



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Zoey Slutter

SPECIES
Canine

BREED
Yorkie X

SEX
Spayed Female

AGE
5 Years

WEIGHT
4.0 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Miller

INVOICE
26172

DATE
10/11/21

Presented at our for limping on the LFL. Dog sitter stated P was running up to her two days ago and suddenly stopped and held up the LFL. Since then, P will take a couple steps and “collapse.” States p wont eat at all and drinking excessively. Wont walk at all and vomited 3-4 times.
Abnormal PE/Chem/CBC/UA Results: Radiographs showed no obvious fractures or dislocations of LF leg EPOC – BUN (>120) Creat (5.9) Gluc (146) iCa (0.88) K (5.5) Na (139) Pre surg – BUN (>140) Creat (4.7) Gluc (152) Radiograph ABD – unremarkable

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 **kidneys** presented a chronic interstitial nephrosis pattern with corticomedullary mineralization and loss of corticomedullary definition. The left kidney measured 4.4 cm. The right kidney measured 4.68 cm with pyelectasia. Subjectively the kidneys appear near end stage. Polycystic cortical changes noted in the kidneys as well.

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 1.67 cm x 0.54 cm at the cranial pole and 0.55 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 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.



PATIENT

Pancreas

Zoey Duhovis

The **pancreas** presented minor heterogeneous parenchymal changes, possible concurrent low-grade inflammation.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

- Subjectively near end stage degenerative renal disease

BREED

Yorkie X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements, 72-hour IV fluid protocol, urine culture all indicated. Chronic Leptospirosis is a potential in this case as well as primary renal dysplasia. Renal biopsy would be necessary for further definition. Chronic toxin exposure should also be considered.

SEX

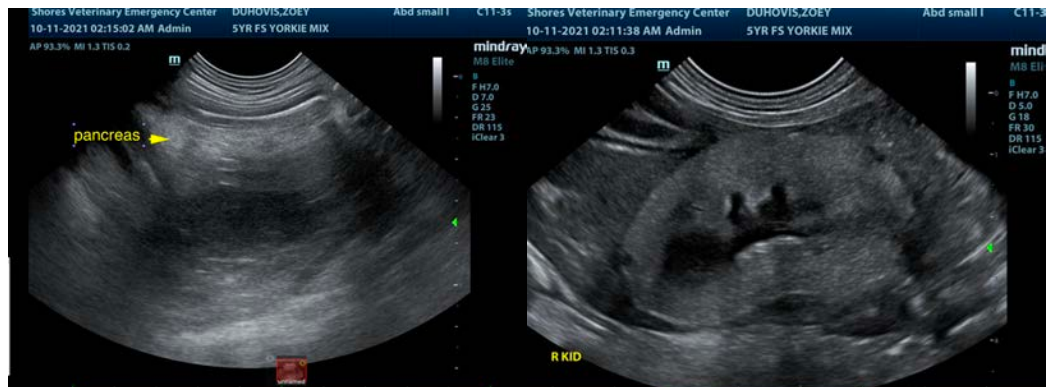
Spayed Female

AGE

5 Years

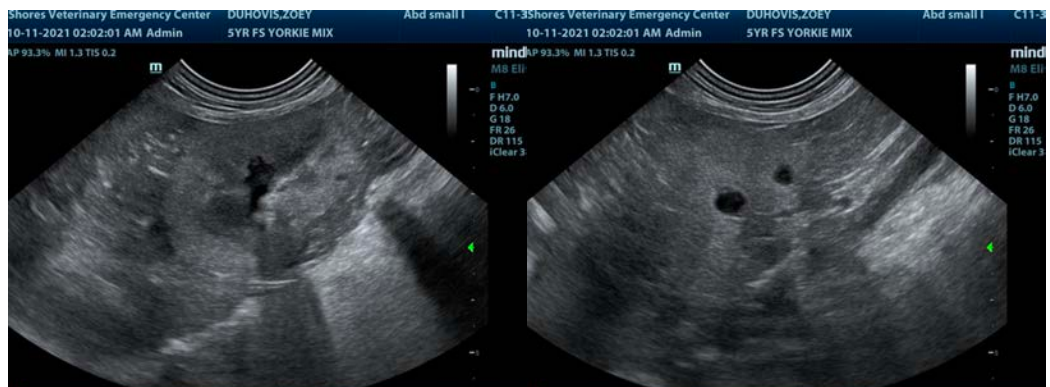
WEIGHT

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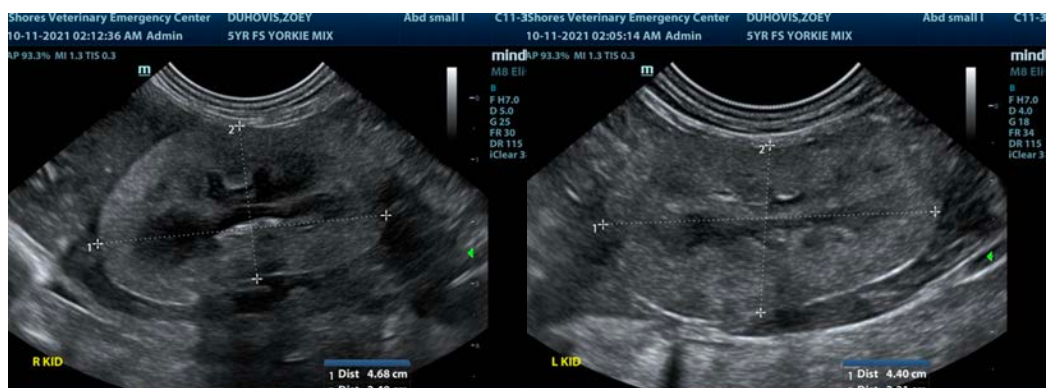


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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