



PATIENT

Fufu Azrack

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

35.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

94465

DATE

12/09/21

PRESENTING CLINICAL SIGNS

History of renal disease- Creat 4.5, liver disease, pancreatitis

Vomiting, anorexia

Shaking, Proprioceptive deficits, weakness

Evaluate for Metabolic vs neurologic vs inflammatory vs infectious disease

Current meds: Baytril, Ampicillin, Cerenia

BP 95

Labs + previous AUS attached

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. Increased cortical echogenicity was noted. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Blood flow appeared to be adequate. The right kidney measured 4.84 cm. The left kidney revealed pericapsular fluid accumulation. This is suggestive for acute insult.

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 right adrenal gland measured 2.64 x 0.78 cm at the caudal pole and 0.61 cm at the cranial pole. The left adrenal gland measured 1.37 x 0.54 cm.

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.



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Liver

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The **liver** revealed multi-focal, lobar biliary calculi. The gallbladder sand was noted.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Spastic intestine was noted. The curvilinear patterns were maintained.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Acute on chronic renal presentation.

WEIGHT

35.5 lbs

Biliary calculi.

Gallbladder sand.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

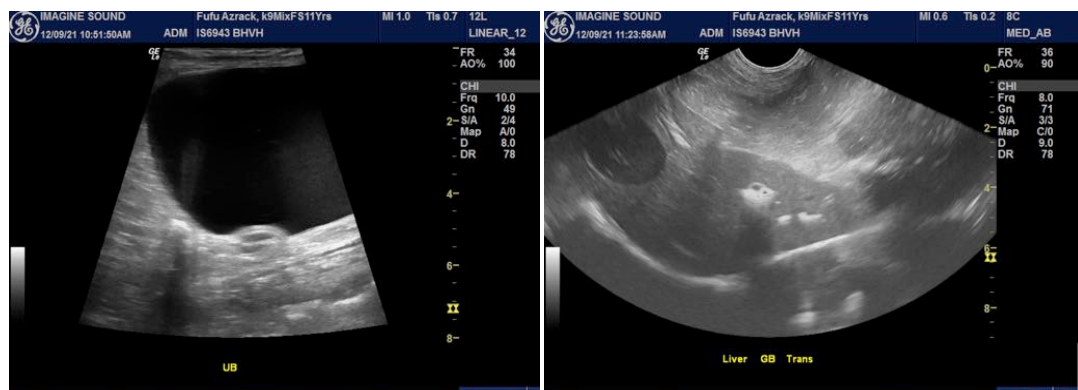
The kidneys do not appear end stage. Causes of acute insult should be evaluated such as Leptospirosis, Lyme disease, toxin exposure. The biliary calculi were non-obstructive at the time of the sonogram. Urinalysis culture and sensitivity would be warranted along with Leptospirosis titers. Structurally the pancreas appears unremarkable. The amylase and lipase may be elevated falsely owing to renal function.

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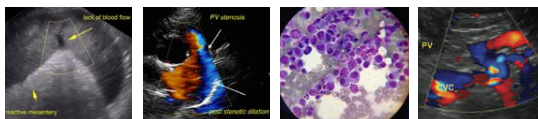
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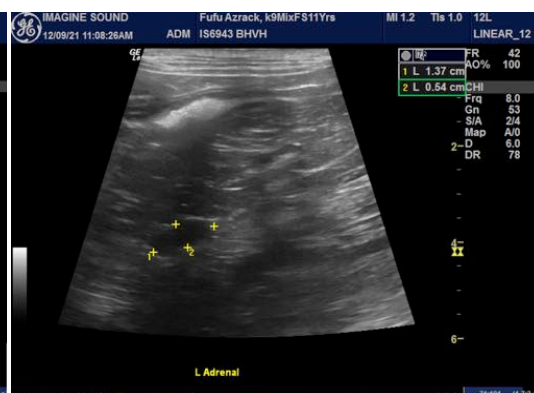
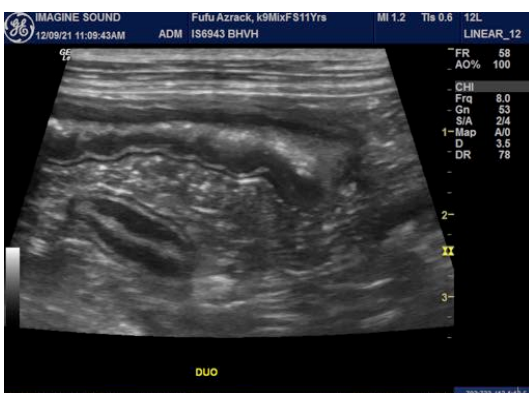
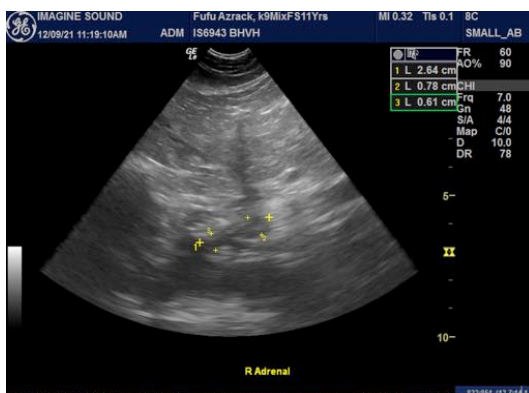
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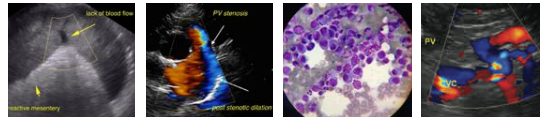
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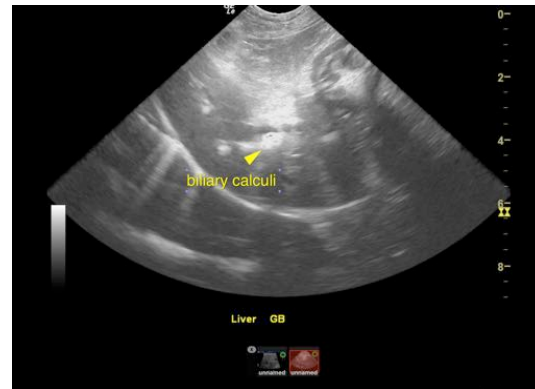
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com