

PATIENT

Wesley Stufflebeam

SPECIES

Canine

BREED

German Shepherd
Chow Mix

SEX

Neutered male

AGE

7 years

WEIGHT

68.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Englewood Vet Center

REFERRING VET

Dr. Ezik

INVOICE

94685

DATE

12/17/21

PRESENTING CLINICAL SIGNS

History: SDMA 15 (H), creat. 2.3 (H), BUN 28 (H).
Abnormal PE/Chem/CBC/UA Results: Platelet count: 204, HCT 60. U/A: pH 7, protein +30, USG 1.017.

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 residual prostate was uniform and measured 1.05 cm.

The **kidneys** revealed normal size and structure. There was loss of corticomodullary definition noted in both kidneys with thickened, irregular cortices. The renal pelvises revealed disrupted architecture. The right kidney measured 4.24 cm. The left kidney measured 5.83 cm. Blood flow to the kidneys was subnormal on power Doppler assessment.

Adrenal Glands

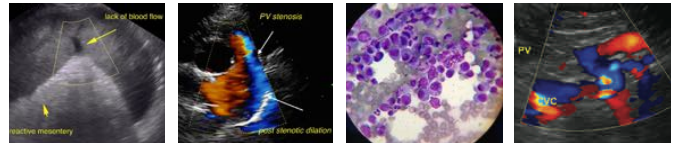
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.22 x 0.44 cm at the caudal pole and 0.4 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.

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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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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Pancreas

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Chronic degenerative renal disease, suspect primary renal dysplasia with secondary degenerative pattern.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

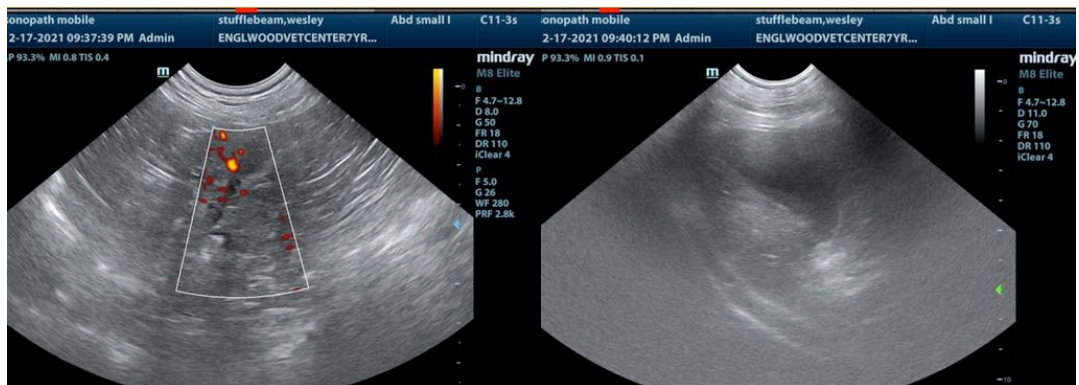
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Renal biopsy is necessary for further definition. However, the prognosis is poor. The kidneys subjectively appear end stage. 72-hour IV fluid protocol +/- urine culture and blood pressure measurements are all indicated.

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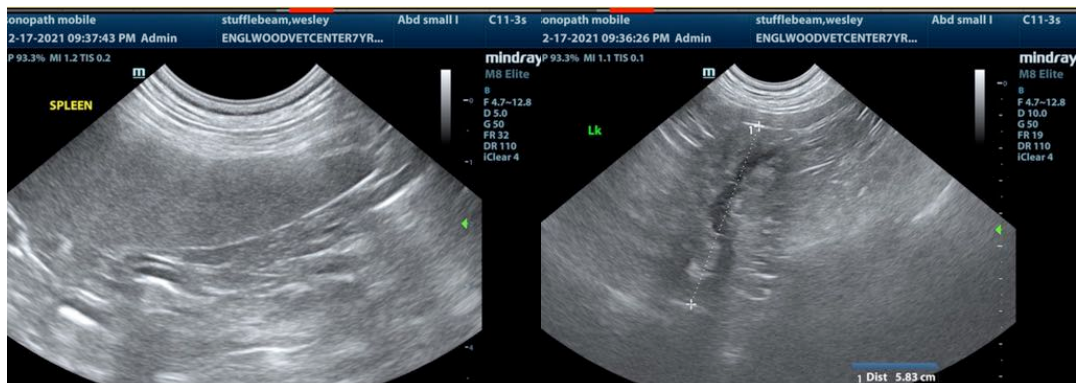
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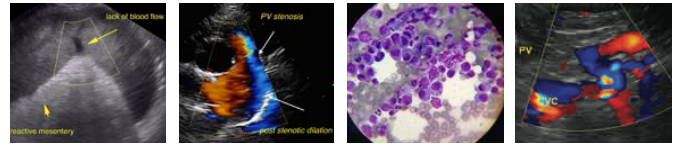


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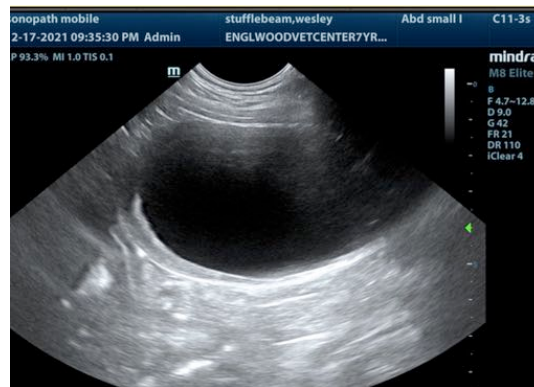
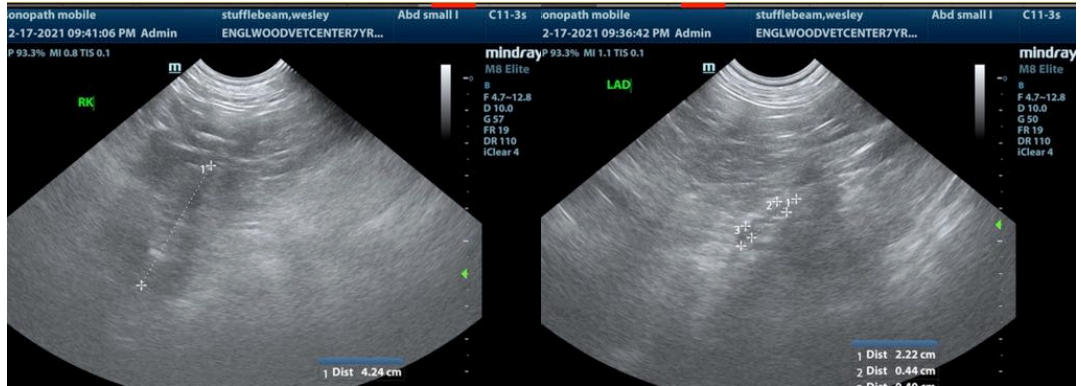
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com