



PATIENT

Rico Cavero

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

7 Years

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Byron Cabrera

HOSPITAL NAME

All Creatures Great &
Small, Denville

REFERRING VET

Ilija Mitrovic

INVOICE

17777

DATE

10/17/22

PRESENTING CLINICAL SIGNS

History: polydipsia, polyuria, somebody else found hematuria 2+, protein 1+, RBC 4-10 high, Abnormal PE/Chem/CBC/UA Results: specific gravity low (1.012) SDMA 17 (high)

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 3.0 cm beyond the cystourethral junction. The prostate measured 5.0 mm, normal regressed. Iliac trifurcation was unremarkable.

Slight pyelectasia was noted in the left **kidney**. Minor pyelectasia was noted in the right kidney. The left kidney measured 4.3 cm. The right kidney measured 5.3 cm. Slight pericapsular fat enhancement was noted around both kidneys, suggestive for inflammation. Nebulous corticomedullary definition was noted in both kidneys.

Adrenal Glands

The **left adrenal gland** was slightly swollen, imaged from the left and right side, uniform, measuring 0.68 cm at maximum width.

The region of the **right adrenal gland** was imaged and revealed no overt pathology.

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. The descending colon was unremarkable.

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

- Chronic pyelonephritis renal pattern
- Slightly swollen left adrenal gland
- Right adrenal gland not overtly visualized

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

I recommend urine culture and sensitivity and treatment for pyelonephritis over a 10–14-day period, if responsive then treatment for a full month is likely necessary. Cannot rule out Cushing's disease in this patient. If Cushing's is suspected, sedation and further imaging of the right adrenal gland is indicated +/- adrenal function testing. Blood pressures and renal parameters should be monitored carefully in this patient.

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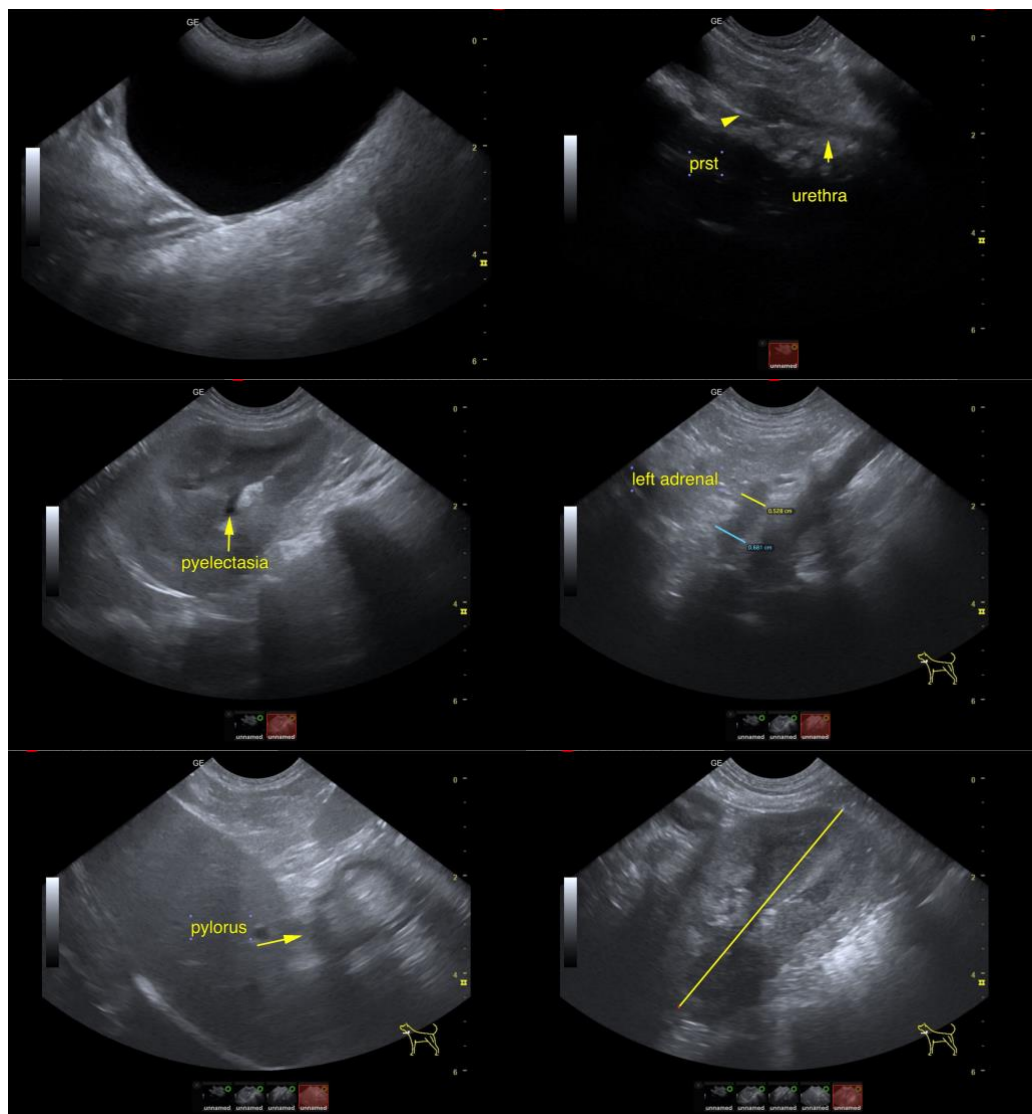
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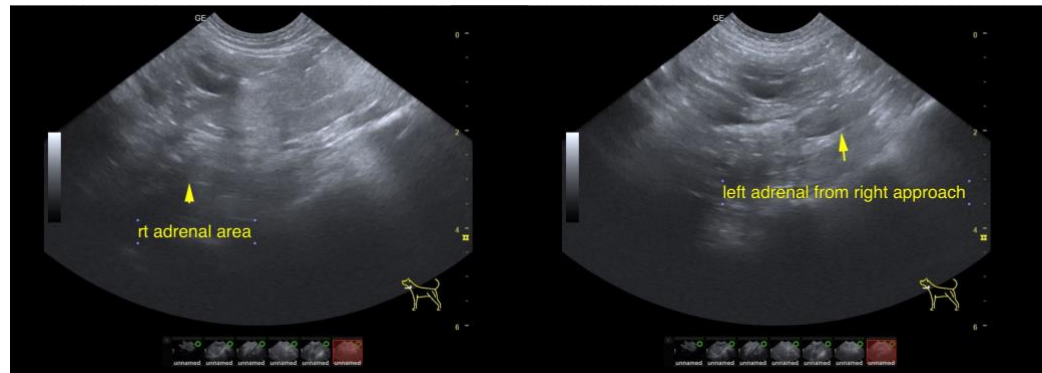
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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