



**PATIENT**

Dobby Stadsvold

**PRESENTING CLINICAL SIGNS**

Has been having incontinence and Dobby is on Proin ER and that seems to help a little but not much. Abnormal PE/Chem/CBC/UA Results: PE: Everything looked really well today. NO RECENT LABS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pit Bull Mix

The **urinary bladder** presented apical wall thickening with a minimal amount of urine present at the time of the sonogram. Minor micropolyloid changes are present.

**SEX**

Neutered male

The **kidneys** revealed significantly disrupted architecture with thickened, irregular cortices with cortical nodular changes. Pyelectasia was noted in both kidneys. This is strongly consistent with primary renal dysplasia. The right kidney revealed significantly disrupted architecture with cortical infarcts and nodular cranial cortices. Complete deviation and disruption of the renal pelvises were noted in both kidneys. The left kidney measured 4.9 cm. The right kidney measured 4.5 cm. Blood flow was minimal on power Doppler assessment.

**AGE**

1 year

**WEIGHT**

55.6 lbs

**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 1.85 x 0.82 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 1.93 x 0.9 cm at the cranial pole and 0.79 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**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**

Elizabeth AH

**REFERRING VET**

Dr. Allyn

**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.

**INVOICE**

96308

**DATE**

2/24/22



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**Gastrointestinal**

Dobby Stadsvold

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.

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Primary renal dysplasia pattern.

**AGE**

1 year

Mild chronic cystitis bladder.

**WEIGHT**

55.6 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full CBC, chem and UA are warranted. Renal biopsy is necessary for a definitive diagnosis; however, the sonographic changes are strongly suggestive for primary renal dysplasia.

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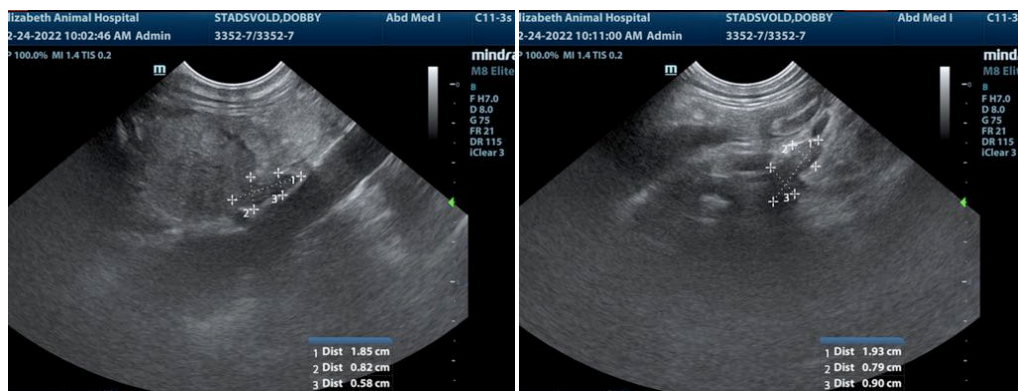
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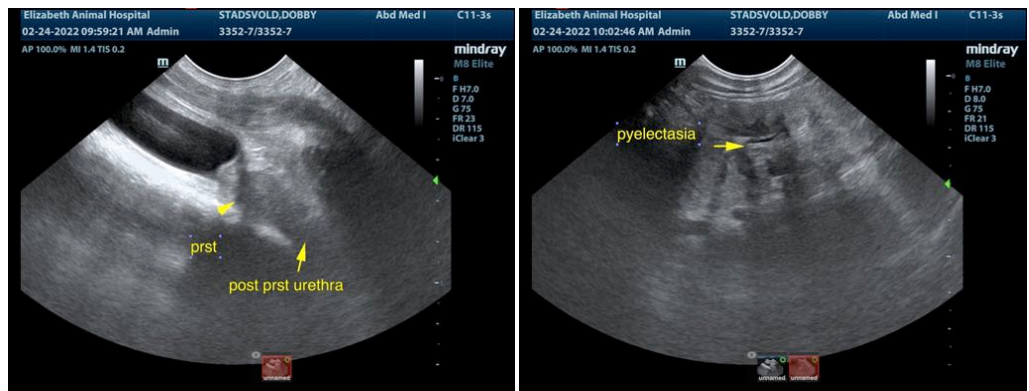
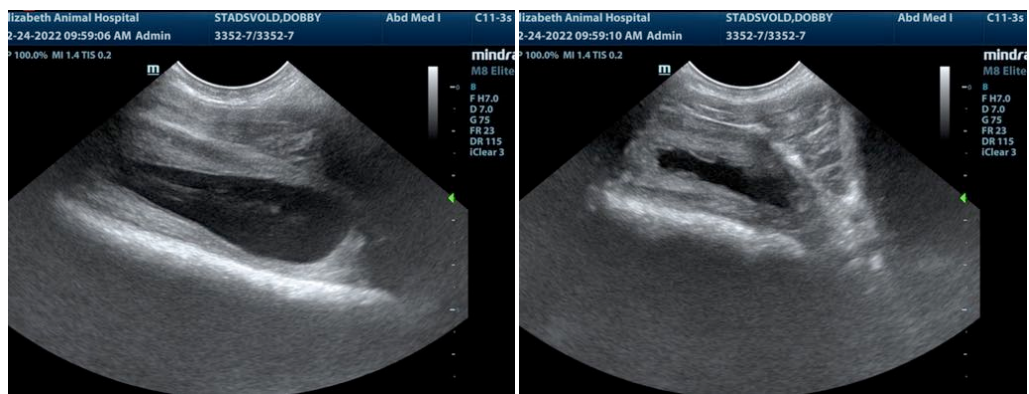
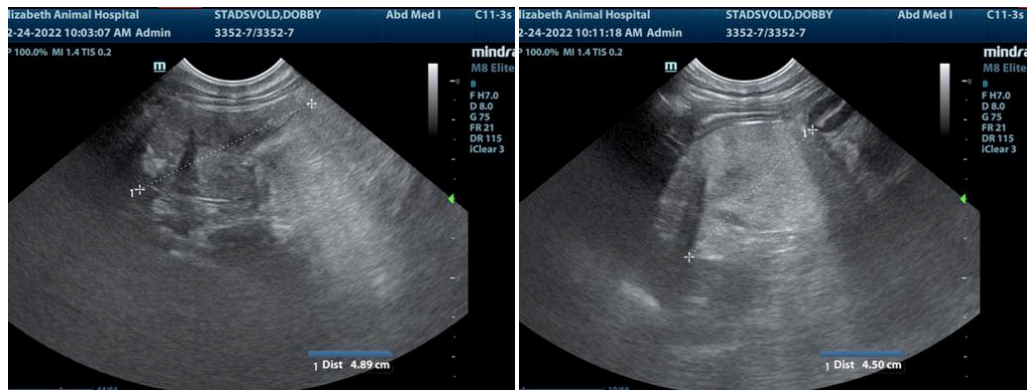
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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