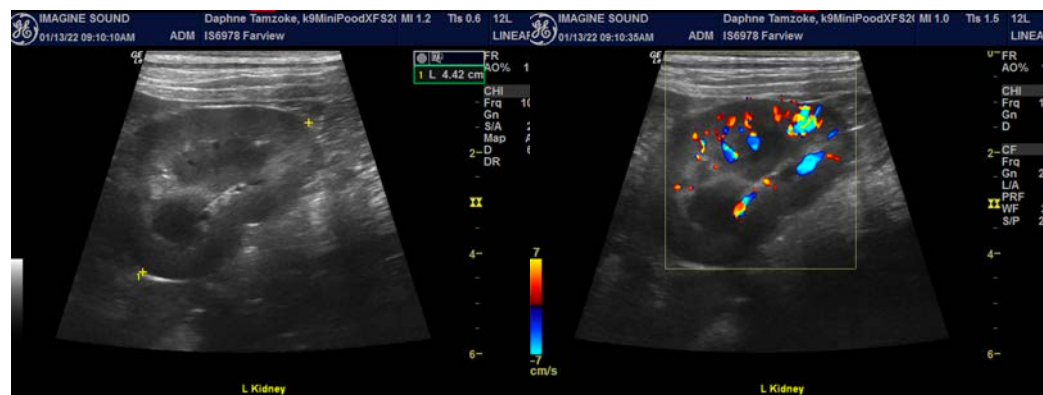
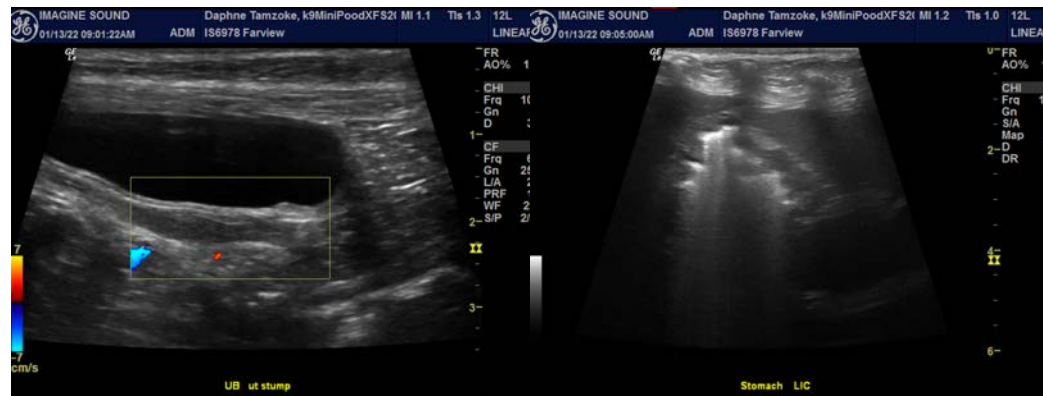
The uterine stump was slightly elongated, measuring 5.0 mm, approximately 2.0 cm from the cervix, empty, no evidence of inflammation.

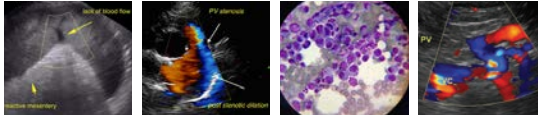
**ULTRASONOGRAPHIC FINDINGS**

- Slightly prominent uterine stump
- Structurally unremarkable kidneys with minor pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute insult suspected. Leptospirosis or toxin exposure, UTI all possible.





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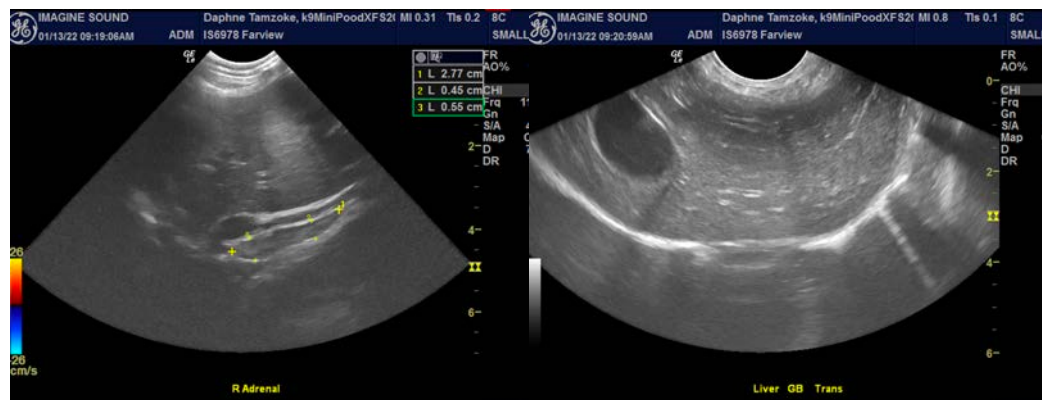
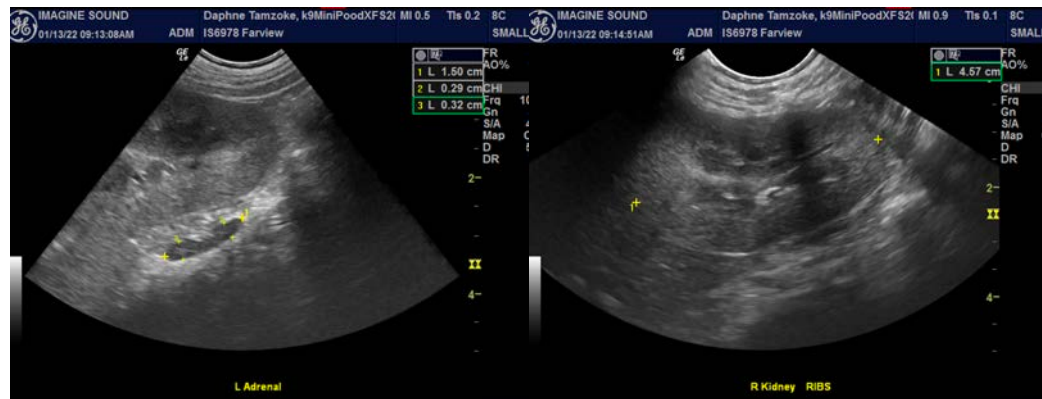
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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