



PATIENT

Gryffin Trainor

SPECIES

Canine

BREED

Shar Pei

SEX

Spayed female

AGE

4 years

WEIGHT

42.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Cerf

INVOICE

42825

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: Anorexia, Kidney Infection/Failure *8/2022
Creatinine > 13.6 0.5 - 1.8 mg/dL H 13.1 3.5 BUN 119 7 - 27 mg/dL H 66 42 Phosphorus > 16.1 2.5 - 6.8 mg/dL H Potassium 6.9 3.5 - 5.8 mmol/L Chloride 106 109 - 122 mmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of debris and minor bladder wall thickening. There was no evidence of calculi or obstruction.

The **kidneys** revealed normal size, increased cortical echogenicity and nebulous corticomedullary definition. The kidneys were normal in size and contour. There is a strong concern for amyloidosis in this patient. The left kidney measured 5.94 cm with slight pyelectasia. Blood flow to the kidneys appeared to be subnormal in the cortices. The right kidney revealed slight pyelectasia.

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 2.3 cm. The right adrenal gland measured 1.97 cm.

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

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The stomach revealed hypertrophied mucosa. There was no loss of mural detail. The lumen was fluid filled. This is most consistent with uremic gastritis. The small intestine and colon were unremarkable. The colon was also thickened.

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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

Non-specific, degenerative renal disease with uremic gastritis, possible amyloidosis.

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Thickened colon.

Bladder debris, potential UTI.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal cortical FNA or renal biopsy is indicated for a definitive diagnosis. 72-hour IV fluid protocol, renal cortical FNA with rhodanine staining to assess for amyloid is recommended. Blood pressure measurements are indicated. Leptospirosis titers are warranted to rule it out as a potential as well as baseline cortisol to rule out Addison's; however, this is unlikely. The prognosis is guarded to poor depending on response to therapy and further diagnostics.

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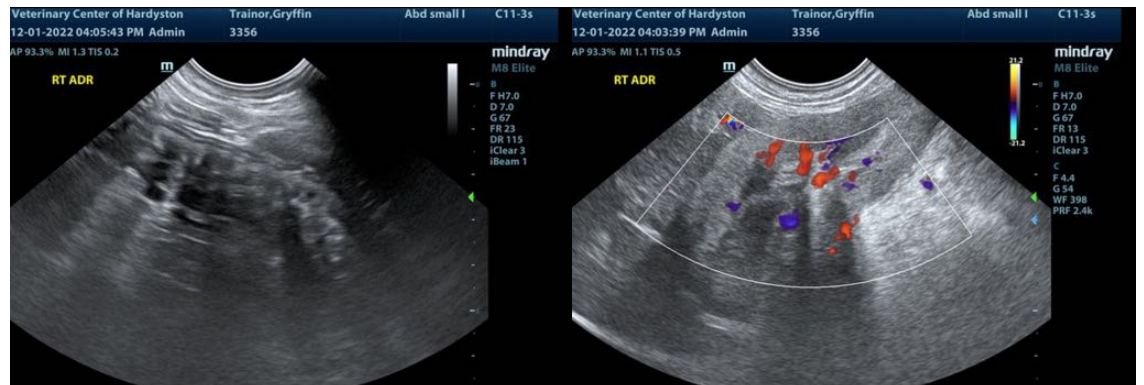
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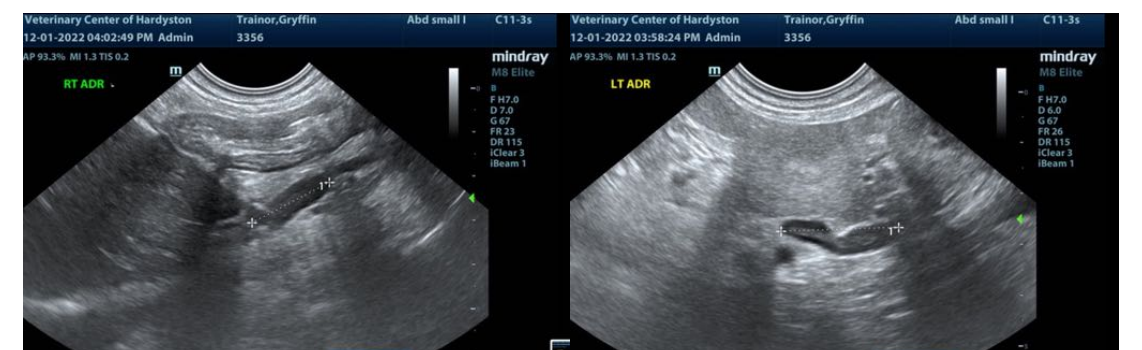
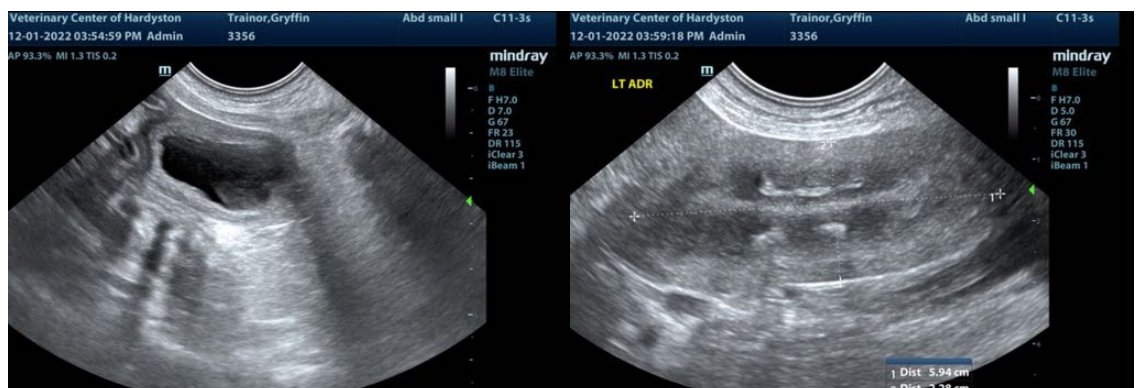
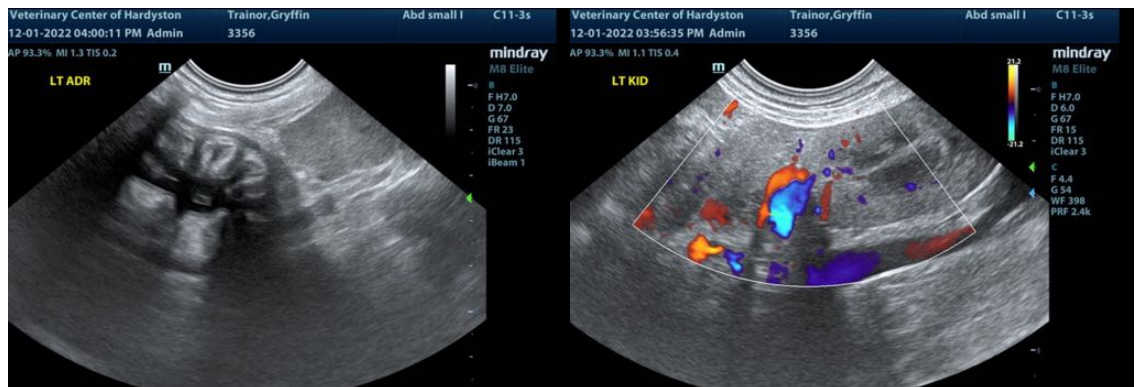
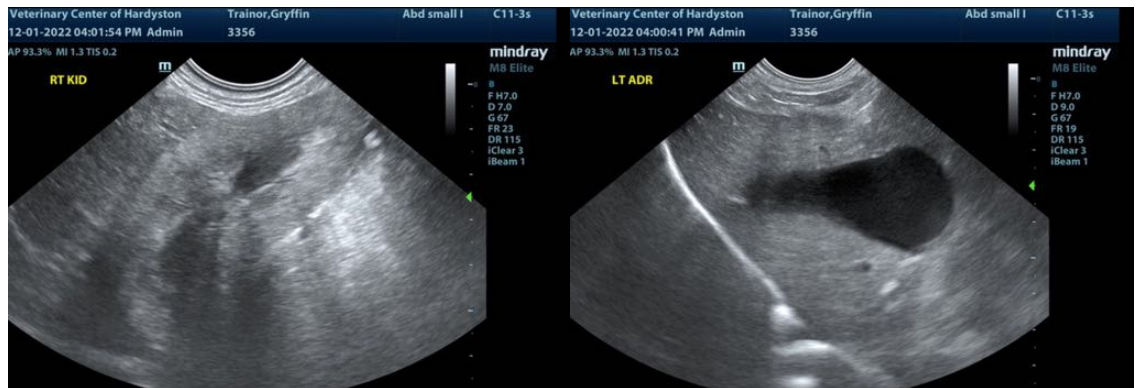
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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