



PATIENT

Lucy Gingras

PRESENTING CLINICAL SIGNS

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Toy Poodle

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.

SEX

Spayed Female

The iliac trifurcation was unremarkable.

AGE

13 years

The **right kidney** revealed loss of corticomedullary definition. The right kidney measured 3.39 cm with pyelectasia. The left kidney measured 2.8 cm with diffuse, hyperechoic, interstitial nephrosis pattern with pyelectasia and loss of mural detail. A cortical infarct was noted at the caudal pole of the left kidney.

WEIGHT

10.5 lbs

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 0.48 cm at the caudal pole and 0.3 cm at the cranial pole. The right adrenal gland measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Finch

HOSPITAL NAME

Neighborhood Pet
Health Center

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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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.

SPECIES

Canine

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.

BREED

Toy Poodle

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Chronic interstitial nephrosis left renal pattern with dystrophy, infarct and pyelectasia.

Loss of corticomedullary definition in the right kidney with pyelectasia.

AGE

13 years

Subjectively near end stage degenerative changes.

WEIGHT

10.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol, urine culture and blood pressure measurements are indicated in an attempt to correct azotemia. Acute on chronic insult is likely. Given that the urine specific gravity is well concentrated an acute insult causing both a prerenal and renal issues is suspected. Screening for Addison's is warranted even though the patient is relatively old for this disease, it can still occur given the breed predisposition. This is consistent with an acute on chronic azotemic presentation from a sonographic perspective.

INTERPRETED BY

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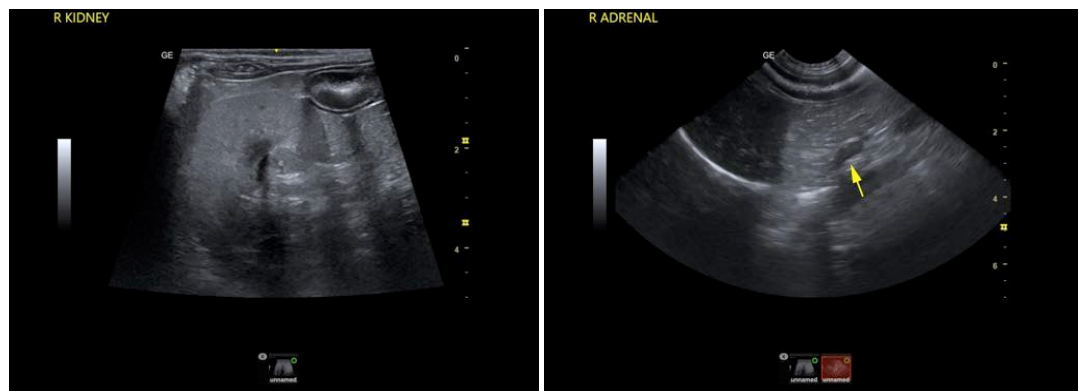
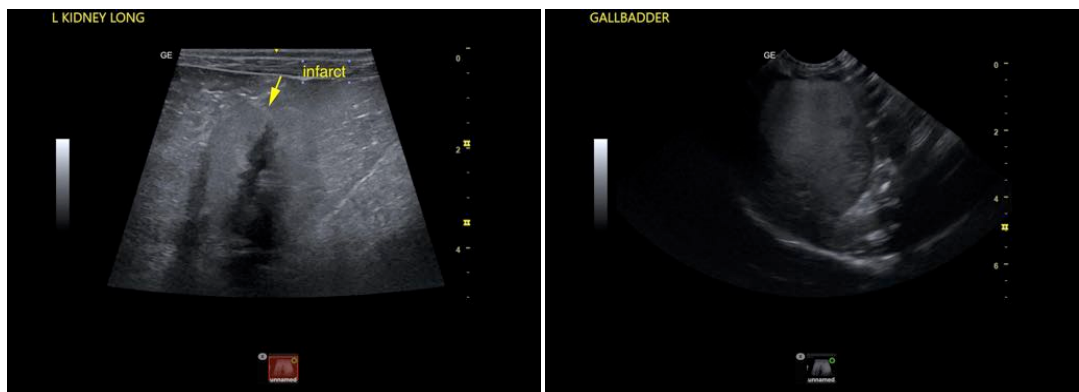
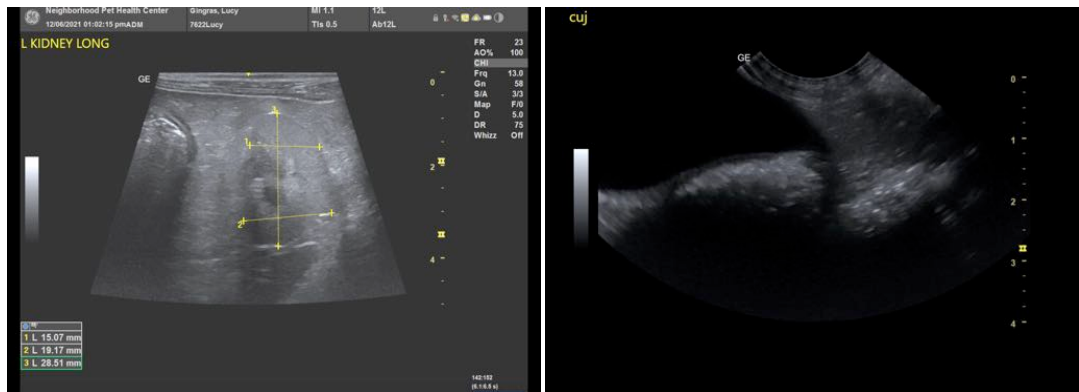
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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