



**PATIENT**

Loki Ehrlich

**PRESENTING CLINICAL SIGNS**

Elevated renal values. Pyelonephritis versus congenital disease versus other.  
Creatinine 2.3, BUN 58, rest WNL.

**SPECIES**

Canine

UA WBC > 50, rods present, rest WNL. Urine specific gravity 1.010.

**BREED**

Mix

**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.

**SEX**

Female

The uterus was uniform and measured 0.56 cm.

**AGE**

6 months

The **kidneys** revealed thickened, irregular cortices with cortical cysts. The renal pelvises were dilated and displaced. The left kidney was subnormal in size and measured 4.11 cm. The right kidney measured 4.36 cm. Blood flow was subnormal and irregular in both kidneys. The changes in the kidneys are consistent with primary renal dysplasia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 2.42 x 0.6 cm. The right adrenal gland measured 2.08 x 0.9 cm at the cranial pole and 0.8 cm at the caudal pole.

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**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

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**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.

**DATE**

12/7/21



**PATIENT** *Gastrointestinal*

Loki Ehrlich

The **stomach** was edematous with a mild amount of fluid accumulation. There was no evidence of foreign bodies. There was no obvious ulcerative disease. However, microulcerative changes cannot be entirely ruled out. This is most consistent with gastritis. The intestines were intestine free of stasis with normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No associated abnormal lymphatic activity was noted.

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Canine

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Mix

*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**

Female

**AGE**

6 months

**ULTRASONOGRAPHIC FINDINGS**

Primary renal dysplasia pattern.

Concurrent uremic gastritis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal biopsy is necessary for further definition or confirmation. The prognosis is poor long term.

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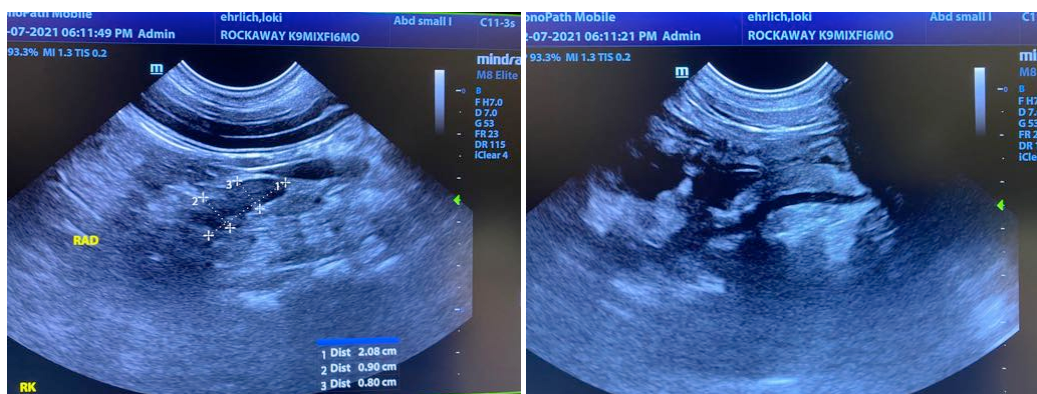
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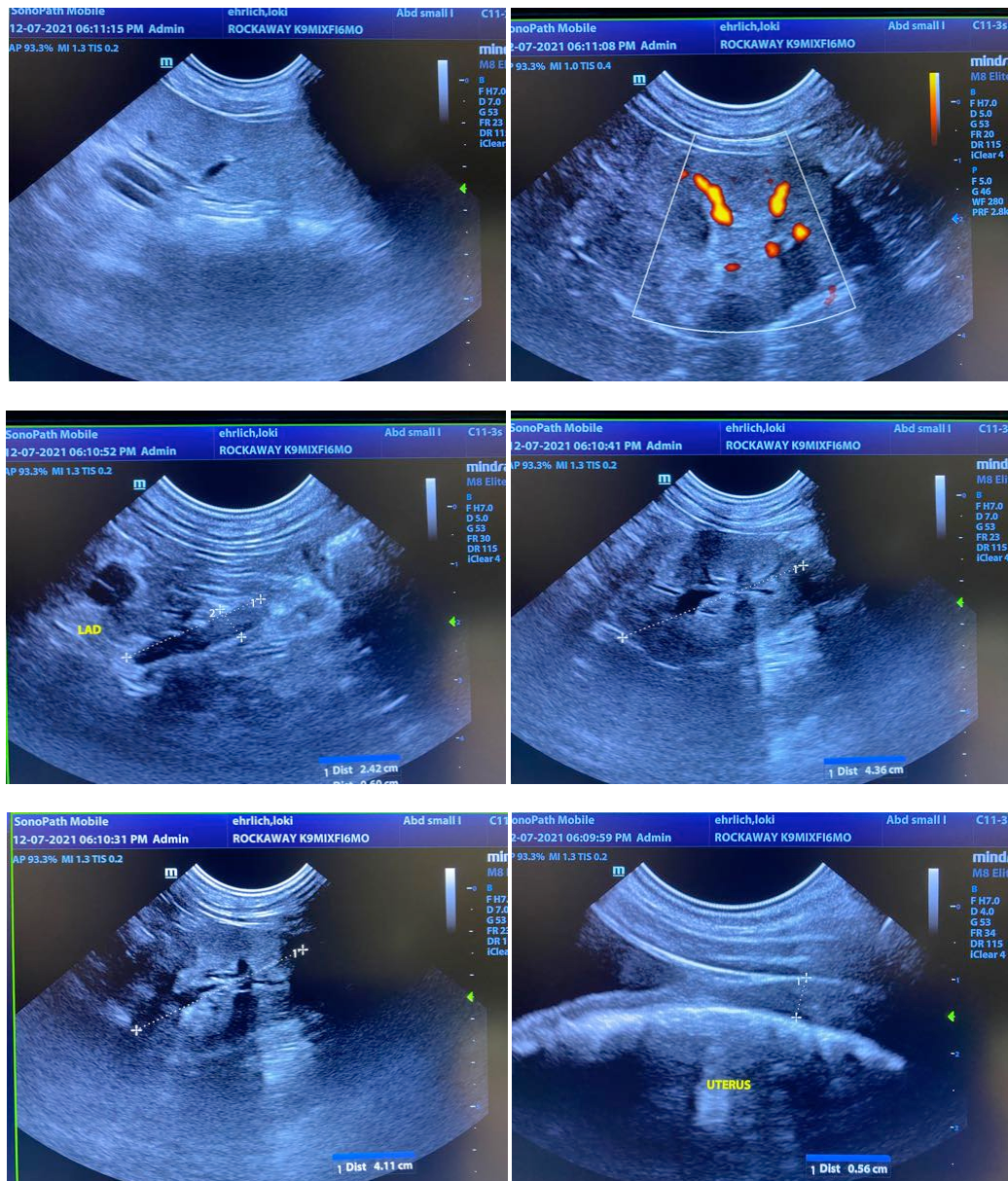
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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