



**PATIENT PRESENTING CLINICAL SIGNS**

Brandy Gerard PU/PD, low urine specific gravity.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 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.

**SEX** The uterine stump was unremarkable and measured 0.4 cm.

Spayed Female The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 5.52 cm with slightly subnormal color flow on Doppler assessment. The right kidney measured 5.5 cm.

**AGE**

9 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**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 2.41 x 0.69 cm. The right adrenal gland measured 1.99 x 1.29 cm at the cranial pole and 0.81 cm at the caudal pole.

**HOSPITAL NAME**

All Creatures Great  
and Small Denville

**Spleen**

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

**REFERRING VET**

Dr. Mitrovic

**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 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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**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. Some retention of ingesta was



**PATIENT**

Brandy Gerard

noted in the stomach consistent with post prandial presentation. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The right pancreatic limb measured 2.0 cm.

**BREED**

Aussie

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Prominent pancreas.  
Moderate degenerative renal changes.  
Otherwise, unremarkable.

**AGE**

9 years

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The renal values should be monitored carefully in this patient for potential impending renal failure. Otherwise, there is no overt cause of PU/PD.

**IMAGING PERFORMED BY**

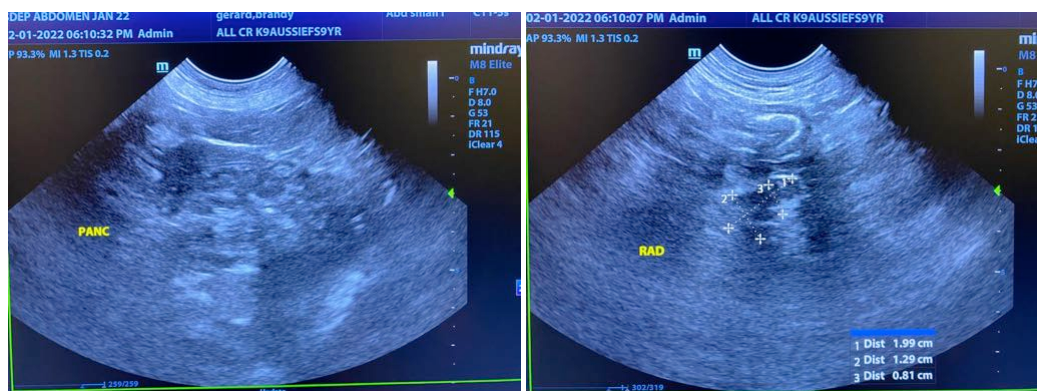
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Aussie

**SEX**

Spayed Female

**AGE**

9 years

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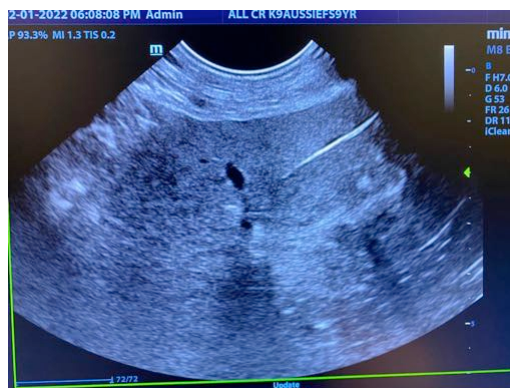
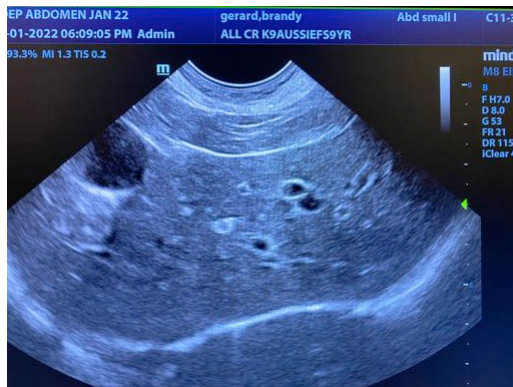
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Aussie

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

**SEX**

Spayed Female

**AGE**

9 years

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