

**DATE**

3/15/22

**PATIENT**

J Peg Durfee

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Neutered Male

**AGE**

10/12/14

**WEIGHT**

110 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce  
RDMS, RVT**HOSPITAL NAME**

Hickory Vet Hospital

**REFERRING VET**

Dr. Lyle

**INVOICE**

36325

**PRESENTING CLINICAL SIGNS**

Presented Jan 2022 for dental prophylaxis. Pre-op bloodwork showed elevated kidney values. P also tested positive for Lyme. Treated with Doxy and started on renal diet. Recheck bloodwork showed no improvement.

Current Medications: Apoquel 16mg SID, RCVD renal.

Lab Results: 1/10 CBC WNL. Chem: BUN 43, Crea 1.9, SDMA 17. Lyme pos, Quant C6 <10. UA : USG 1.017, UPC 0.4. ¾ CBC WNL. Chem : BUN 42, Crea 2.0, SDMA 12. UA with UPC pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 were noted. Ureteral papillae were normal.

The **kidneys** presented a chronic interstitial nephrosis pattern with irregular contour and subnormal size, consistent with end stage degenerative renal disease. The right kidney measured 5.65 cm. The left kidney measured 6.08 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 2.6 cm x 0.76 cm at the caudal pole and 1.15 cm at the cranial pole. The left adrenal gland measured 2.55 cm x 0.48 cm at the caudal pole and 0.46 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Occasional hypoechoic non-disruptive nodular change noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**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

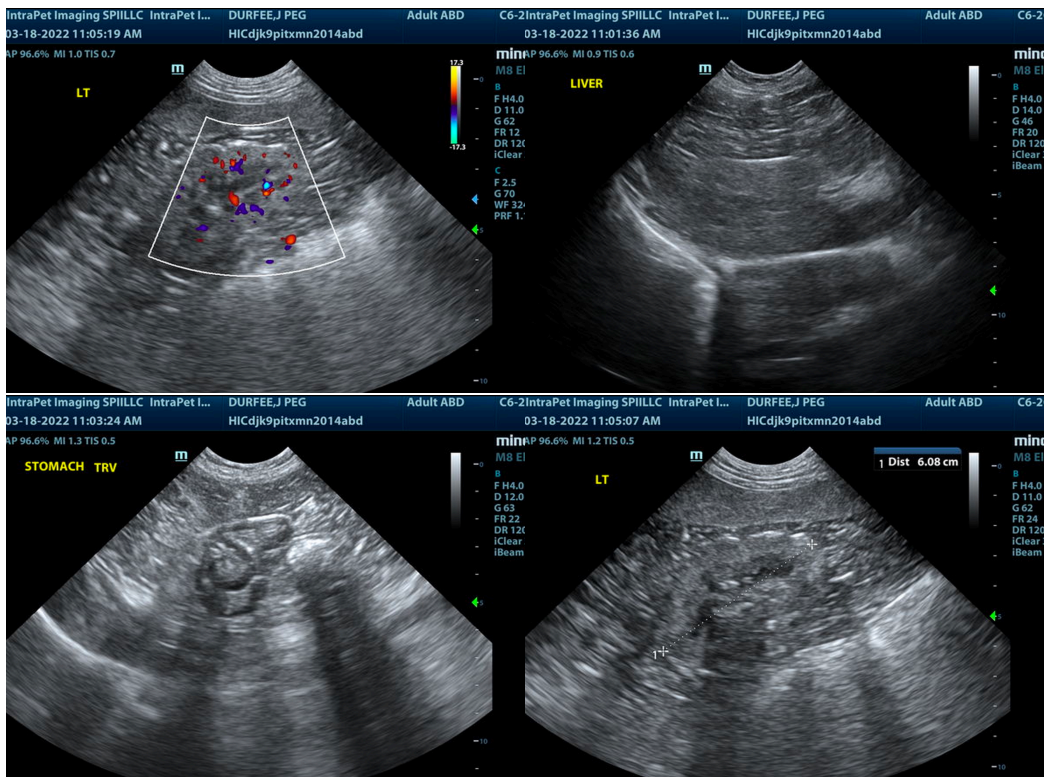
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

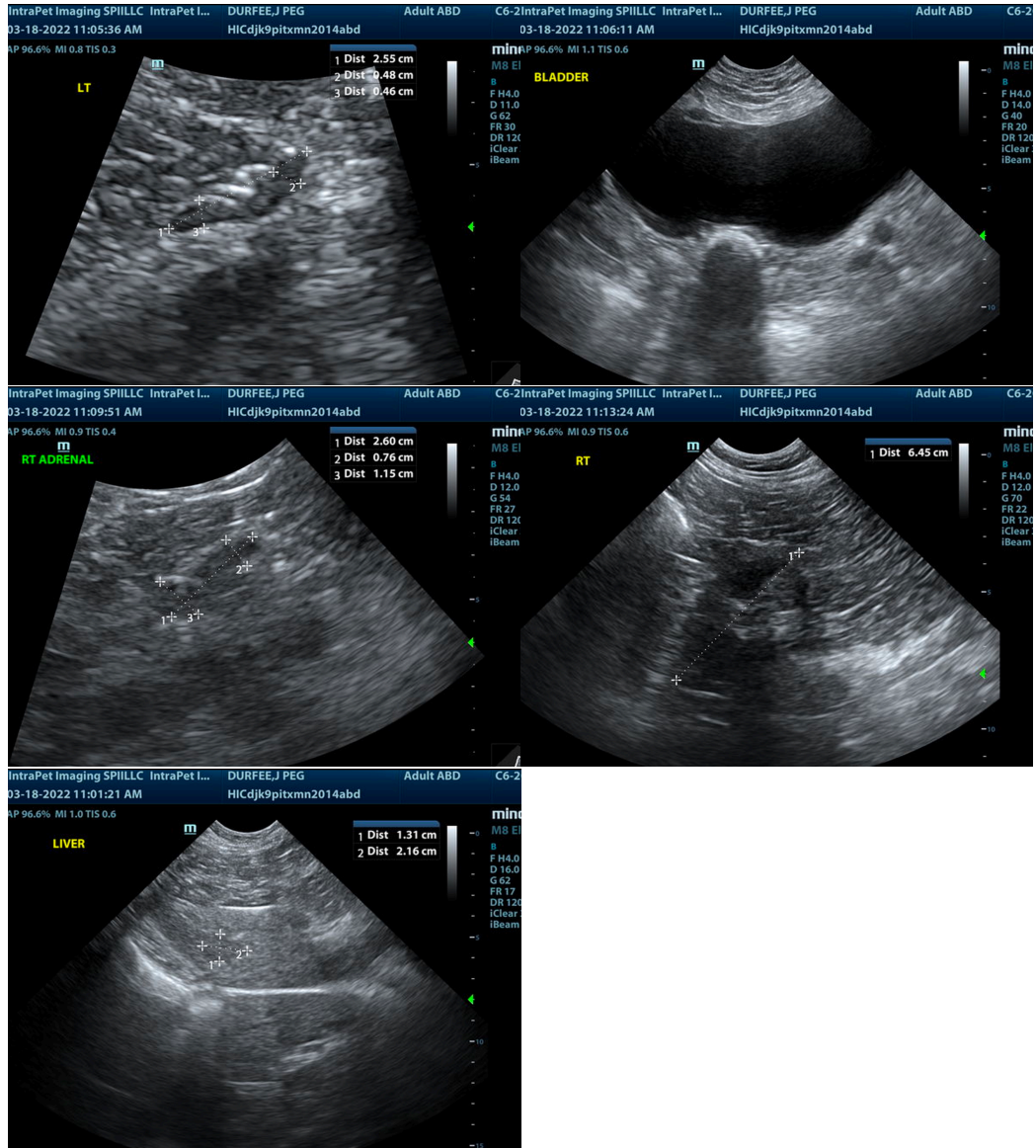
## ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative hepatic changes
- Chronic interstitial nephrosis renal pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for long-term viability of the kidneys in this patient. 72-hour IV fluid protocol, Leptospirosis titers, blood pressures all indicated. Blood flow to the kidneys was subjectively subnormal on color flow assessment. Prognosis depending upon if the patient can improve from this uremic crisis.





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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