



PATIENT PRESENTING CLINICAL SIGNS

Sadie Young History: vomiting bile, decreased appetite for 3-4 days
Abnormal PE/Chem/CBC/UA Results: CBC: WBC 4.36, NEU 2.90, Chem: SDMA 18, Crea 2, BUN 109 U/A: cystocentesis, Hyaline >1/HPF, non-hyaline cast >1/HPF, Leukocytes 100, Protein 30mg/dl, UBG 4mg/dl, BLD 10, no bacteria seen

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Papillion

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.

SEX

Spayed Female

AGE

13 years

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. Pinpoint mineralization were noted and were non obstructive. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm. The changes were consistent with moderate degenerative changes, yet not end stage. Blood flow appeared adequate.

WEIGHT

12.2 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The regions of **adrenal glands** were imaged with no evidence of pathology.

IMAGING PERFORMED BY

Spleen

Dr. Griffin

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

Northside VC

REFERRING VET

Liver

Dr. Griffin

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

INVOICE

96815

DATE

3/11/22



PATIENT

Gastrointestinal

Sadie Young

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

Papillion

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Mild to moderate, non-specific degenerative renal changes with slight pinpoint mineralization.

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

12.2 lbs

The causes of acute insult such as toxin exposure and calculi passage are possible. Screening for Addison's is warranted even though the patient is likely too old for Addison's; however, the adrenal glands were not overtly visible and may be small. Leptospirosis titers are also indicated. Leptospirosis titers are also indicated. 72 hour IV fluid protocol for acute renal insult is recommended.

INTERPRETED BY

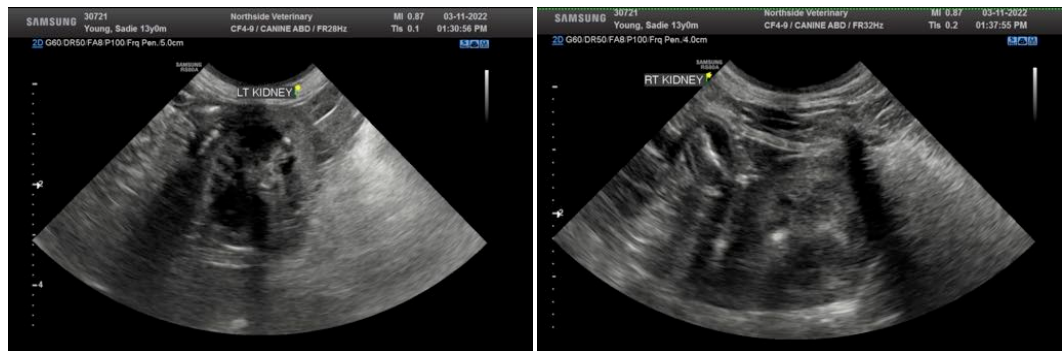
Eric Lindquist, DMV
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IMAGING PERFORMED BY

Dr. Griffin

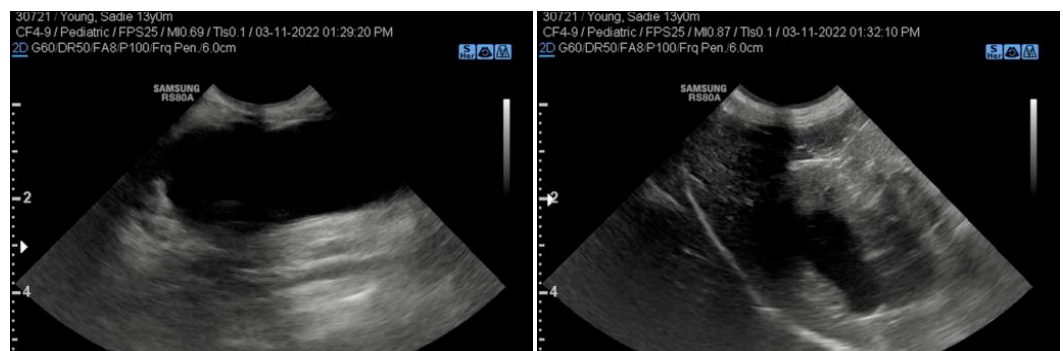
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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