

PATIENT

Jasper Winn

SPECIES

Canine

BREED

Saluki Mix

SEX

Neutered Male

AGE

8 Years 3 Months

WEIGHT

63

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Graham Sager-
Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Graham Sager-
Gellerman

INVOICE

20417

DATE

1/6/23

PRESENTING CLINICAL SIGNS

History: 8-year-old Saluki mix (male neutered) Historical waxing/waning high normal SDMA, BUN. First time SDMA/BUN/Creatinine all elevated together Historical waxing/waning hypoalbuminemia

Abnormal PE/Chem/CBC/UA Results: 9/17/22: CBC: wnl CHEM: SDMA 20, Creat 1.6, BUN 35, Albumin 2.5, remainder wnl Repeating lab work day of AUS

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured approximately 5.0 cm. The right kidney measured approximately 5.0 cm.

Adrenal Glands

The **right adrenal gland** was not visualized.

The **left adrenal gland** was 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 in width.

Spleen

The **spleen** was mildly enlarged, uniform. Cranial folding of the spleen was 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.

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged spleen with splenic fold
- Age-related renal changes
- Structurally unremarkable abdomen otherwise

BREED

Saluki Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

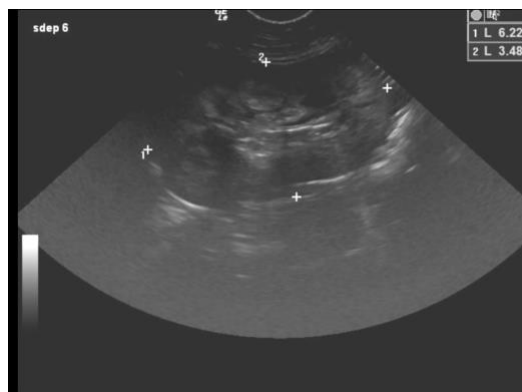
The kidneys presented nonspecific mild degenerative changes. Complicating factors, such as underlying Addisons disease or leptospirosis should be ruled out, especially given the low albumin. If no significant proteinuria is present, and Addisons is not playing a role, then protein losing enteropathy would be likely. However, structurally the abdomen is unremarkable.

SEX

Neutered Male

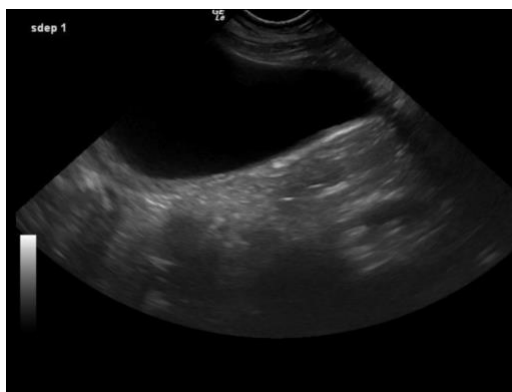
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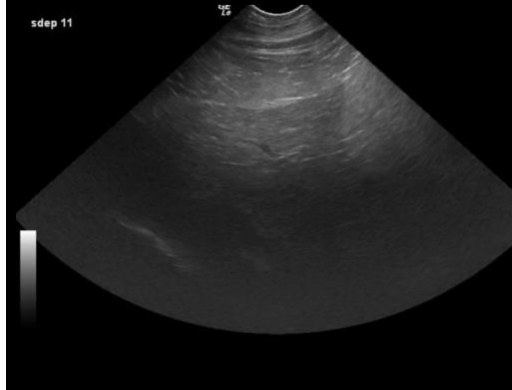
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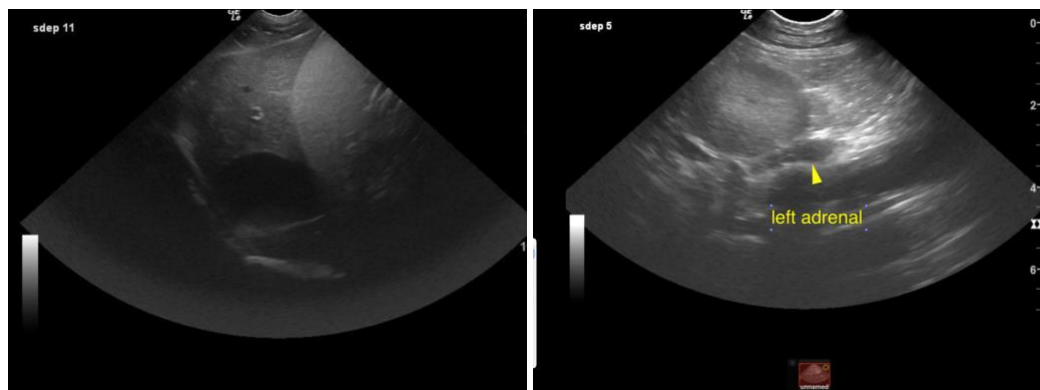
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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