



**PATIENT**

Layla Brendler

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

60 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Grau

**INVOICE**

39932

**DATE**

10/6/22

**PRESENTING CLINICAL SIGNS**

History: inappetence some V/D on Friday, nsf, treated symptomatically, no improve over weekend, hospitalized on Monday,  
Abnormal PE/Chem/CBC/UA Results: Friday exam NSF, Monday uremic breath, Creat>13, BUN>130, Phos >16, SDMA 83, electrolytes normal, ALT was 767, down to 578, no improve on azotemia with 48 hours of diuresis, U/A many RBC, few epithelials, protein only trace, weak Lyme + but UA not consistent with glomerular injury, leptu titers negative,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented concentric thickening with a mild amount of urine.

The **kidneys** revealed diffuse, hyperechoic, parenchymal changes. The corticomedullary definition and ratio were maintained. Pericapsular fluid accumulation was noted. The vascularity appeared normal.

**Adrenal Glands**

Both **adrenal glands** were not visualized.

**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. A duplicated gallbladder was noted in this patient. This is a non-pathological variant. The common bile duct was unremarkable.

**Gastrointestinal**

The **stomach** revealed hypertrophied wall with an empty lumen. This is consistent with uremic gastritis. The small intestines and colon were unremarkable. Reactive mesentery was noted around the stomach.



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**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**

**BREED**

Labrador

Acute on chronic renal insult. Strong suspicion for Leptospirosis or similar.

**SEX**

Spayed female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers, toxin exposure, GI protectants and treatment for acute renal failure is all indicated. Despite the benign UA if isosthenuria is present then sediment washout may be playing a role. Although Leptospirosis titers are negative, peracute infection is still a potential. Renal biopsy is necessary for further definition. The prognosis is guarded.

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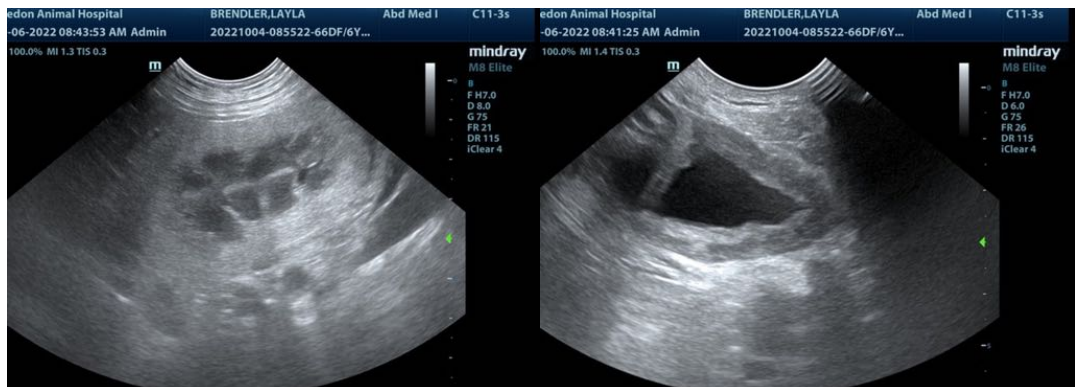
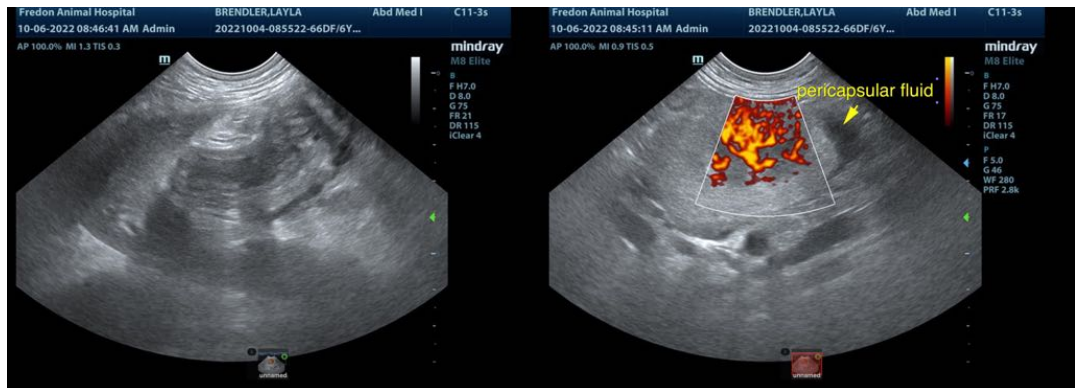
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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