



PATIENT

Corkie Turner

SPECIES

Canine

BREED

Corgi Cross

SEX

Spayed female

AGE

12 years

WEIGHT

18.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Disney

INVOICE

69431

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: P presented on 11/11/25 for sudden onset of hyporexia. O also noted an increase in drinking at home. In house labs revealed a renal azotemia, mild hyperphosphatemia and isosthenuria with proteinuria. A leptospira PCR and MAT were submitted and PCR was negative. There was a 1:50 titer for the serovars Autumnalis and Pomona (vaccination history unknown) A 10 day course of doxycycline was initiated and transitioned to a kidney diet

Abnormal PE/Chem/CBC/UA Results: 11/11/25 CBC: WNL CHEM 17: CREA H 2.3 (0.5-1.8) BUN H 59 (7-27) PHOS H 8.8 (2.5-6.8) ALKP H 229 (23-212) AMYL H (500-1500) LUTES: WNL UA: SPGR 1.017 L, PRO H 500 mg/dL 11/18/25 Repeated renal values and UA CREA 3.1 H (0.5-1.8) was 2.3 BUN 68 H (7-27) was 59 UA: SPGR 1.014, sedivue NSF, PRO 100 mg/dL 4DX (Neg) 12/4/25 Repeat BUN H 84 (7-27) was 47 CREA H 3.5 (0.5-1.8) was 2.4 UA: SPGR 1.014, PRO 500 mg/dL UPC, urine culture pending 12/9/25

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** in this patient presented moderate degenerative changes. Non-obstructive mineralization was noted in the kidneys. The left kidney measured 5.3 cm with multi-focal cortical cysts. The cysts may be primary or secondary degenerative cysts. The right kidney measured 5.5 cm. Blood flow appeared to be subnormal on color flow assessment.

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 0.43 cm at the caudal pole and 0.3 cm at the cranial pole. The right adrenal gland measured 0.41 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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

Subjectively near end stage degenerative renal disease with cortical cysts and mineralization.
Excessive gallbladder debris and over distension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, Leptospirosis titers and blood pressure measurements are all indicated. Management is recommended based on urine culture. Prognosis long term is guarded.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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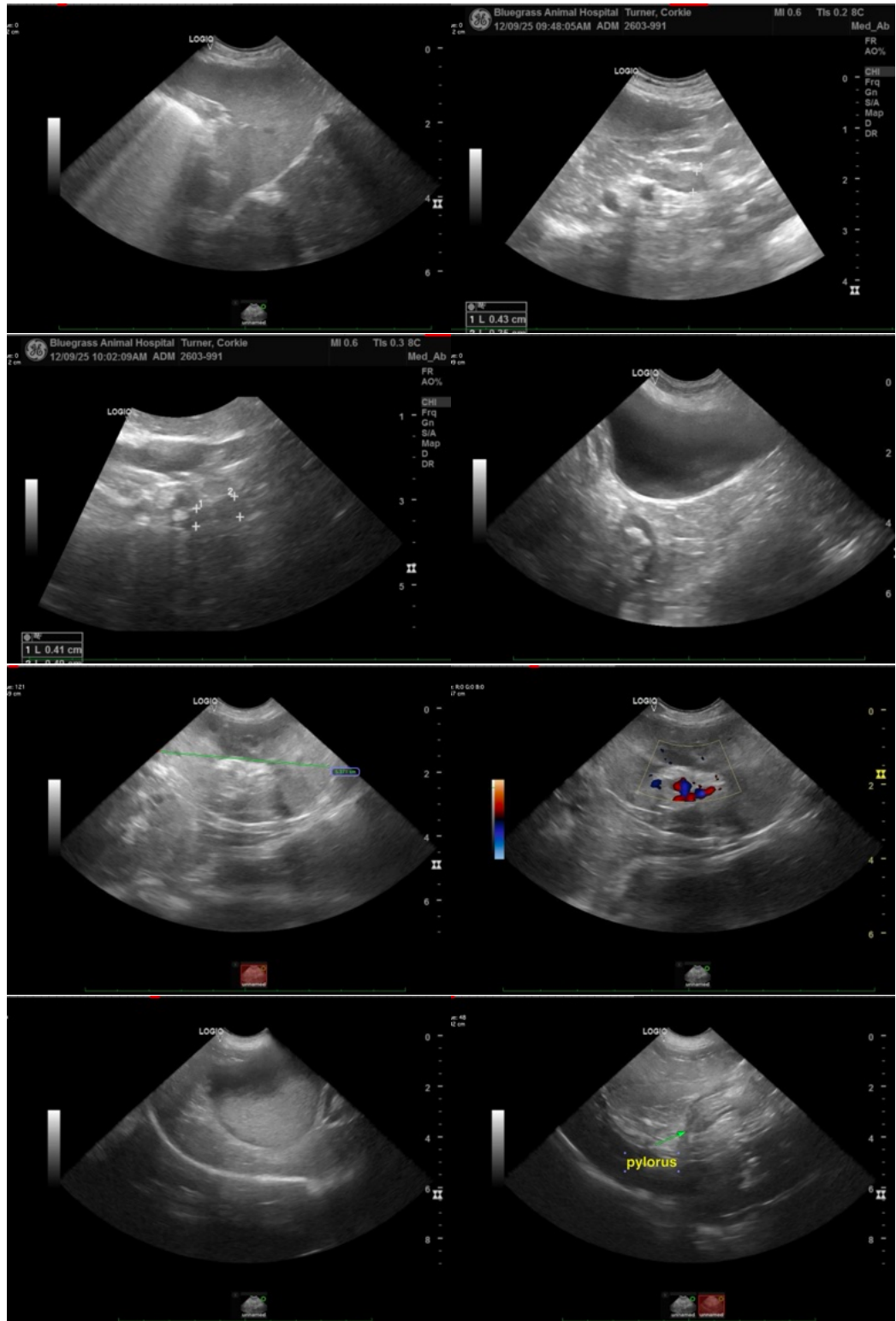
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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