



PATIENT PRESENTING CLINICAL SIGNS

Sydney Phillips

History: Presented for evaluation due to PU/PD (several month history). Not vaccinated for Lepto. Normal appetite and energy. 10/25/21 saw Dr. Cotran for PU/PD and inappropriate urination. UMIC negative. 11/9 - presented for BW and USG. Azotemia and dilute urine noted 12/2/21 - saw Dr. Cotran for continued PU/PD - resting cortisol 1.8, continued azotemia, UA negative for infection. Referred for AUS to evaluate kidneys

SPECIES

Canine

BREED

Corgi

Abnormal PE/Chem/CBC/UA Results: PE unremarkable on 12/8/21 BW and UA results: 10/25/21 - UA and UMIC - UMIC negative, USG 1.015, protein 1+, blood 1+. 0-1 WBC and 4-10 RBC. Cystocentesis sample 11/9/21 - BUN 43 (6-31), Creat 1.9 (0.5-1.6), Eos 1210, HCT 57%, USG 1.022 12/2/21 - BUN 37, Creat 1.9, USG 1.016, protein 1+, 4-10 WBC and 2-3 RBC (Cysto). Resting cortisol 1.8 (1-5).

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

AGE

3 years

WEIGHT

25 lbs

The **kidneys** revealed pyelectasia and nodular cortices. The architecture was disrupted. Cortical infarcts were noted. The kidneys measured approximately 4.0 cm each.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right **adrenal gland** was flattened and measured 0.38 cm. The left adrenal gland was flattened and measured 0.3 cm.

IMAGING PERFORMED BY

Petrina Patete

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.

HOSPITAL NAME

Mountain View VH

REFERRING VET

Dr. Cotran

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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94430

DATE

12/8/21



PATIENT

Gastrointestinal

Sydney Phillips

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Excessive gas accumulation was noted. 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

Corgi

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

Primary renal dysplasia pattern with pyelectasia.

3 years

Flattened adrenal glands.

WEIGHT

25 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for concurrent Addison's disease. I recommend screening for Addison's disease. Urine culture and sensitivity is recommended. 72-hour IV fluid protocol, blood pressure measurements and renal biopsy is necessary for a definitive diagnosis. The prognosis is guarded long term.

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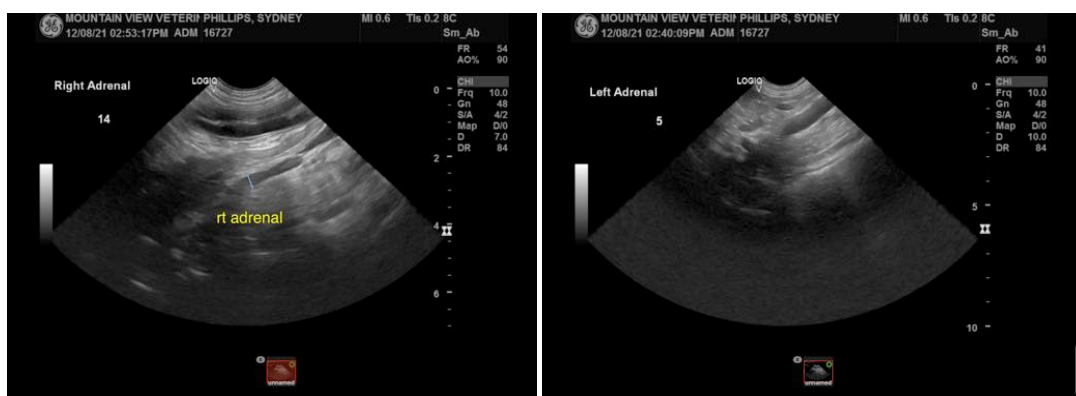
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PATIENT

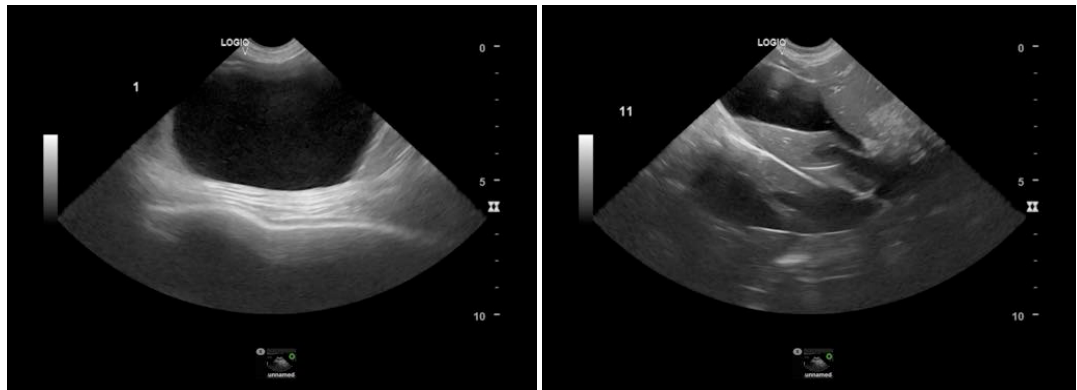
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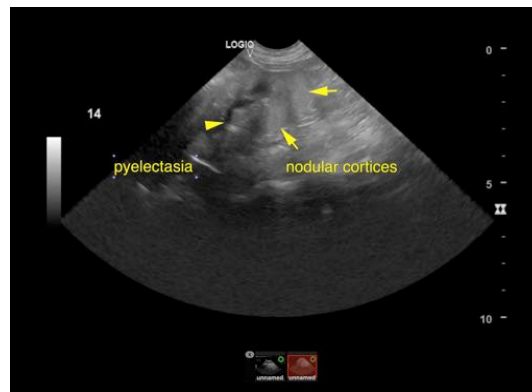
Spayed Female

AGE

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WEIGHT

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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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