



PATIENT

Jesse Kelley

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

13646

DATE

10/2/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for pancreatitis and kidney failure (dx at reg vet) Previous Health Concerns: none prior to diagnoses Appetite/When did they eat last: no appetite over past 3 days, only eating high value foods such as meat

Abnormal PE/Chem/CBC/UA Results: Painful on abdominal palpation. Rads: mild liver enlargement, empty intestinal tract, slightly prominent pylorus. Rdmv Bloodwork: SDMA 28; CREA 5.5; BUN 118; Phos 12.8; Ca 13.7; ALT 129; AST 21; ALP 178; CPL 1026; TT4 0.8; 4Dx Negative Rdmv UA: SG 1.016; blood 25; Leuk 500; WBC 17hpf; RBC 15hpf; bacteria present, 1-2 epithelial hpf;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a moderate amount of debris. Sand accumulation noted in the bladder, a grouping of which measured 1.0 cm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable. The residual prostate was uniform, measuring 5.0 mm.

The **left kidney** presented multifocal areas of mineralization and cortical cysts. Vascularity appeared to be adequate. Degenerative changes in the kidneys are considered moderate.

The **right kidney** was similar to the left with cortical cysts and mineralization as well as calculi and pyelectasia. Degenerative changes in the kidneys are considered moderate.

Adrenal Glands

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 0.6 cm.

The **right adrenal gland** revealed no evident 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** revealed a uniform vacuolar hepatopathy pattern with minor remodeling. The gallbladder revealed excessive debris. Concentric micropolypoid changes noted.

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

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The **pancreas** was heterogeneous with hypoechoic parenchymal changes.

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ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes, bilateral swelling, cortical cysts and pyelectasia
- Bladder sand
- Heterogenous pancreas
- Vacuolar hepatopathy with minor remodeling
- Gallbladder debris

SEX

Neutered Male

The patient may be passing sand or small calculi from the kidneys to the bladder contributing to the current renal failure along with infection and the chronic degenerative changes. I recommended managing the controllable issues such as UTI and any hypertension. 72-hour IV fluid protocol, blood pressures, leptospirosis titers, IV ampicillin and fluid support recommended. Antihypertensives recommended if systolic pressure is > 160. The kidneys presented moderate degenerative changes, however, do not appear subjectively end stage. Guarded prognosis.

AGE

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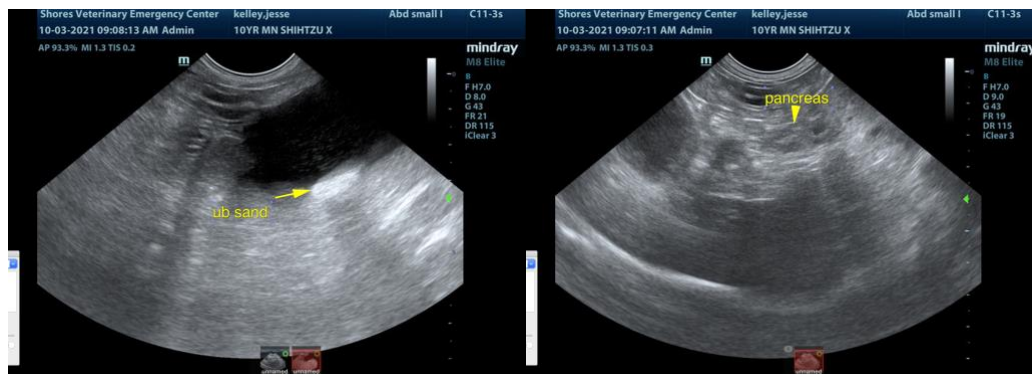
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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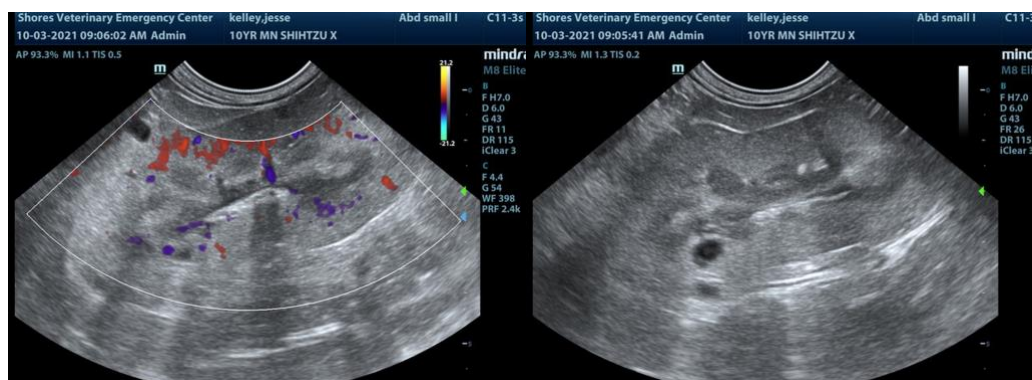
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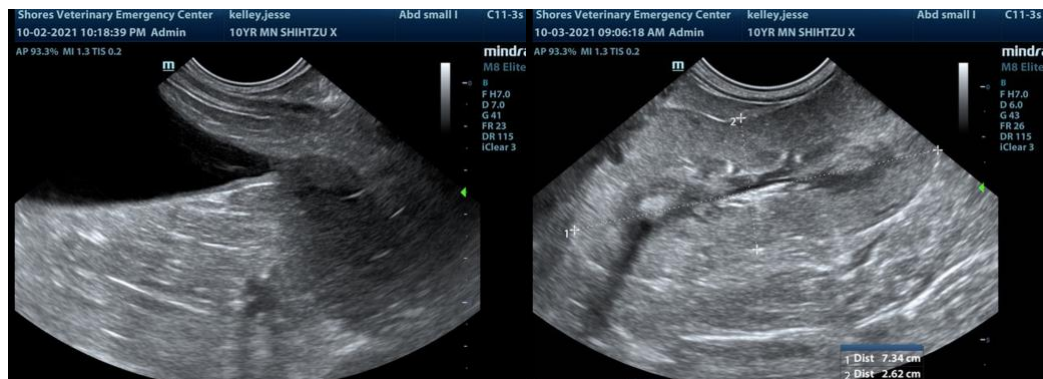
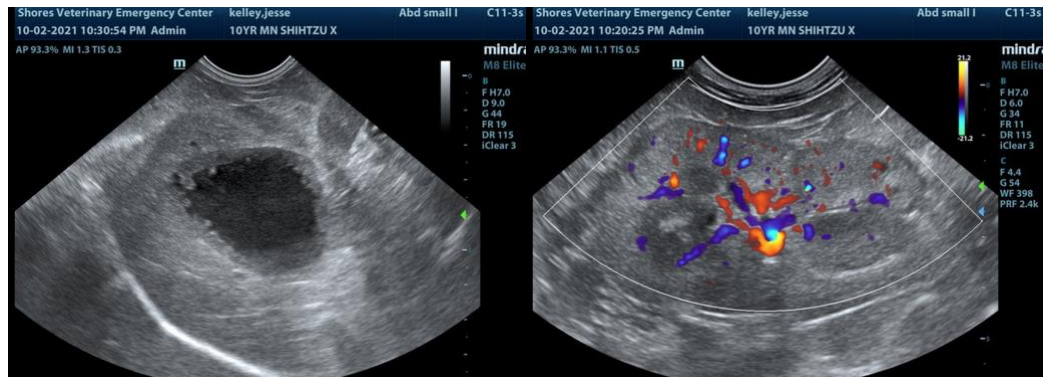
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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