



PATIENT PRESENTING CLINICAL SIGNS

Ginger Millstein
Azotemia, chronic pancreatitis. R/O other causes vs primary renal.
Abnormal PE/Chem/CBC/UA Results: Creat 2.6, BUN 64, ALP 179, SDMA 24

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Border Collie X

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Spayed Female

The **kidneys** were subnormal in size with increased cortical echogenicity, loss of corticomedullary definition, and pyelectasia. The left kidney measured 3.93 cm. The right kidney measured 4.5 cm. Pinpoint mineralizations noted in both kidneys as well. Blood flow to the left kidney was minimal on power doppler assessment. Cortical infarcts and remodeling noted with both kidneys.

AGE

11 Years 2 Months

Adrenal Glands

WEIGHT

25.2 Pounds

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 1.6 cm x 0.75 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 1.57 cm x 0.56 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

HOSPITAL NAME

Legacy Animal Hospital

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.

REFERRING VET

Dr. Potenzzone

Gastrointestinal

INVOICE

33702

Fluid filled **gastric** lumen noted with echogenic mucosal remodeling. Uremic gastritis suspected.

DATE

12/23/21

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



PATIENT

Ginger Millstein

ULTRASONOGRAPHIC FINDINGS

- Dystrophic degenerative renal disease with infarcts and mineralization – subjectively end stage from a structural standpoint.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol, urine culture, blood pressures all indicated at reassessment of the azotemia. However, long-term viability of the kidneys is in question.

BREED

Border Collie X

SEX

Spayed Female

AGE

11 Years 2 Months

WEIGHT

25.2 Pounds

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

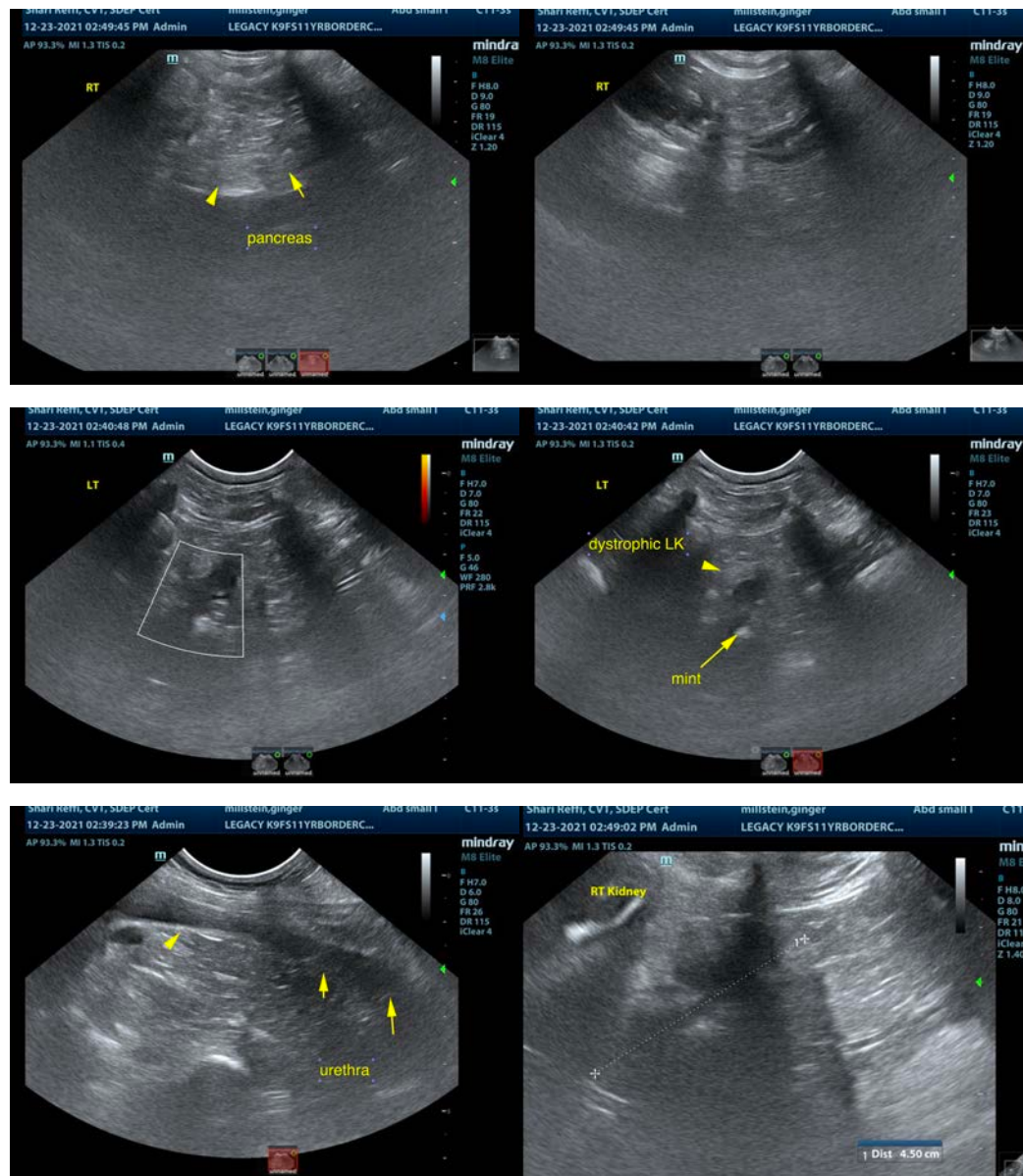
Dr. Potenzzone

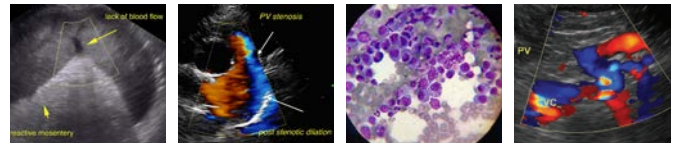
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PATIENT

Ginger Millstein

SPECIES

Canine

BREED

Border Collie X

SEX

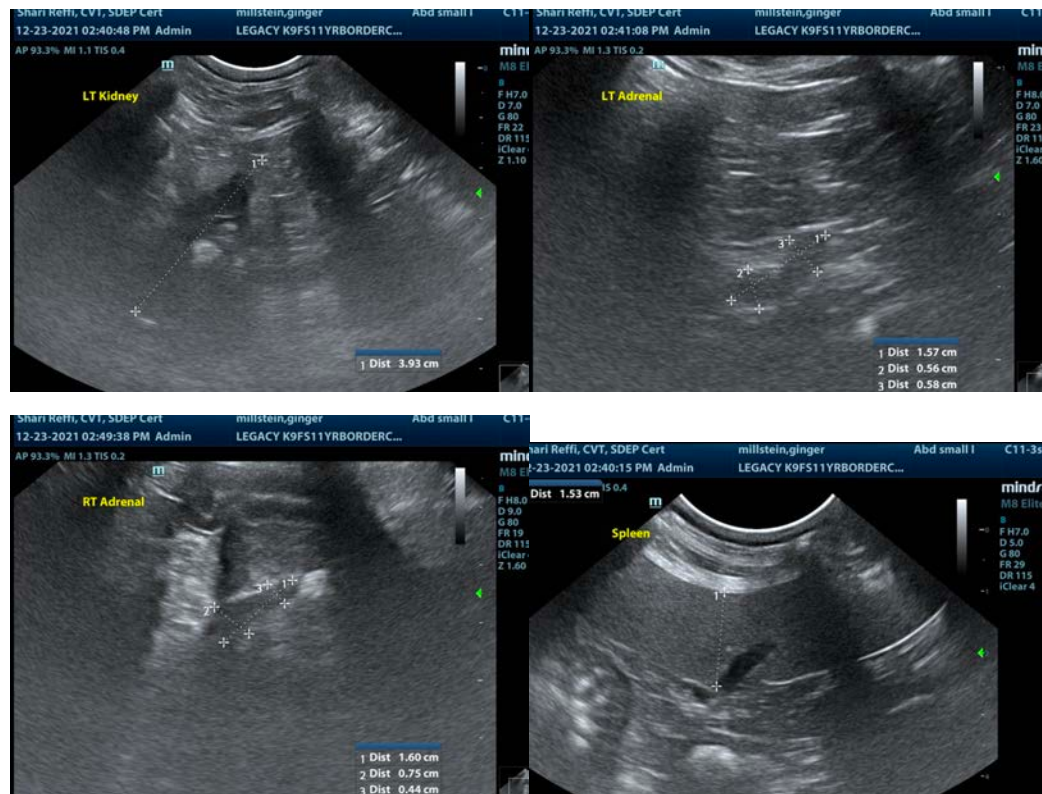
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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