



PATIENT

Belle Izzo

SPECIES

Canine

BREED

Greater Swiss Mountain Dog

SEX

Spayed Female

AGE

1 year 11 months

WEIGHT

113 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch

INVOICE

96842

DATE

3/14/22

PRESENTING CLINICAL SIGNS

History: Recent chocolate ingestion and ate a plastic container~1month ago. O saw pet vomit plastic pieces within the last 2 days. Soft stool. Hx of congenital polycystic kidneys with chonic nephropathy. Abnormal PE/Chem/CBC/UA Results: SDMA 11, Creat 1.6; BUN 22

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** in this patient presented a significant disrupted architecture with polycystic changes and loss of corticomedullary definition. The kidneys were subnormal in size, primarily on the right. The renal pelvises were disrupted as well. This is strongly suggestive for primary renal dysplasia. The degree of renal dysfunction is debatable based on renal parameters. Both kidneys revealed cortical infarcts and remodeling. The left kidney measured 7.71 cm. The right kidney measured 5.95 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 right adrenal gland measured 2.74 x 0.5 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 2.26 x 0.45 cm at the cranial pole and 0.6 cm at the caudal 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 was 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

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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. There was a minor amount of ingesta noted in the stomach, yet there was no evidence of shadowing foreign matter and no evidence of obstruction. 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

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

Primary renal dysplasia pattern with polycystic kidneys.

WEIGHT

113 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements, CBC and chem are all warranted. Frequent urinary evaluation is recommended as the kidneys appear to be near end stage. The duration of the ability to maintain metabolic need is debatable in this patient.

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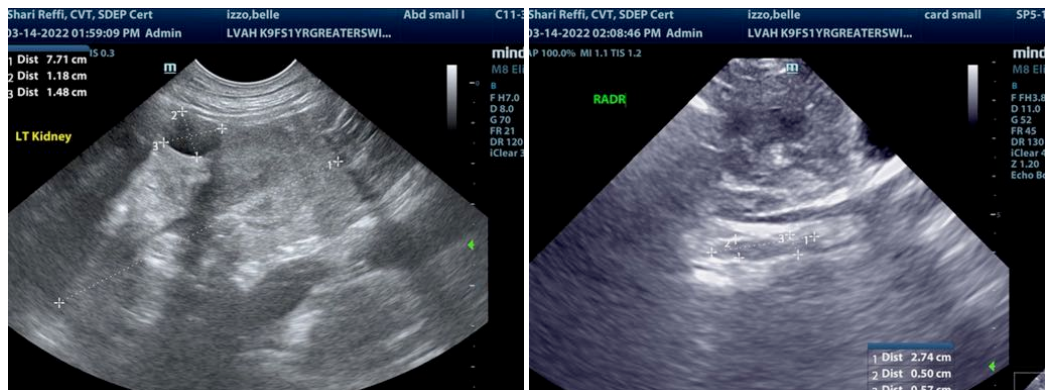
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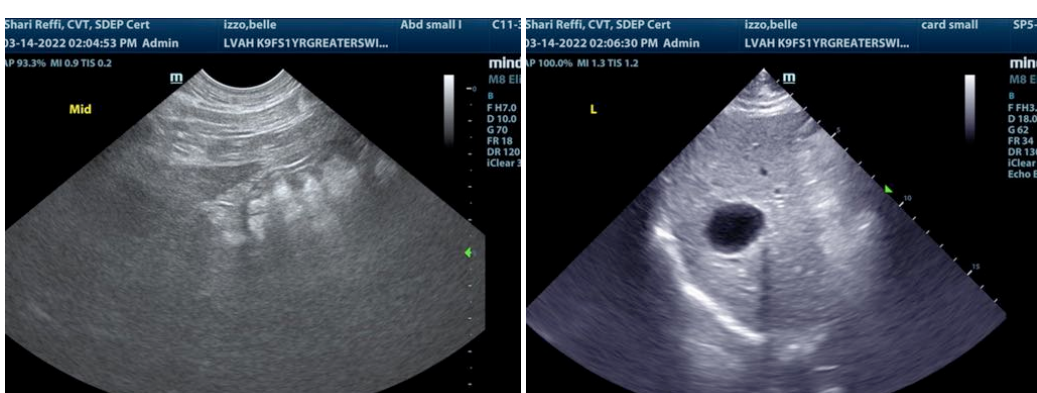
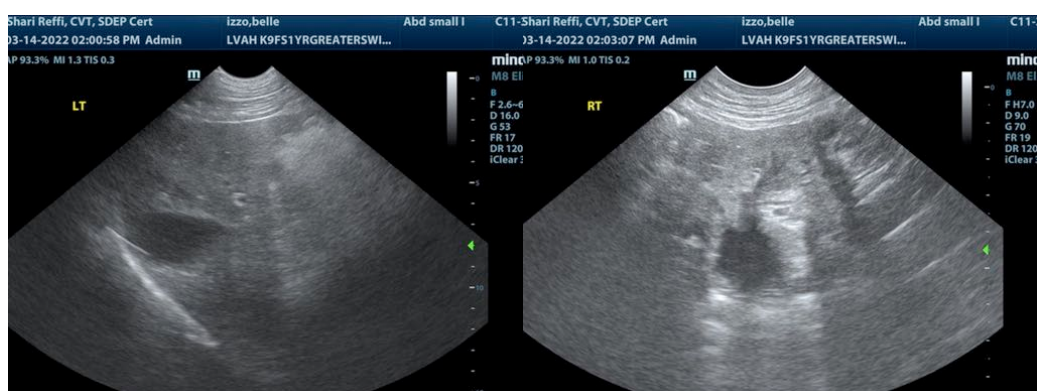
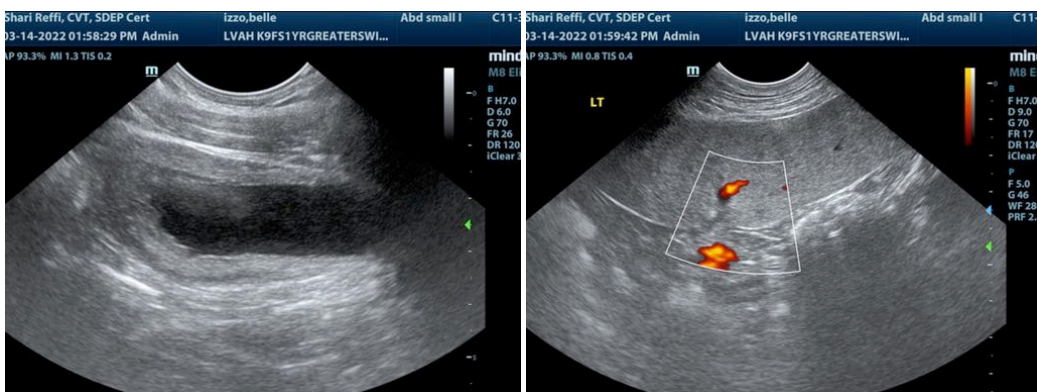
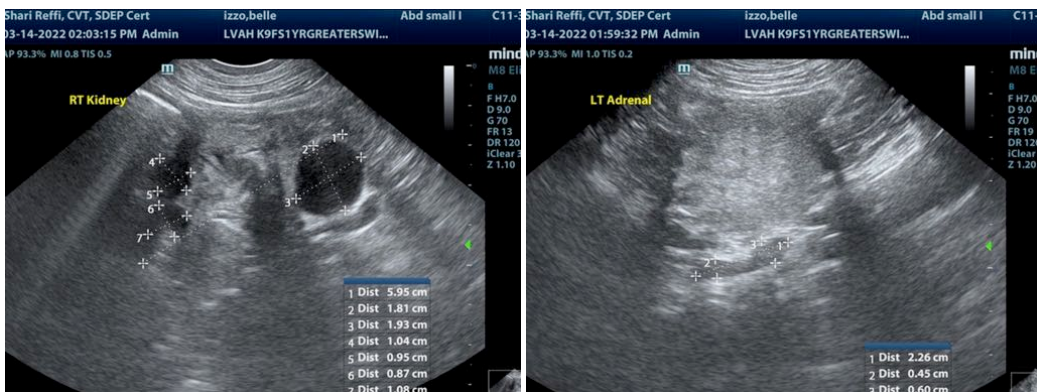
Dr. Welch

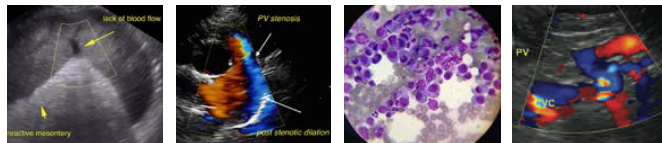
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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