



PATIENT

Finn Wilkenson

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

36 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Scott

INVOICE

33935

DATE

1/3/22

PRESENTING CLINICAL SIGNS

Decreased app for 2 weeks, eating chicken only
Abnormal PE/Chem/CBC/UA Results: SMDA 32, Creat 3.0, BUN 103, Phos 12.2, Alb 1.9, Glob 4.5, Total protein 6.4, USG 1.021, rare cocci, WBC 2-5, T4 1.3, Chronic positive lyme but no proteinuria in 2019. Recheck UPC on fresh sample and urine culture pending

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 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

The **kidneys** presented non-specific increased cortical echogenicity and thickness. Occasional cortical cyst noted in the left kidney. The left kidney measured 5.5 cm. The right kidney measured 6.0 cm without cortical cysts. Minor pyelectasia noted.

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 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 were noted.

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

The **stomach** presented polypoid mucosal changes with a minor amount of fluid accumulation, consistent with gastritis, likely uremia induced. The small intestine and colon were unremarkable.



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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

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- Non-specific glomerulonephritis pattern - protein losing nephropathy, possibly lyme or immune mediated or other infectious disease related.
- Concurrent uremic gastritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. Prognosis is extremely guarded. Blood pressure measurements, antibiotic treatment based on culture results, Doxycycline trial, ACE inhibitors all indicated.

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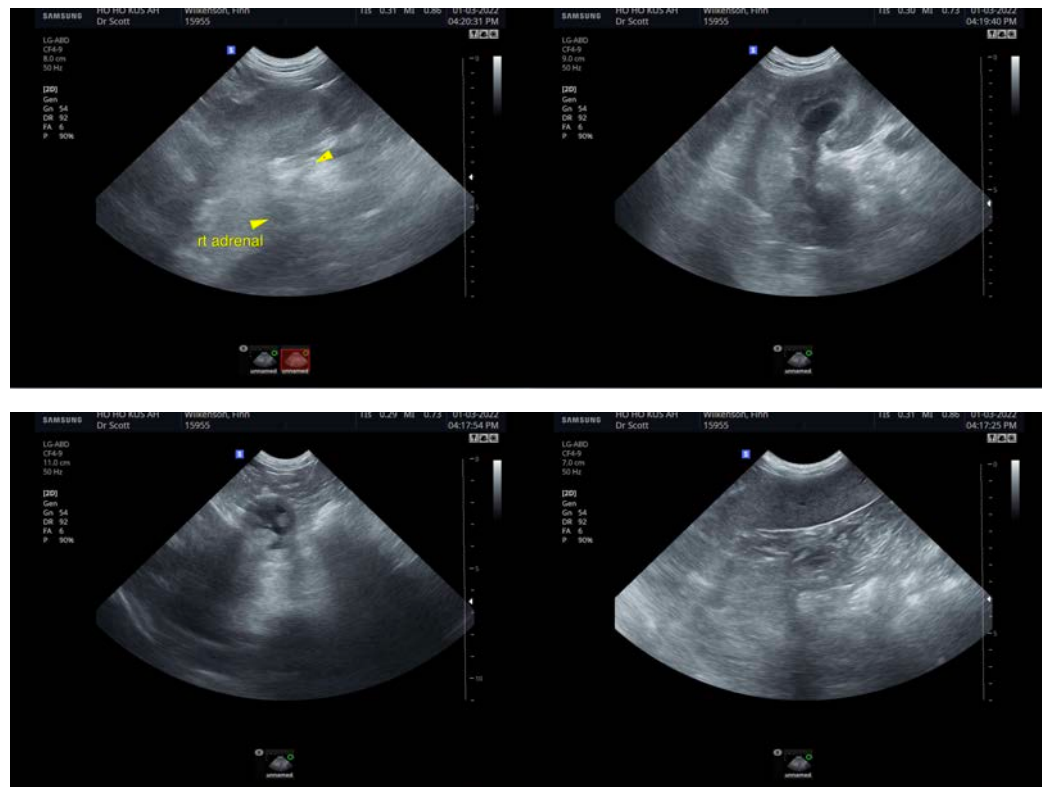
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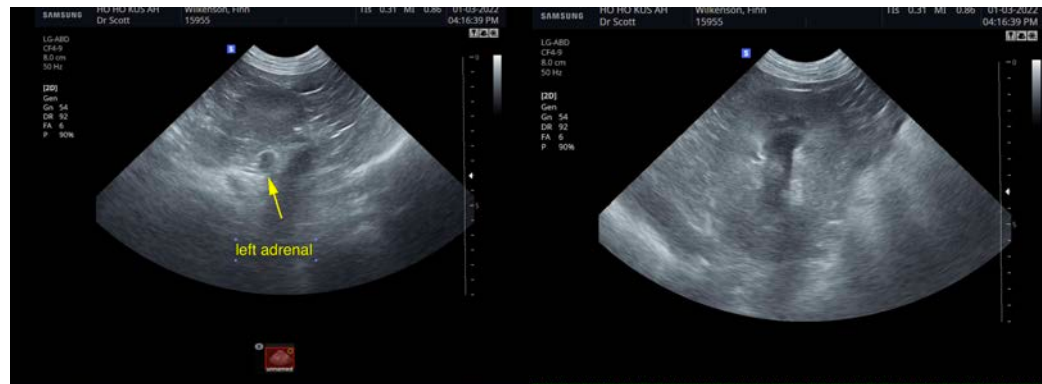
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com