



PATIENT

Winnie Parikh

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

2 years

WEIGHT

63.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jazmin Munoz-
Gonzalez

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Munoz-Gonzalez

INVOICE

68748

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: PC: Came in for AWE. Incidentally found azotemia (SDMA 18, creat 1.8), USG 1.020. UMIC neg. P potentially exposed to Lomustine (sibling undergoing chemotherapy).

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 was noted. Ureteral papillae were normal.

The **left kidney** revealed significant disruption of architecture with pyelectasia. Heterogenous, irregular renal cortex and loss of corticomedullary definition was noted in the left kidney. Micronodular cortical changes were noted. The left kidney was subnormal in size and measured 4.2 cm. Blood flow was subnormal on color flow assessment.

The **right kidney** was fairly normal in size measuring 6.0 cm. The right kidney revealed minor thickened cortices with minor increased cortical echogenicity. There was no evidence of pyelectasia noted. Blood flow to the right kidney appeared to be fairly normal.

Adrenal Glands

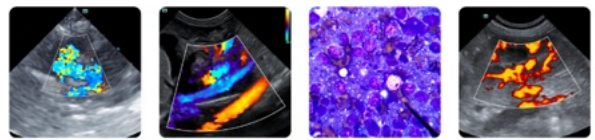
The left **adrenal gland** was flattened and isochoric measuring 0.4 cm. The right adrenal gland was flattened and measured 1.16 cm at the cranial pole and 0.7 cm at the caudal pole.

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 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

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.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

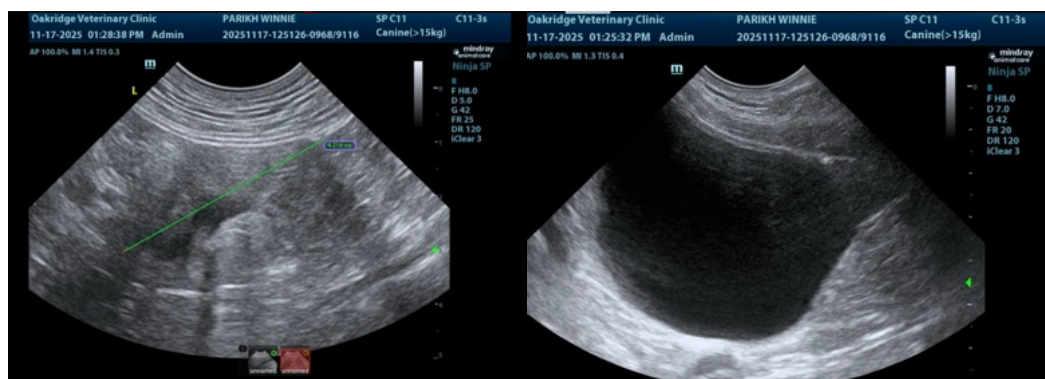
Degenerative left kidney with aspects of primary renal dysplasia and secondary degenerative changes.

Minor degenerative right renal changes.

Subjectively flattened adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is indicated to ensure that this is not an underlying issue in this patient given the unexplainable renal failure. Urine culture is recommended if inflammatory sediment is present. Blood pressure measurements are indicated. Renal biopsy would be necessary to distinguish primary renal dysplasia given the age and presentation. I am concerned for primary renal dysplasia primarily of the left kidney, yet the right kidney could have mild form. Toxin exposure and infectious agents are also possible; however, the degenerative changes of the left kidney are reminiscent of primary dysplasia, at least of the left kidney. Renal function is likely being derived from the right kidney in this patient.





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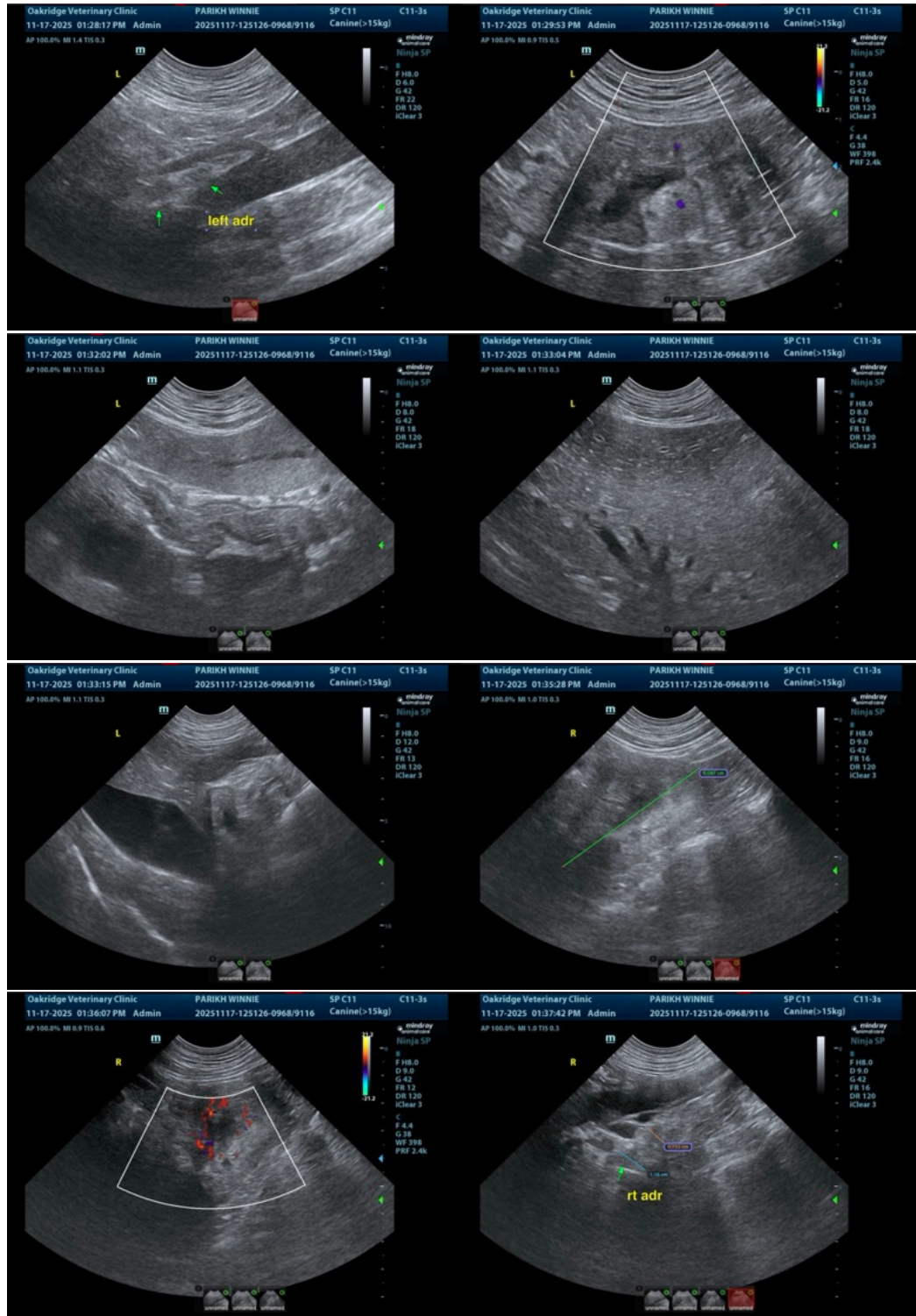
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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