



PATIENT

Charley Soares

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered male

AGE

9 years

WEIGHT

26 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands
Ranch

REFERRING VET

Dr. Wolsky

INVOICE

69328

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Patient has had elevated UPC since 9/2024 (3.7). Renal values have been stable through 9/9/25. He was started on vetmedin and telmisartan. Telmistartan dose was increased in November 2025. Started k/d diet about a month ago. One week ago, started becoming lethargic, diarrhea, anorexic. In house bw yesterday showed a sudden significant spike on renal values (no evidence of UTI, but culture is pending). Has been kept UTD on all vaccines, but leptospira blood and urine PCR is pending. BP was 147.6 mmHG today on doppler Current medications- telmisartan, vetmedin, omeprazole, sucralfate, had cerenia yesterday.

Abnormal PE/Chem/CBC/UA Results: Heart murmur III/VI PMI MV 12/16/25- Cr- 3.9, BUN 132, ALKP 258, USG 1.011 Phos 19.6 11/14/25- Cr- 1.3, BUN 67, SDMA 21.8, ALKP 183, PSL 299, UPC 7.9 9/9/25- Cr-1.0, BUN 42, SDMA 15.2, PSL 294, UPC 5.5 11/21/24- Cr 1.0, BUN 46, SDMA 15.5, UPC 3.8 9/19/24- UPC 3.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** presented moderate to near end stage interstitial nephrosis pattern with irregular contour, remodeling, pyelectasia and microinfarcts. The left kidney measured 4.78 cm. The right kidney measured 5.34 cm. Blood flow was subnormal to the renal cortices 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 0.49 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 0.54 cm at the caudal pole and 0.49 cm at the cranial pole.

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.



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Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Excessive gallbladder debris was noted as well as slight over distension.

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Gastrointestinal

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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. 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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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

Moderate to end stage interstitial nephrosis/renal failure.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, urine culture and managing blood pressure measurements to reach systolic pressure less than 160 would all be valid in this patient. However, the prognosis is very guarded given the renal structural degenerative changes.

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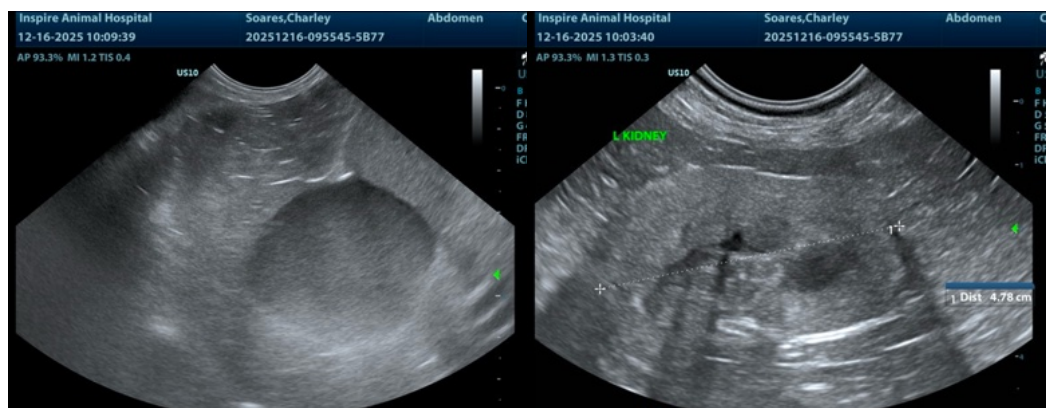
Dr. Wolsky

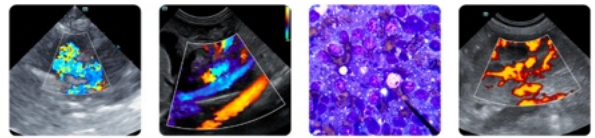
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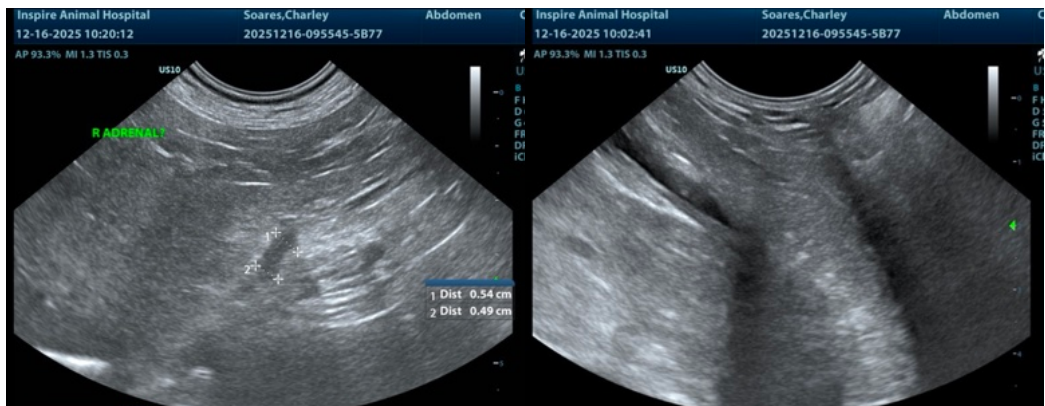
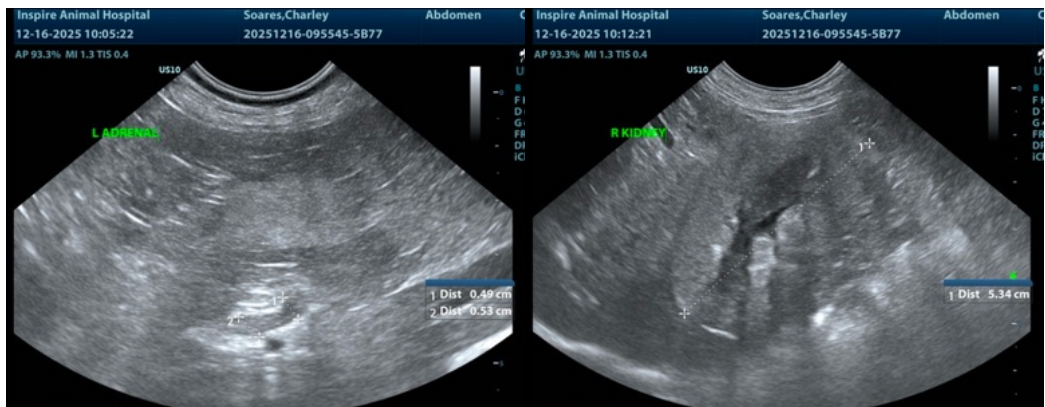
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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