



PATIENT

Madison Bolio

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

12 years

WEIGHT

51.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather M

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

42563

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: hx of pln, early CED, Uncontrolled hypertension, hypothyroidism, presented with lethargy, anorexia, vomiting, renal values severely elevated, on enalapril, amlodipine, telmisartan, thyroid tabs
Abnormal PE/Chem/CBC/UA Results: pO2 - 145 hi, O2sat - 99.2 hi, pcO2 - 22.8 lo, hcO3 11.9 lo, mtcO2 - 11.1, pH 7.325, be (ecf) negative 14.1 lo, k+ 5.5 hi, ca++ 0.84 lo, bun . 120 hi, crea 10.06 hi, hct 33 lo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed non-specific, increased cortical echogenicity. An anechoic cyst was noted and measured 1.0 cm. The kidneys were non-specific with increased cortical echogenicity. An anechoic cyst was noted and measured 1.0 cm at the dorsal cortex of the left kidney. The left kidney measured 6.4 cm. The right kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were mildly enlarged and irregular. The maximum width of the left adrenal gland was approximately 1.2 cm. The right adrenal gland measured 1.0 cm with irregular, mid gland. Further imaging under sedation would be ideal.

Spleen

The **spleen** in this patient was mildly enlarged with slight heterogenous parenchymal changes. The spleen was folded upon itself cranially and caudally.

Liver

The **liver** presented passive congestion pattern with a minor amount of ascites and edematous gallbladder. Dilated hepatic veins were present. This may be owing to over circulation if aggressive fluid therapy is being utilized. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



PATIENT

Pancreas

Madison Bolio

The **pancreas** was mildly edematous and hypoechoic compared to the surrounding fat with enhanced surrounding mesentery. Secondary pancreatitis or pancreatic edema is likely.

SPECIES

Canine

Heart

Rapid view of the heart revealed concentric hypertrophy likely owing to hypertension and trace pericardial effusion, yet this may be owing to over circulation.

BREED

Labrador Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Edematous gallbladder with passive congestion pattern.

Spayed female

Non-specific mild chronic renal changes. Acute on chronic renal failure, infectious, immune mediated or toxin exposure is all possible.

AGE

Secondary gastroenteritis and pancreatitis.

12 years

Concentric hypertrophy in the heart likely owing to hypertension and trace pericardial effusion, but may be due to over circulation.

WEIGHT

51.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Further imaging of the adrenal glands under sedation would be ideal. Urine catecholamine is warranted to assess if whether either gland could be justified as pheochromocytoma. Assessment of the fluid rate is recommended. This may be owing to aggressive fluid therapy. Leptospirosis should be considered. Chest radiographs are warranted to assess causes of passive congestion. The prognosis is very guarded depending on underlying cause and response to treatment for acute renal failure.

IMAGING PERFORMED BY

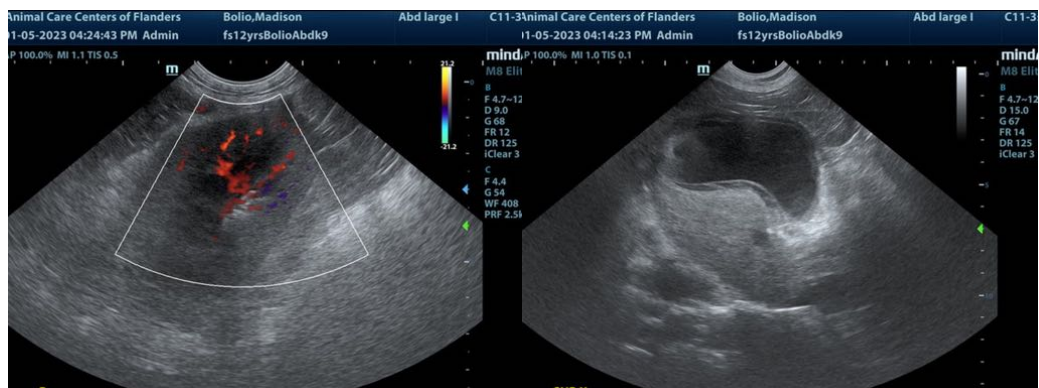
Heather M

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan



INVOICE

42563

DATE

1/5/23



PATIENT

Madison Bolio

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

12 years

WEIGHT

51.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather M

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

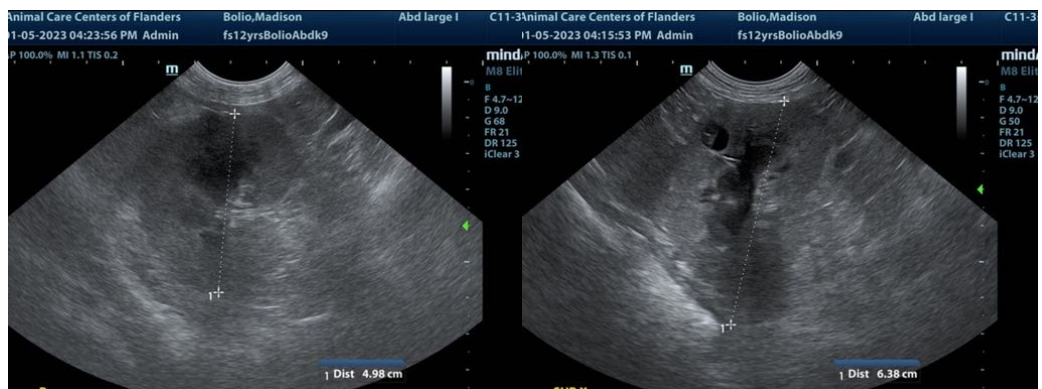
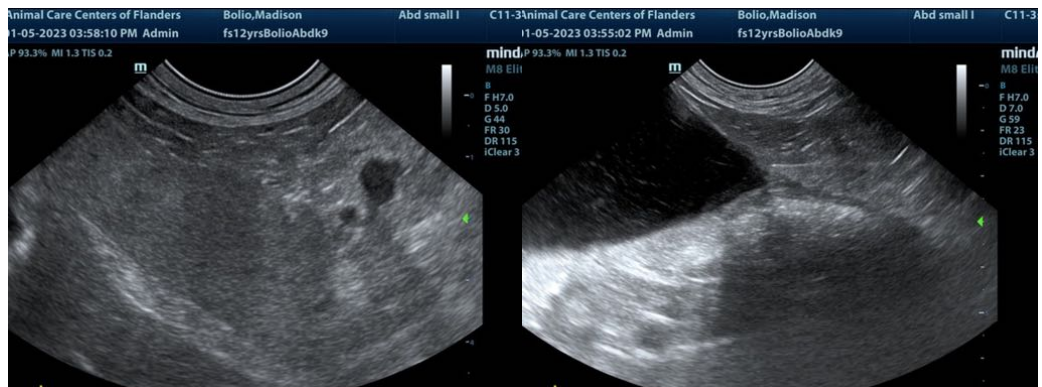
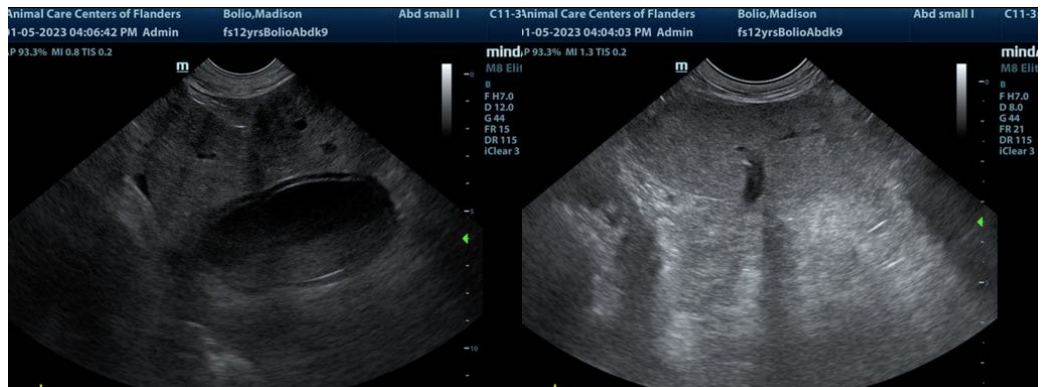
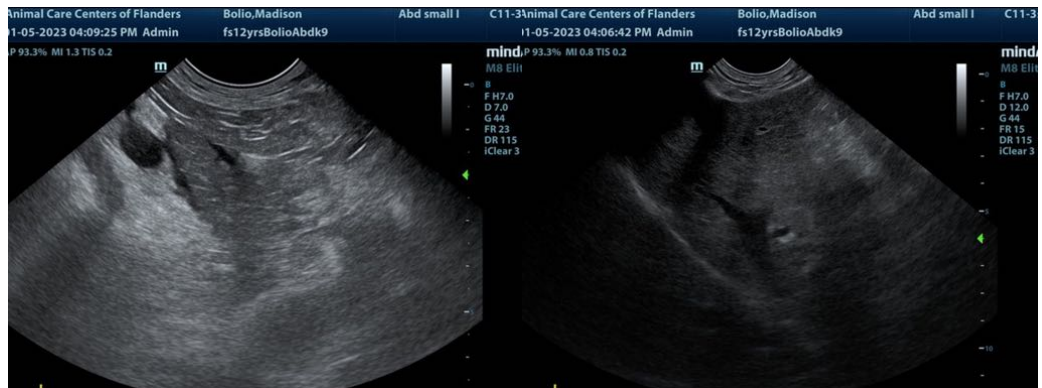
Dr. Hallihan

INVOICE

42563

DATE

1/5/23





PATIENT

Madison Bolio

SPECIES

Canine

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.

BREED

Labrador Mix

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.

SEX

Spayed female

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

AGE

12 years

WEIGHT

51.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Heather M

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

42563

DATE

1/5/23