



**PATIENT**

Maggie Luciano

**SPECIES**

Canine

**BREED**

Westhighland Terrier

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

14.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Curtis

**INVOICE**

92466

**DATE**

10/19/21

**PRESENTING CLINICAL SIGNS**

History: Lethargy, vomiting, diarrhea, renal disease. Current meds: Cerenia, Famotidine, Unasyn, Proviable.  
SDMA 36, BUN 34, creat. 2.1, Na 170.

**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 3.0 cm beyond the cystourethral junction. 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** presented thickened irregular contour, echogenic debris, cortical infarcts and regional pericapsular and retroperitoneal fluid. Slight pyelectasia was noted as well. The right kidney measured 4.82 cm. The left kidney measured 4.0 cm.

**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 right adrenal gland measured 1.49 x 0.5 cm at the caudal pole and 0.89 cm at the cranial pole. The left adrenal gland measured 1.28 x 0.39 cm at the caudal pole and 0.37 cm at the cranial 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 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.



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**Gastrointestinal**

Maggie Luciano

The **gastric** wall was edematous and hyperperistaltic with hypertrophied muscularis and echogenic prominent mucosa. The small intestine and colon were unremarkable.

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**Pancreas**

**BREED**

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.

Westhighland Terrier

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Bilateral acute on chronic renal changes with regional free fluid.

**AGE**

2 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

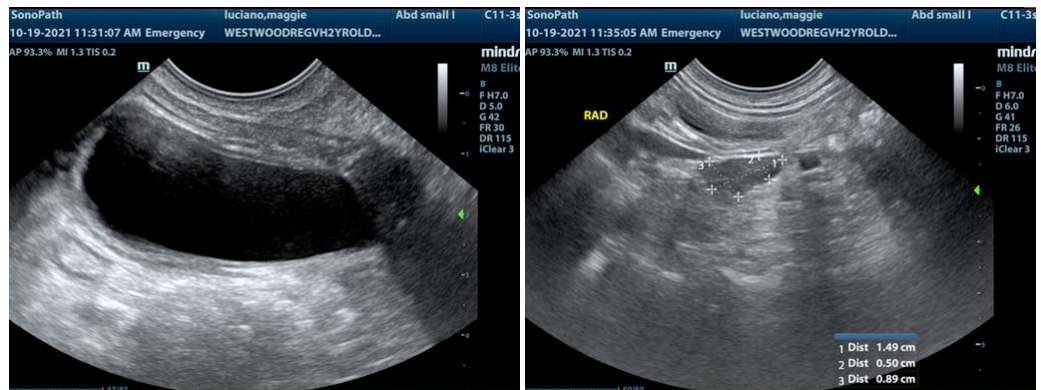
**WEIGHT**

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Leptospirosis titers are warranted. There is a potential of primary renal dysplasia with secondary toxic or infectious insult. Screening for infectious agent such as Leptospirosis, evaluation of history for toxin exposure such as acetaminophen or similar should be considered. Renal biopsy is necessary for further definition. However, the prognosis is very guarded to poor. Blood pressure measurements are warranted as well as urine culture and sensitivity, 72-hour IV fluid protocol and GI protectants.

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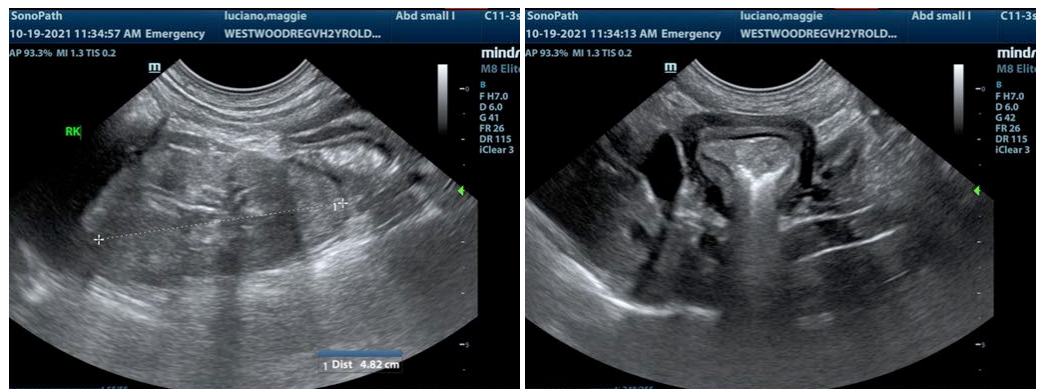
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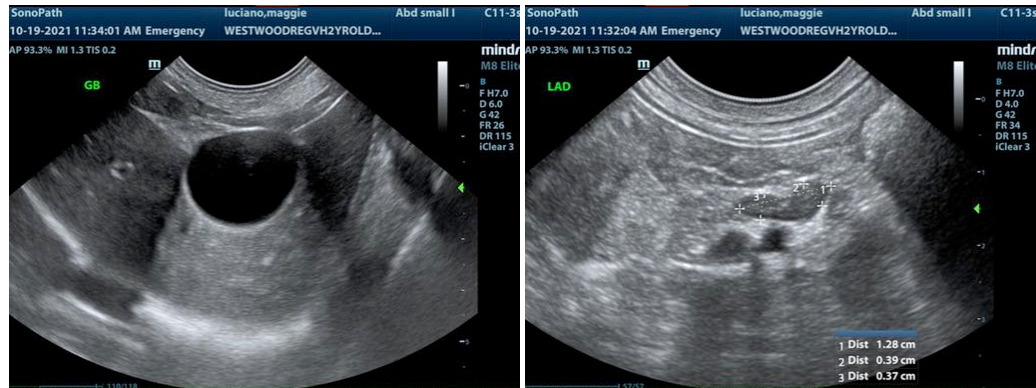
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

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info@SonoPath.com

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