



PATIENT	PRESENTING CLINICAL SIGNS
Chico Escobar	patient presents for UTI urine smells bad incontinence has increased Abnormal PE/Chem/CBC/UA Results: U/A showed Bacteriuria, hematuria, and proteinuria SG 1.018
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Min Pin	
SEX	The kidneys were subnormal in size with moderate cortical remodeling and irregular contour. Degenerative changes compromised the kidneys by approximately 50-60%. The left kidney measured 2.18 cm. The right kidney measured 2.7 cm with minor pyelectasia.
Neutered Male	
AGE	Adrenal Glands
15 Years	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 right adrenal gland measured 1.7 cm x 0.99 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 1.77 cm x 0.77 cm at the cranial pole and 0.44 cm at the caudal pole.
WEIGHT	Spleen
4 Pounds	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 were noted.
INTERPRETED BY	Liver
Eric Lindquist, DMV	The liver was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional parenchymal cysts noted and a non-disruptive hypoechoic nodule. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.
DABVP, Cert. IVUSS	Gastrointestinal
IMAGING PERFORMED BY	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.
Jenn	Pancreas
HOSPITAL NAME	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.
Rockaway AH	
REFERRING VET	
Dr. Maniar	
INVOICE	
43442	
DATE	
12/14/22	



PATIENT

Chico Escobar

ULTRASONOGRAPHIC FINDINGS

- Moderate hepatic remodeling
- Significant degenerative renal changes

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic pyelonephritis likely, given the patient history. Urine culture and sensitivity, Enrofloxacin or similar antibiotic warranted. Geriatric diet and blood pressure measurements all indicated. BUN, creatinine, and USG should be monitored carefully in this patient, as the kidneys appear near end stage.

BREED

Min Pin

SEX

Neutered Male

AGE

15 Years

WEIGHT

4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

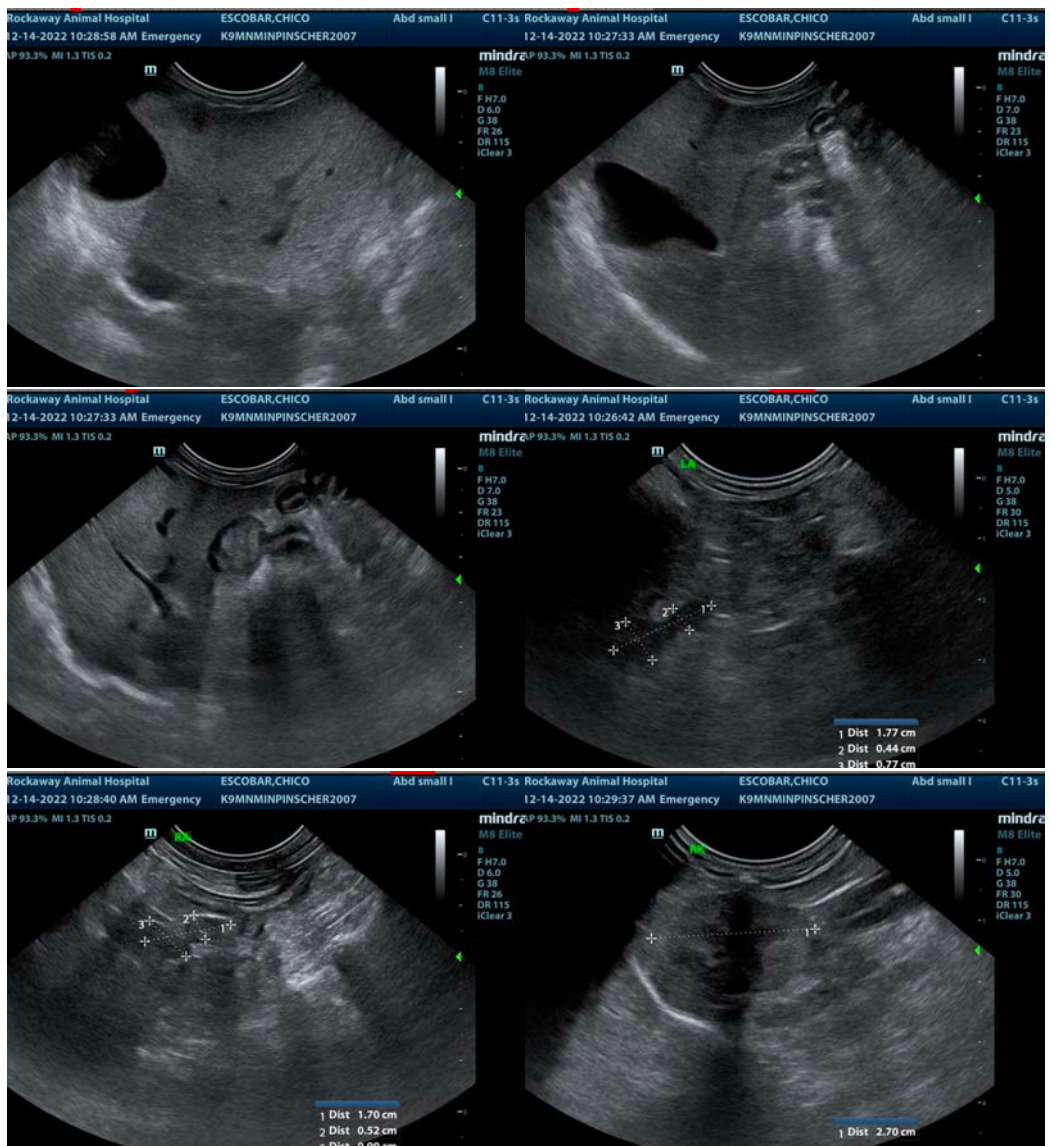
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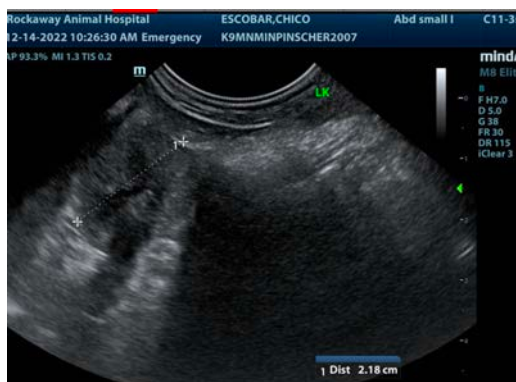
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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