



**PATIENT**

Delilah Bennett

**SPECIES**

Canine

**BREED**

Miniature Aussie

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

16.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Lofler

**INVOICE**

94501

**DATE**

12/10/21

**PRESENTING CLINICAL SIGNS**

History: Day before yesterday O found P hiding under deck which is very unusual for P. Yesterday P started drinking and urinating excessively. No c/s/v/d. No trauma seen. P has Hx of getting into trash and other things but O keeps everything locked up. PUPD, azotemia - R/O AKI from toxin or other insult, infectious, congenital, diabetic

Abnormal PE/Chem/CBC/UA Results: BUN 50 creatinine 2.9 t bili 0.6

**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 **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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.5 cm. The right kidney measured 4.01 cm. Bloodflow to the kidneys appeared to be adequate on color flow assessment.

**Adrenal Glands**

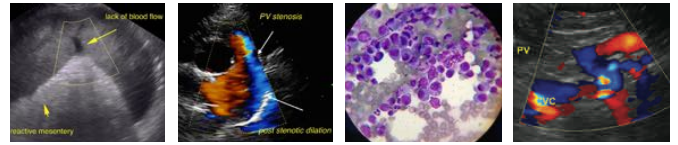
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.18 x 0.46 cm at the caudal pole and 0.33 cm at the cranial pole. The right adrenal gland measured 0.5 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in the stomach. 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.

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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.

**AGE**

3 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

Structurally unremarkable abdomen.

16.4 lbs

Unremarkable kidneys from a structural standpoint, appear to be relatively to slightly subnormal in size.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Given the unexplained azotemia acute insult such as Leptospirosis or toxin exposure should be considered. Screening for Addison's is also warranted. 72 hour IV fluid protocol to correct azotemia is indicated. Blood pressure measurements +/- urine culture and sensitivity is recommended based on urinalysis results. If no definitive answers are present with further investigation into the history or serology testing then a renal biopsy is indicated.

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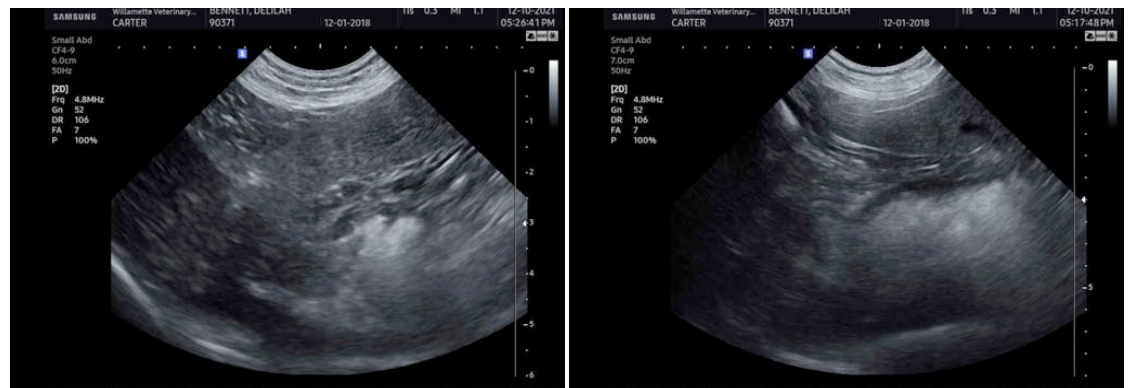
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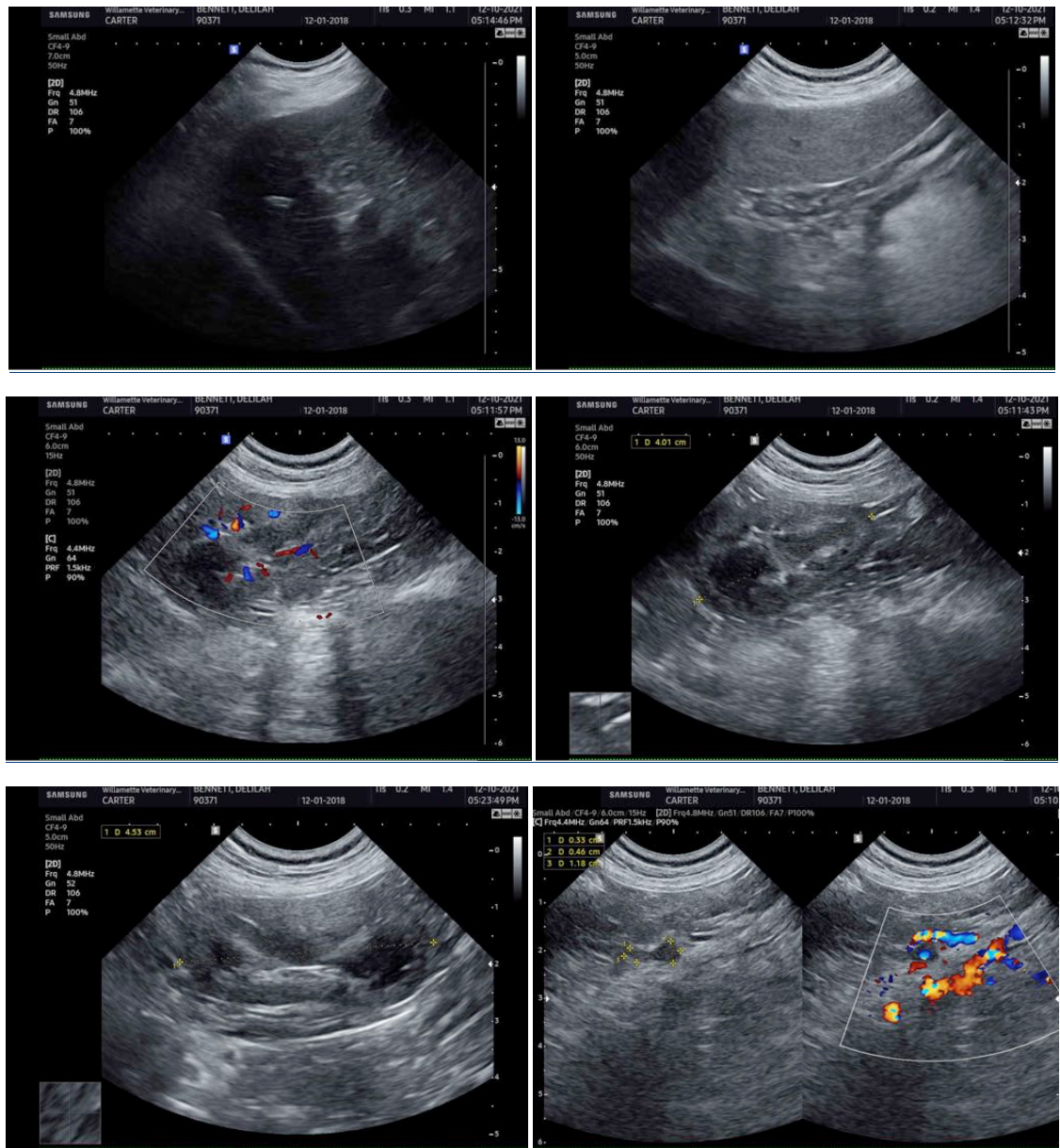
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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