

**PATIENT**

Tigger Colin

**SPECIES**

Canine

**PRESENTING CLINICAL SIGNS**

History: Hx of lethargy, diarrhea, decreased appetite starting Sunday, vomited multiple times, no previous medical issues UA - USG 1.012, pH 5.0, protein 30 mg/dL, WBC < 1/hpf, RBC < 1/hpf, casts Chem - Azotemia BUN 119, Creat 12.3, Hyperphosphatemia P >16.1, Elevated ALT 219 CBC - Leukopenia WBC: 5.45 (lymph 0.45k) Lytes - wnl After fluids - EPOC: Creat 9.78 BUN 120 HCT 35 pH 7.228 3 view abdominal rads - no significant abnormalities

**BREED**

Bull Terrier Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**13 images submitted of the kidneys and lower urinary tract.**

**Urinary System**

**SEX**

Neutered male

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.

**AGE**

9 years

The left kidney revealed non-specific, increased cortical echogenicity with occasional cortical cysts. The left kidney measured 5.0 cm with slight pyelectasia. Blood flow to the left kidney appeared to be subjectively subnormal on color flow assessment. The right kidney measured 5.0 cm.

**WEIGHT**

33.07 kg

A rounded or cystic structure that measured 2.0 cm was noted medial to the left kidney. I cannot discern whether this is a lymph node or adrenal gland. Further imaging is recommended.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ULTRASONOGRAPHIC FINDINGS**

Non-specific, moderate, chronic degenerative renal changes.

Rounded or cystic structure medial to left kidney. Possible lymph node or adrenal gland.

**IMAGING PERFORMED BY**

Dr. Peterson

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Wilvet Salem

Acute on chronic insult is suspected. Leptospirosis, toxin exposure or similar is all possible. 72-hour IV fluid protocol and blood pressure measurements are indicated. Further imaging of rounded/cystic structure is recommended. Renal biopsy would be necessary for further definition. Full abdominal sonogram is recommended to assess the upper GI tract, pancreas and other organs that may be playing a role in this presentation.

**REFERRING VET**

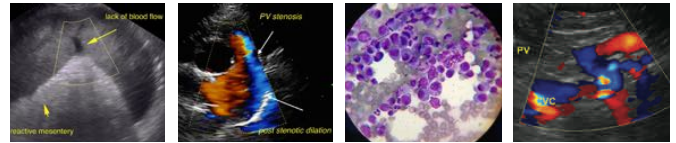
Dr. Lewer

**INVOICE**

94616

**DATE**

12/14/21



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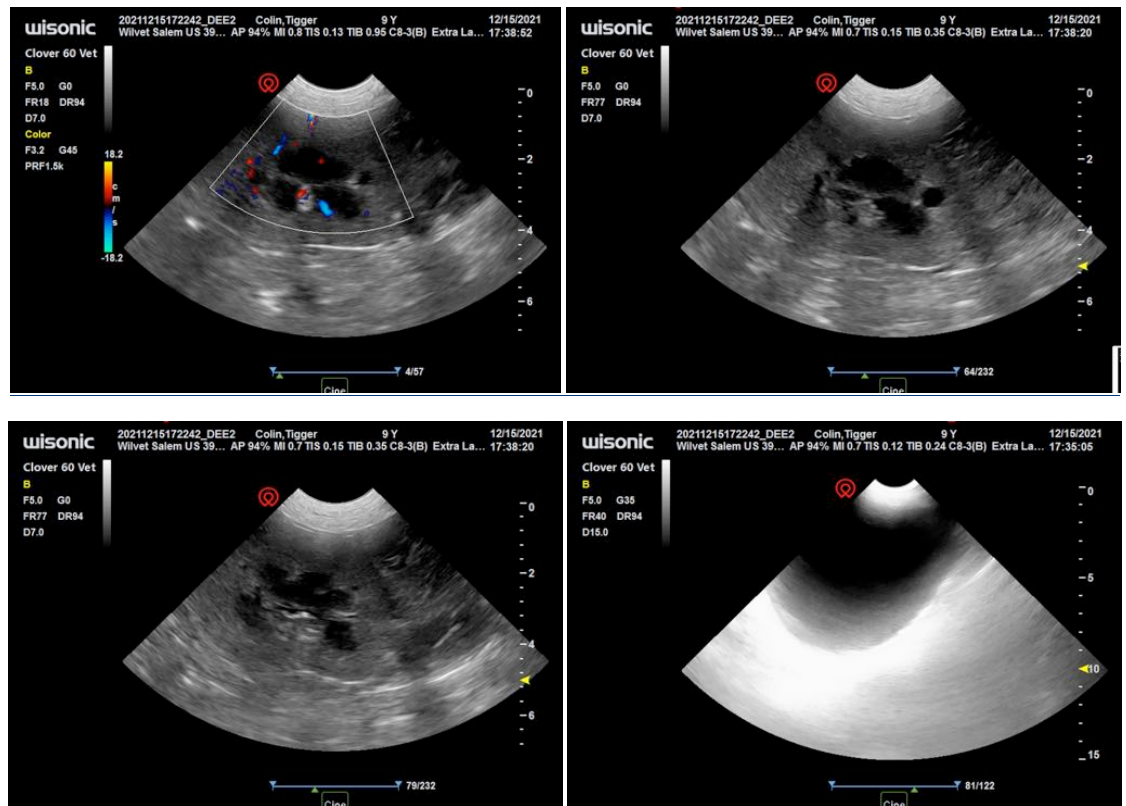
Neutered male

**AGE**

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**WEIGHT**

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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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