



PATIENT

Matthew VanEssendelft

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

9 years

WEIGHT

65.8 lbs

PRESENTING CLINICAL SIGNS

Patient presented on 2/17/22 for routine annual PE, vaccines, and lab work. (History and copies of lab work results are all attached to case). Owner stated that at times he will hunch up his back and just seems like he is in pain. Physical Exam WNL.

Abnormal PE/Chem/CBC/UA Results: All results attached -abnormal value summary below: -GLU: 73 Norm: 74 to 143 -CREA: 2.3 Norm: 0.5 to 1.8 -BUN: 28 Norm: 7 to 27 -ALKP: 18 Norm: 23 to 212 - Urinalysis with Cult/MIC if indicated was submitted to Idexx - pending -In-house Urinalysis, Chem Panel, CBC, 4DX - attached to case with PE notes -Radiographs (Abdominal and Thorax are included)

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. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.86 cm. The left kidney measured 5.85 cm. Blood flow to the kidneys appeared to be adequate.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** appeared subjectively small and measured 0.44 cm.

IMAGING PERFORMED BY

Dr. Bucha

Spleen

The **spleen** revealed multi-focal, hypoechoic nodules.

HOSPITAL NAME

Harveys Lake VC

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 revealed a minor amount of debris.

REFERRING VET

Dr. Bucha

Gastrointestinal

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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.

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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

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Standard Poodle

Concerning splenic nodules. Round cell neoplasia versus pronounced nodular hyperplasia or splenic abscessation.

Flattened adrenal glands.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 years

Screening for Addison's is warranted. Given the azotemia only minor degenerative renal changes were noted. Therefore, prerenal causes or acute renal insult is suspected. Addison's can also present in this fashion especially given the breed predisposition. ACTH stimulation is indicated. Ultrasound-guided FNA of the splenic nodules are also indicated. 72-hour IV fluid protocol, urine culture and sensitivity is indicated as well as blood pressure measurements.

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IMAGING PERFORMED BY

Dr. Bucha

HOSPITAL NAME

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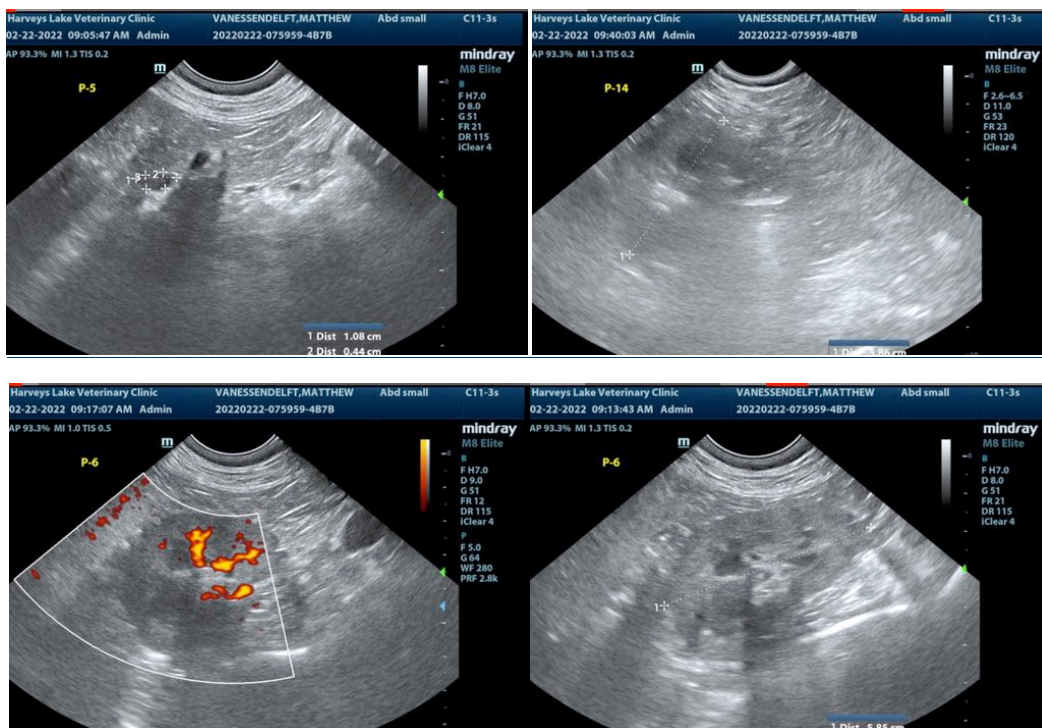
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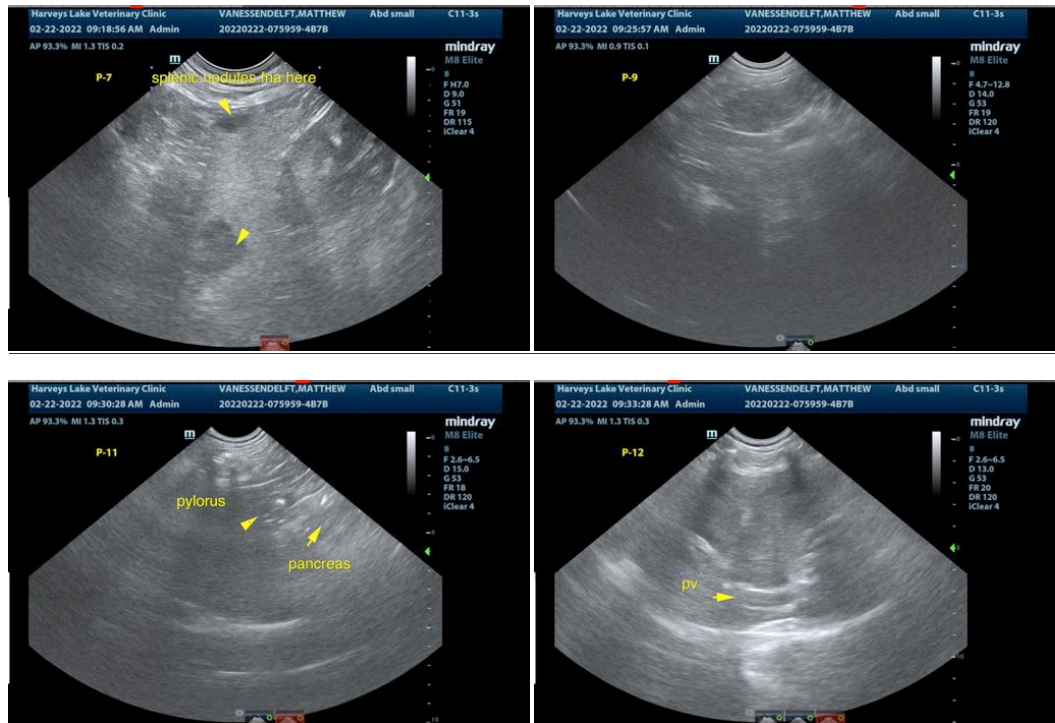
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com