



PATIENT

Max Turner

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Andrew Holmes

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Andrew Holmes

INVOICE

34985

DATE

1/21/22

PRESENTING CLINICAL SIGNS

Demeanour is dull and pale. Appears slightly dehydrated. Temp: 36.2, BG 6.4 nmol/L upon arrival at 2:30 pm Spleen removed in 2017
Abnormal PE/Chem/CBC/UA Results: mild elevated Creatinine 182 (44 - 159 µmol/L), Urea (BUN) 15.5 (2.5 - 9.6 mmol/L), hypercalcemia Calcium 3.00 (2.2 - 2.8 mmol/L), Sodium 155 (142 - 152 mmol/L)

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** were enlarged with diffuse polycystic cortical changes. Loss of corticomedullary definition and structure noted. The left kidney measured 6.7 cm each. Minor pyelectasia noted in the left kidney. The right kidney measured 5.0 cm. Multifocal corticomedullary calculi noted in the right kidney.

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 0.74 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

Spleen

The region of the **splenic fossa** was unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Minor excessive gas present. 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.

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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- End stage polycystic renal changes with calculi
- Geriatric abdomen otherwise, non-specific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol and reassessment of azotemia could be considered. However, the kidneys appear subjectively near end stage.

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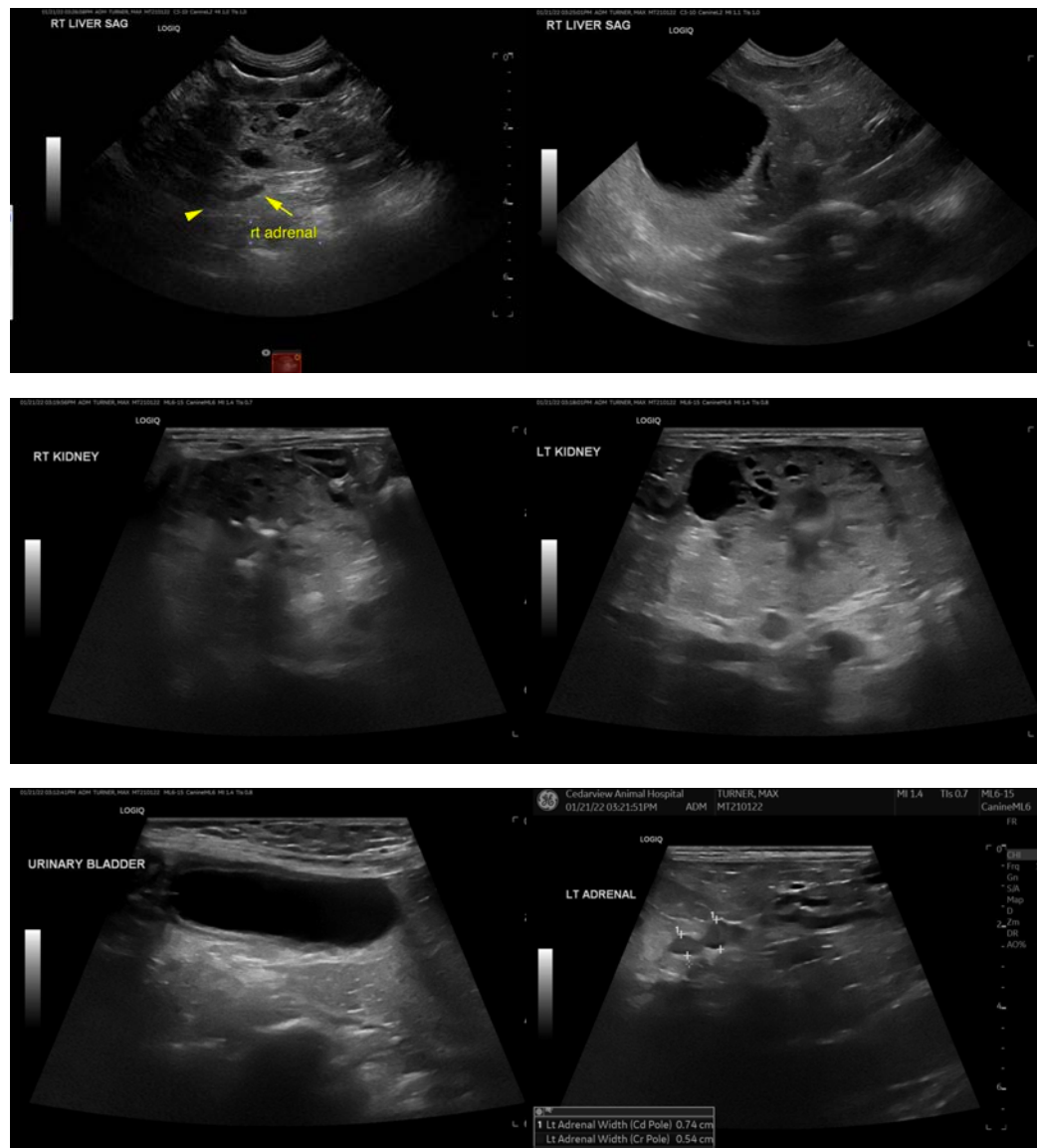
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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