

**DATE PRESENTING CLINICAL SIGNS**

1/22/26

Patient History: Patient presented for annual exam. Has history of elevated renal values. Recheck bloodwork showed improved renal values but worsening proteinuria and thrombocytopenia with elevated liver enzymes. BP was 150 mmHg at appt. On exam mature cataracts but pet is not visual, suspect Uveitis with IOP 8 mmHg OS, 14 mm OD with red sclera.

PATIENT

Allie Piotrowski

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

Current Medications: Diclofenac OU BID starting 1/12/26

Labwork Results: Labwork attached, reported as: Platelets 731 (120 - 412 K/ μ L) prev 531, IDEXX SDMA -18 (0 - 14 μ g/dL) prev 22, Creatinine - 0.5 (0.5 - 1.5 mg/dL) prev 0.8, BUN -9 (9 - 31 mg/dL) prev 35, Albumin 2.5 (2.7 - 3.9 g/dL), AST 66 (16 - 55 U/L), GGT 14 (0 - 13 U/L). Urine Protein: Creatinine Ratio 3.9 prev 1.4. Specific Gravity 1.023 (1.030 - 1.098), Crystals, 3+ CALCIUM OXALATE DIHYDRATE (21-50)/HPF,, AMORPHOUS PHOSPHATES PRESENT, Additional Crystals, 2+ AMMONIUM MG PHOSPHATE (6-20)/HPF

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

8/19/10

Urinary System

The **urinary bladder** revealed slight micropolypoid changes. Minimal amount of urine present at the time of the sonogram.

WEIGHT

2.9 lbs

The **kidneys** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical infarcts noted in both kidneys. Left kidney measures 2.72 cm with pinpoint mineralizations. Right kidney measured 3.1 cm.

INTERPRETED BYEric Lindquist, DMV,
DABVP, Cert. IVUSS**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. Left adrenal gland measured 1.3 cm x 0.37 cm. Right adrenal gland measured 1.24 cm x 0.41 cm at the cranial pole and 0.43 cm at the caudal pole.

HOSPITAL NAMEFullerton Animal
Hospital**REFERRING VET**

Dr. Unger

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.

INVOICE

72396

Liver

The **liver** presented a significant amount of echogenic and hypoechoic nodular remodeling with increased portal markings. Macronodular changes measured up to 1.4 cm. The gallbladder and common bile duct were unremarkable. No overt masses noted.

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.

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.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes.
- Significant hepatic remodeling, history of cholangiohepatitis likely.
- Slight micropolypoid urinary bladder changes.

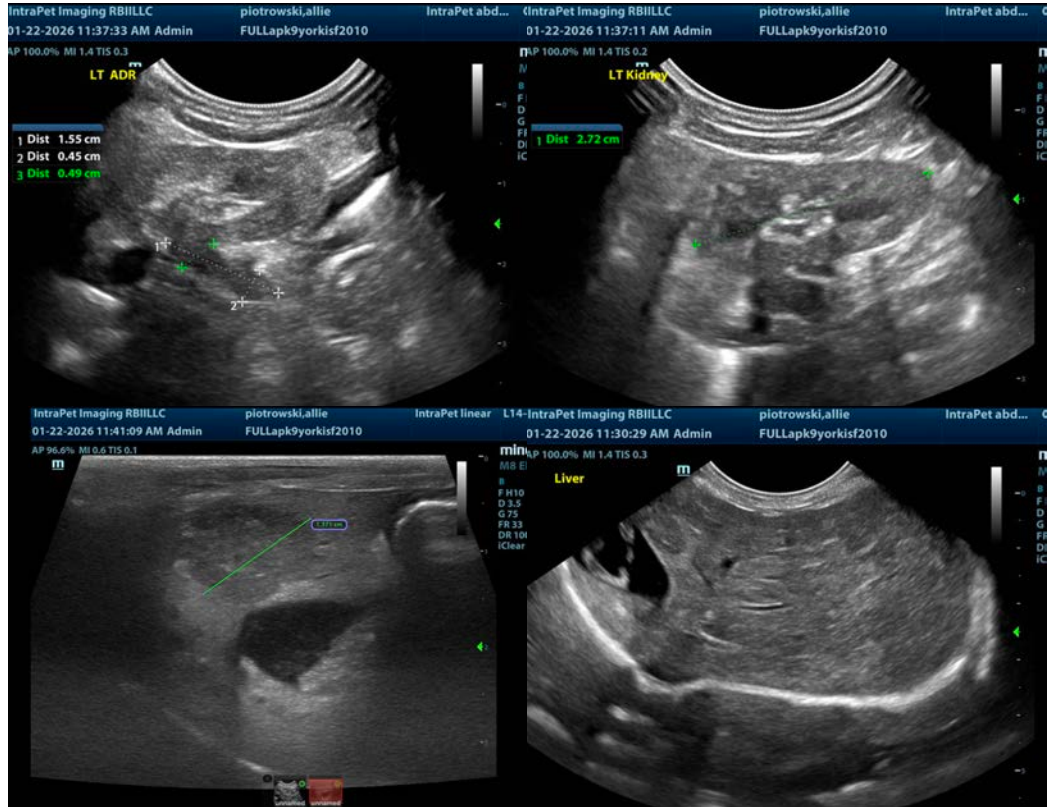
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally, I am most concerned about the kidneys and liver in this patient. Bile acid profile warranted given the level of hepatic remodeling noted. FNA of the liver could be considered for further definition. 72-hour IV fluid protocol warranted to correct the azotemia. Given the 3+ protein and isosthenuria, protein losing nephropathy is likely the cause of low albumin. Prognosis is guarded long-term.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](https://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com