



PATIENT

Willy O'Bryant

PRESENTING CLINICAL SIGNS

History: Elevated liver and Kidney values.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: TP 9.3, AST 84, ALT 183, ALK PHOS 702, GGTP 24, TOTAL BILI 0.6, BUN 57, CREAT 2.4, PHOS 6.3, CALCIUM 13.2, LDDS pending

BREED

Weimaraner

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.

SEX

Neutered Male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted in both kidneys. The right kidney revealed an infarct at the caudal pole. The right kidney measured 6.18 cm. The left kidney measured 6.62 cm with cortical collapse and infarcts. A renal cyst was noted in the left kidney.

AGE

12 Years

WEIGHT

Neutered Male

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 left adrenal gland measured 2.13 x 0.56 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged, uniform and folded upon itself cranially.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

Liver

The **liver** revealed multi-focal, hyperechoic nodules. This is consistent with lipogranulomas and mild coarse architecture and increased portal markings. 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.

REFERRING VET

Dr. Martens

INVOICE

94160

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.

DATE

11/29/21



PATIENT

Pancreas

Willy O'Bryant

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Weimaraner

- Renal infarcts and pyelectasia.
- Subacute on chronic nephritis pattern.
- Subjectively benign hepatopathy with lipogranulomatous changes.
- Mild hypersplenism.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for urinary tract infection/pyelonephritis is warranted. 72 hour IV fluid protocol, urine culture and blood pressure measurements are recommended. FNA of the liver would be ideal for further definition. I am concerned for long term viability of the kidneys in this patient. Guarded prognosis.

AGE

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WEIGHT

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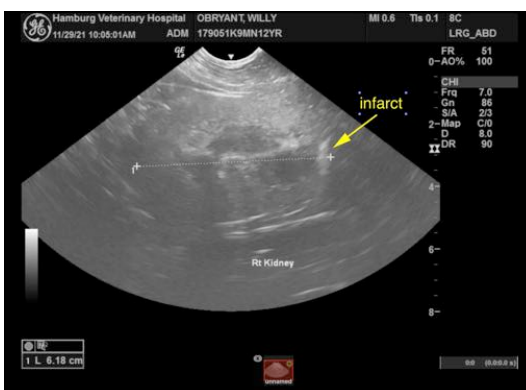
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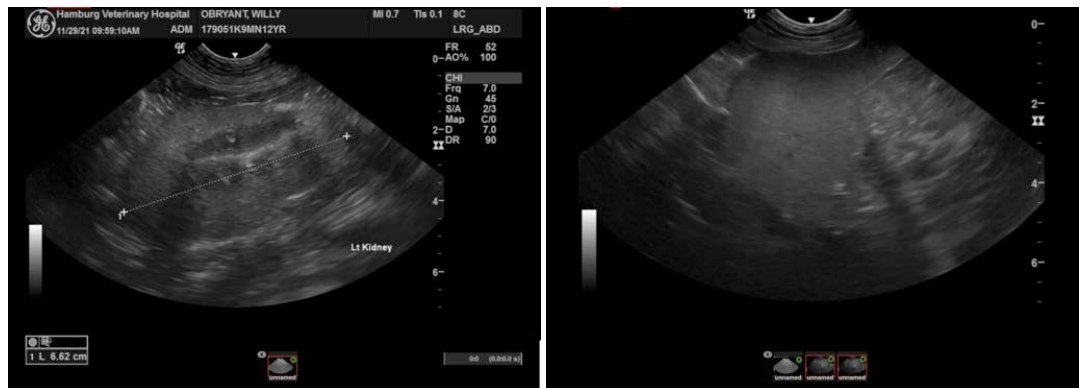
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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