



**PATIENT**

Brinley Broucek

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

5.5 Years

**WEIGHT**

61.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP (CFM), Cert.  
 IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd, DVM, D,  
 ABVP-CFP

**HOSPITAL NAME**

Steele Creek Animal  
 Hospital

**REFERRING VET**

Dr. Judy

**INVOICE**

73266

**DATE**

2/25/26

**PRESENTING CLINICAL SIGNS**

Intermittent vomiting but improved when ^feeding to TID- r/o GERDS, billows vomiting syndrome, IBD, renal disease. Diet RC Lab dry kibble, on Famotidine. Needs a dental- moderate calculus and mild gingivitis. Renal insufficiency SDMA 12, will get cyst today.

Abnormal PE/Chem/CBC/UA Results: PE: no heart murmur, no palpable masses/organomegaly renal insufficiency SDMA 12

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** were subnormal in size with nodular irregular cortices and disrupted renal pelvic architecture. Pyelectasia noted in both kidneys. Strong concern for primary renal dysplasia with secondary degenerative changes. Echogenic remodeling noted on both kidneys. Right kidney measured 4.45 cm. Left kidney measured 5.4 cm.

**Adrenal Glands**

The **left adrenal gland** was slightly swollen at the cranial pole measuring 0.93 cm at the cranial pole, 0.57 cm at the caudal pole, and 2.36 cm in length.

The **right adrenal gland** presented normal size and contour, measuring 1.64 cm x 0.56 cm at the caudal pole and 0.61 cm at the cranial pole.

**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 were noted.

**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.



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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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Minor dilated cecum 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**

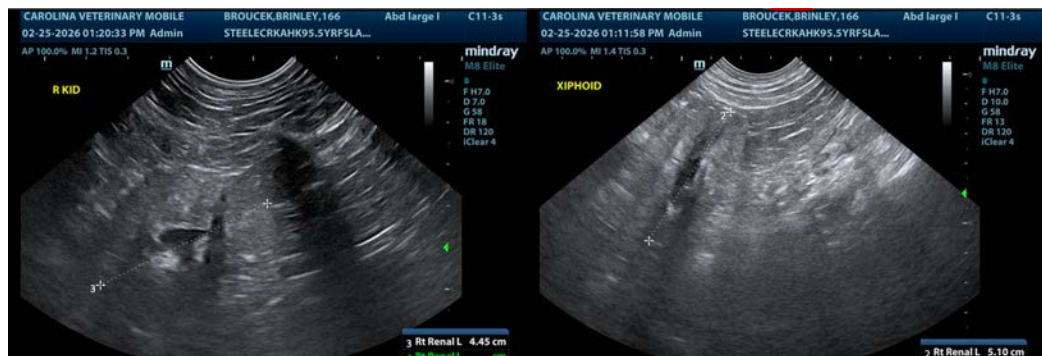
- Pattern consistent with primary renal disease with secondary degenerative changes.
- Urinary bladder debris.
- Slightly swollen left adrenal gland.
- Minor dilated cecum, unremarkable GI tract otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal biopsy would be necessary for further definition. Prognosis is guarded to poor long-term. Renal support protocol recommended. Full urinary workup warranted as well as blood pressures and renal oriented diet. I'm very concerned about potential emerging renal failure in this patient depending upon bloodwork results and urinalysis. If anesthesia is necessary, this would depend upon BUN, creatinine, USG, SDMA, and proteinuria, as well as blood pressures. Subjectively, the kidneys appear near end stage in their degenerative and deformed appearance.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://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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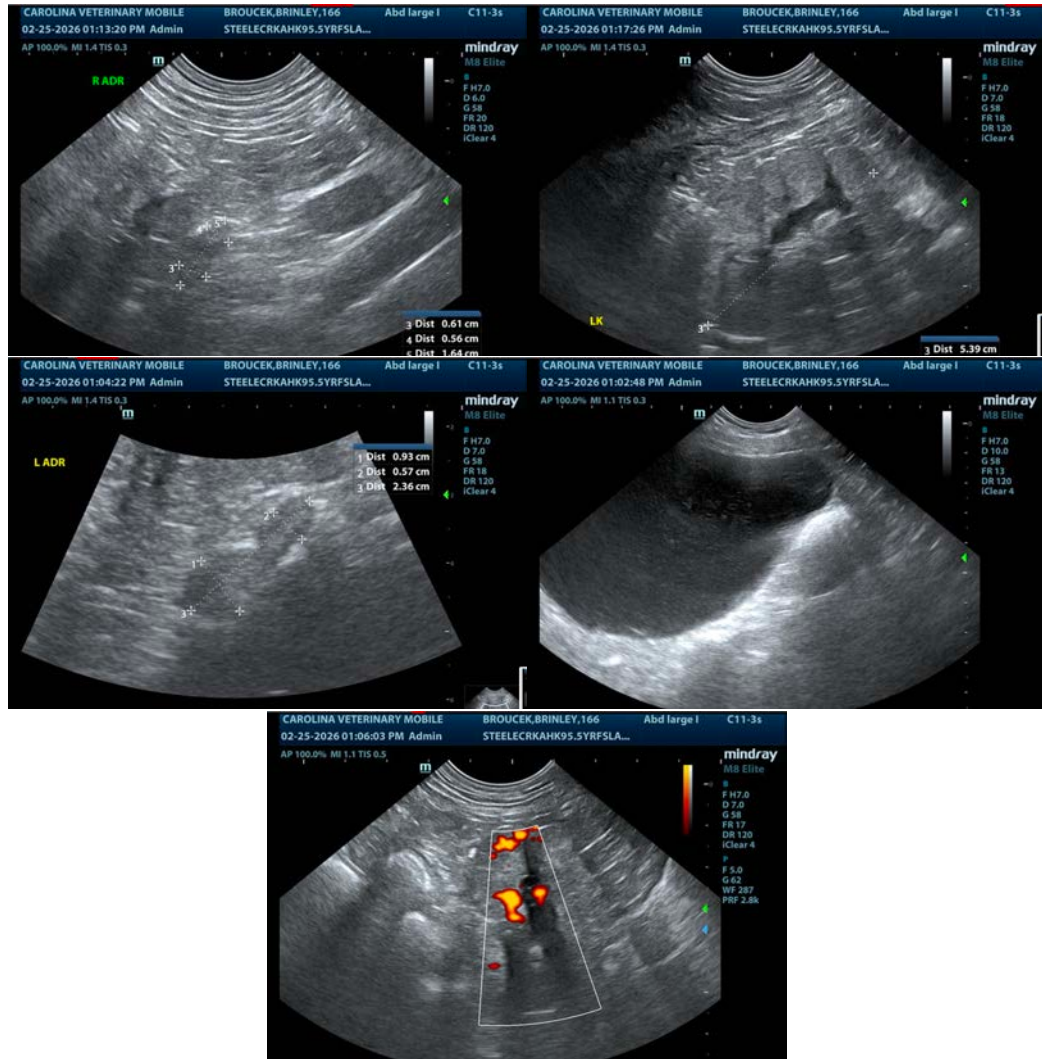
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)