



**DATE PRESENTING CLINICAL SIGNS**

12/5/25 Patient History: Started week before thanksgiving with pu/pd, intermittent diarrhea, progressive anorexia. Was seen at rdvm and treated for UTI, then seen a second time and tested positive or leptospirosis. Transferred to ER to admit for leptospirosis and elevation of kidney and liver values

**PATIENT**

Bishop Adams Current Medications: N/A.  
Labwork Results: Labwork not submitted but reported as Calcium 1.44, BUN 49, Creatinine 3.25.  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine Sedation: IV Propfol.  
Stat Report: STAT requested.  
Imaging Performed by: Rachel Brillhart, RDMS.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Australian Shepherd

**Urinary System**

**SEX**

The **urinary bladder** itself was unremarkable, other than a minor amount of debris and slight apical ventral wall thickening. Foley catheter was in proper position.

Neutered Male

**AGE**

The right **kidney** revealed loss of corticomedullary definition and thickened irregular cortices. Slight pyelectasia (0.68 cm) was noted in the right kidney. The right kidney measured 8.9 cm in length. The left kidney revealed thickened irregular cortices. Slight pyelectasia was noted in the left kidney. The left kidney measured 8.4 cm. Subcapsular fluid was noted in both kidneys. Subtle isoechoic nodular changes were noted in the kidneys.

12/1/23

**WEIGHT**

25 kg

**Adrenal Glands**

**INTERPRETED BY**

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 3.0 cm x 0.5 cm. The right adrenal gland measured 3.27 cm x 0.66 cm at the caudal pole and 0.58 cm at the cranial pole.

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**HOSPITAL NAME**

**Spleen**

Mason Dixon AEH

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. The spleen was folded upon itself.

**REFERRING VET**

Not Provided

**Liver**

**INVOICE**

The **liver** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

35743

**Gastrointestinal**

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.

### ***Pancreas***

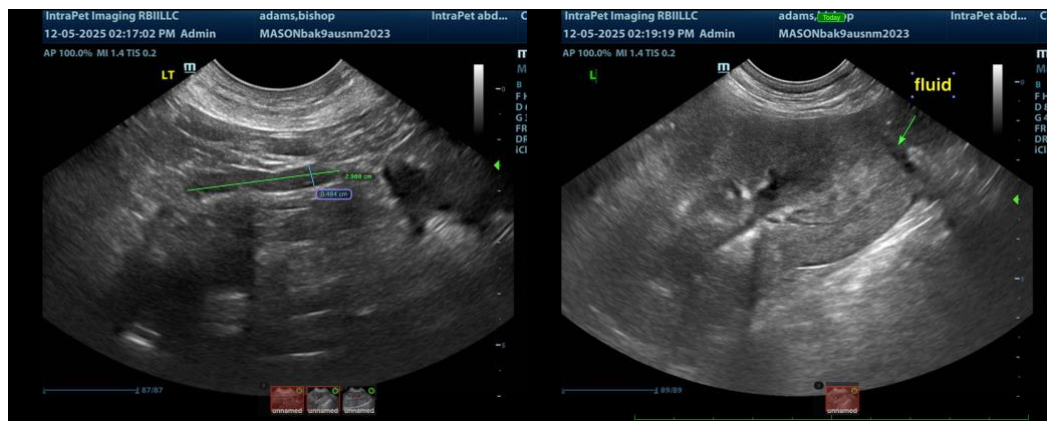
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

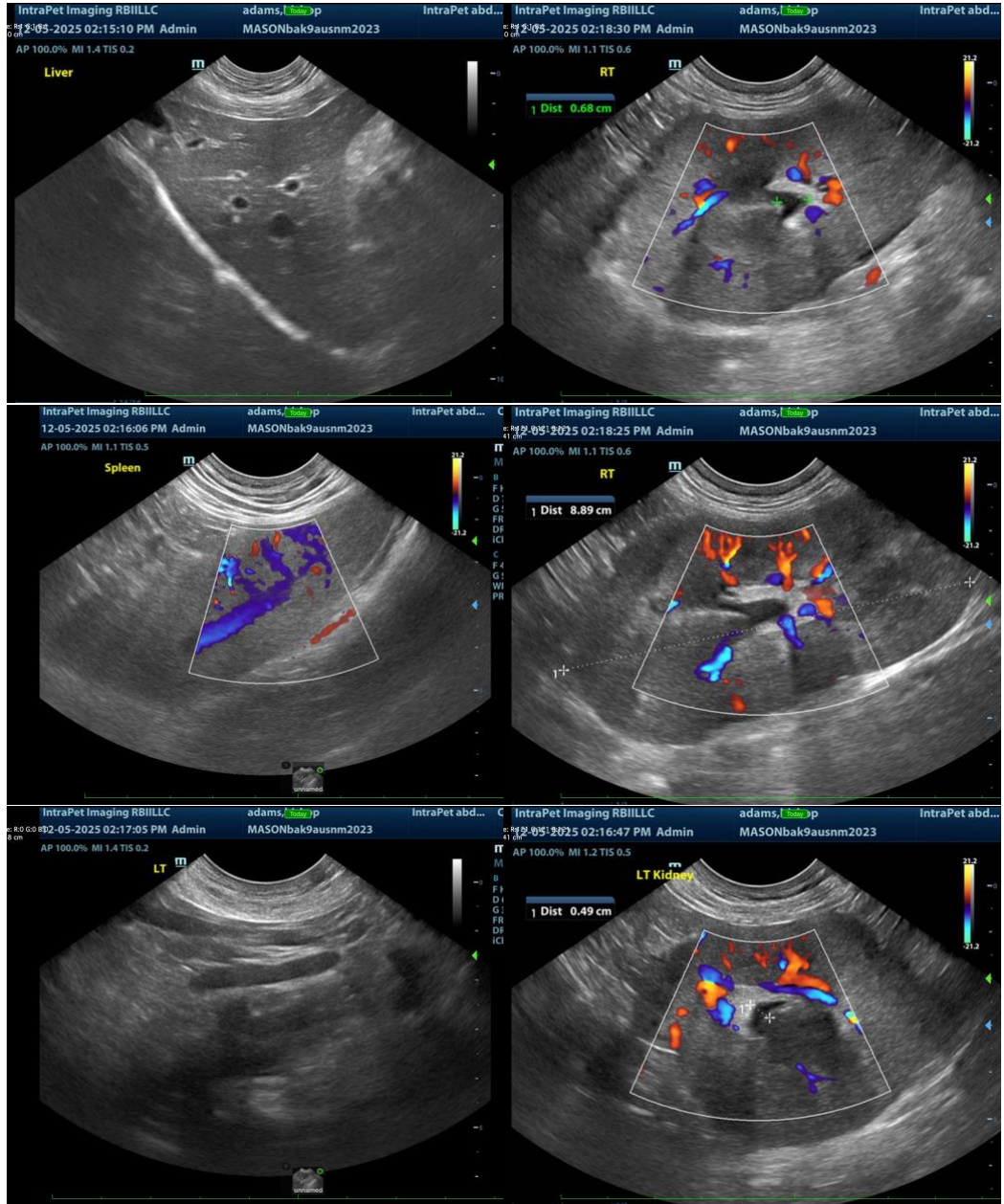
### **ULTRASONOGRAPHIC FINDINGS**

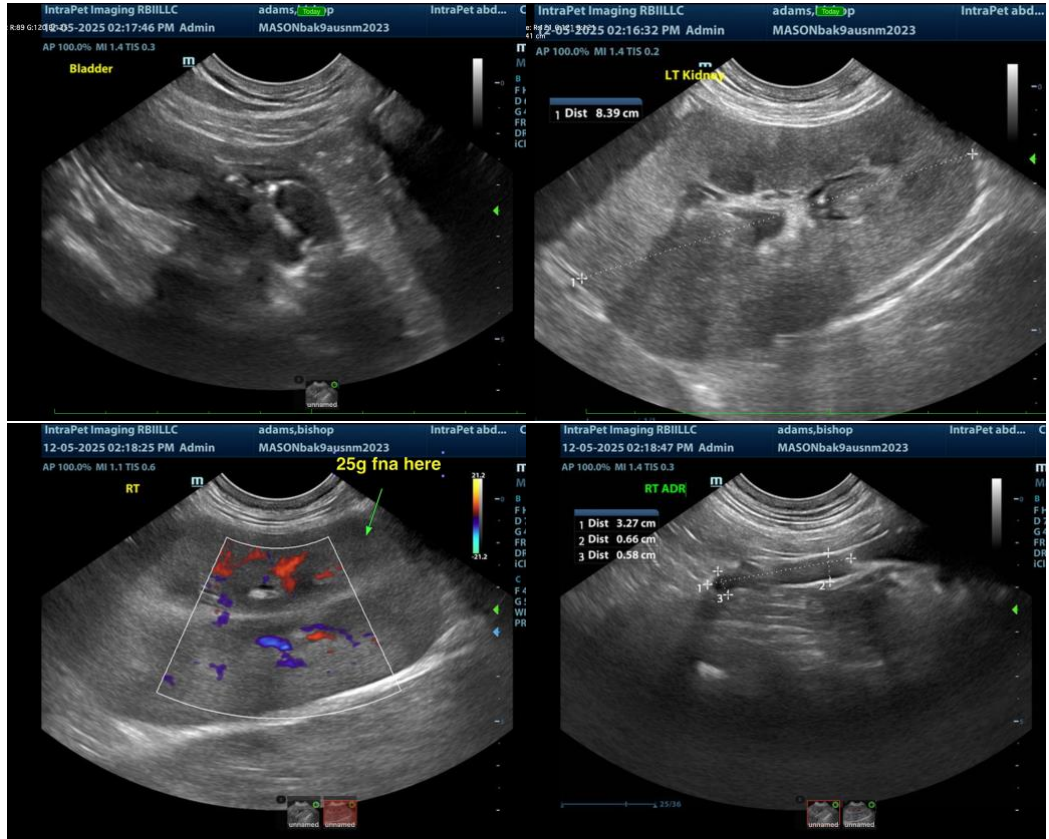
- Acute renal failure owing to leptospirosis, immune mediated disease, or other infectious agents, or possibility of emerging round cell neoplasia.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA of the renal cortex is indicated. Paired leptospirosis titers is indicated. IV ampicillin, plasma expanders, urine culture and blood pressures are all indicated. Empirical treatment for leptospirosis is indicated until cytology could be evaluated. Prognosis is guarded. Screening for Addison's could be considered, though not suspected given that the adrenal glands are normal and the changes in the kidneys are consistent with acute insult.







**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.

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