



## PATIENT

Wicket Pletz

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered male

## AGE

11 years

## WEIGHT

8.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Cassie Quillen, dVM

## HOSPITAL NAME

Zumborta VC

## REFERRING VET

Dr. Quillen

## INVOICE

71855

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

- Chronic history of intermittent GI signs, chronic cough, and chronic kidney disease. Did not tolerate benazepril for CKD
- Recent worsening of GI symptoms with vomiting, inappetence, weight loss. Cough was worse after dental procedure, but has been slowly improving.
- Treated with doxycycline, cerenia, sucralfate with minimal improvement.
- 2/13/26: PE - Grade 3/6 heart murmur, Grade 2/4 dental disease, lungs clear, tense on abdominal palpation, otherwise normal, no coughing during exam/tracheal palpation  
Radiographs - Small soft tissue appearing opacity just caudal to corina, rare air bronchograms present. Region just caudal to the stomach was mildly irregular and poorly defined. No clear mass effect, foreign material, or obstructive patterns. 1/28/26: CBC - Mild nonregenerative anemia; platelets mildly elevated; rest unremarkable Chem - creat 6.3, BUN >130; rest unremarkable 11/7/25: Chem - creat 2.9, BUN 46; rest unremarkable 7/10/25: CBC - unremarkable Chem - creat 3.3, BUN 68, K 5.9, Cl 123; rest unremarkable UA - USG 1.013, pro 500 mg/dL; otherwise unremarkable UPC - >11.28

## 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 mildly increased cortical echogenicity and irregular contour with enhanced, surrounding fat. This is suggestive for nephritis. The degenerative changes were minor. Slight cortical infarcts were noted in the kidneys. The left kidney measured 4.15 cm. The right kidney measured 4.34 cm.

### 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 0.6 cm. The right adrenal gland measured 0.52 cm.

### Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### 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



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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**

Acute on chronic renal disease.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I do not feel that the kidneys subjectively appear end stage. Urine culture and sensitivity, blood pressure measurements and treatment for acute renal failure is indicated. GI protectant protocol is also indicated given the azotemia.

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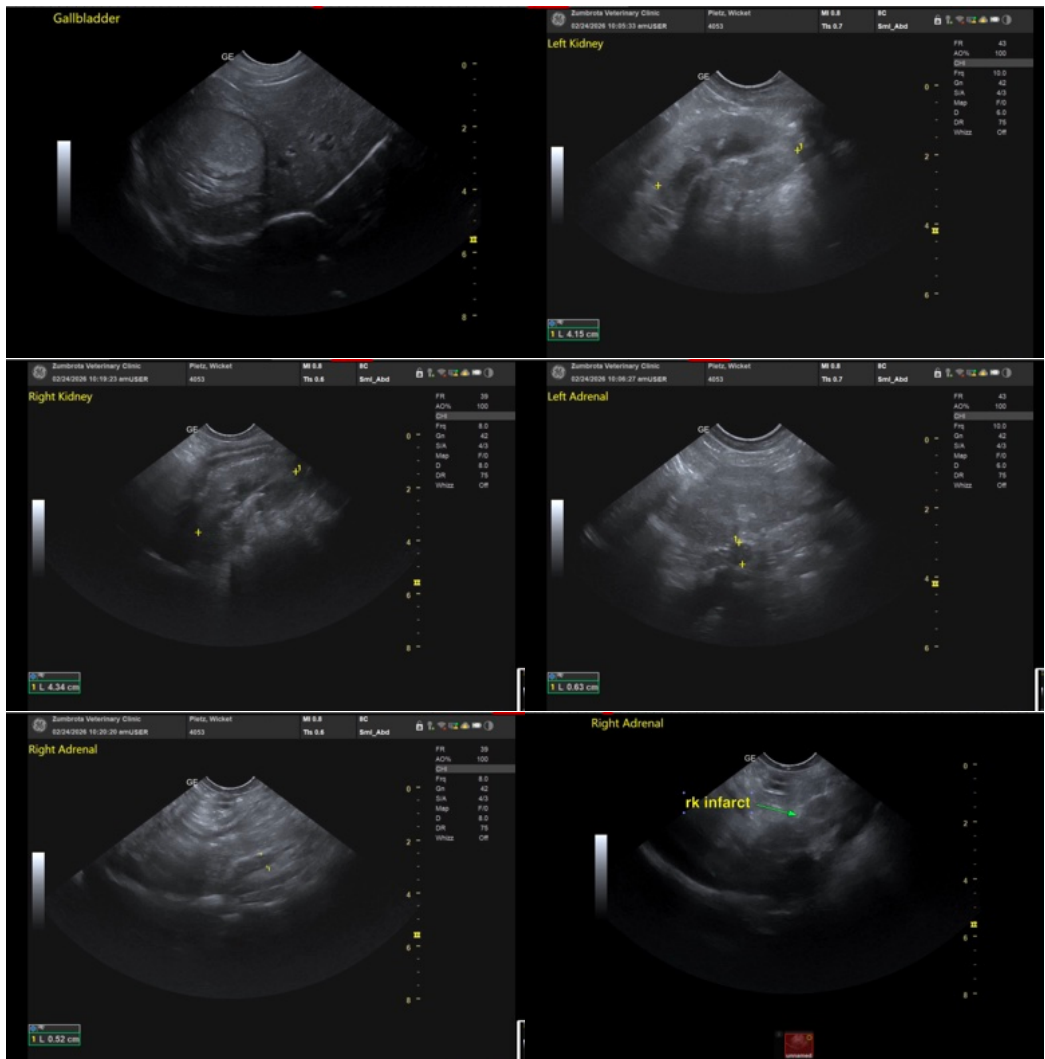
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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