

PATIENT

Tucker Smith

SPECIES

Canine

BREED

Catahoula Leopard
Dog Mix

SEX

Neutered Male

AGE

6 Years 9 Months

WEIGHT

56

INTERPRETED BY

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

IMAGING PERFORMED BY

Melanie Harms LVT

HOSPITAL NAME

Thorn Avenue Animal
Hospital

REFERRING VET

Dr. Lauren O'Neill

INVOICE

14632

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- presented for vomiting and pu/pd on 2/25, BW showed increased BUN, Creatinine, SDMA, phosphorus, magnesium, cholesterol and amylase
- started chronic SQ fluids on 3/2
- diagnosed with Lyme nephritis on 3/6 and started Doxy

Abnormal PE/Chem/CBC/UA Results: See attached lab results. QC6 and follow up chemistry currently pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The urethra was visible to a depth of 2.0 cm.

The **prostate** was not visible.

The **kidneys** presented with diffusely hyperechoic cortical changes and loss of corticomedullary definition with a medullary rim sign. No evidence of masses or pyelectasia. The left kidney measured 5.7 cm in length. The right kidney measured 6.22 cm in length. Blood flow to the kidneys appeared to be mildly subnormal on power doppler assessment.

Adrenal Glands

The **left adrenal gland** was 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 2.19 cm x 0.80 cm width.

The **right adrenal gland** was slightly enlarged and measured 1.3 cm width at the cranial pole and 0.70 cm width 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 were noted. The spleen was folded upon itself cranially.

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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis.

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 or chronic renal failure.
- Micropolypoid changes in the urinary bladder.
- Slightly enlarged right adrenal gland.
- Gastric ileus.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. Acute or chronic insults such as leptospirosis or immune-mediated disease should be considered. Lyme nephritis or protein-losing nephropathy also fits with this presentation. Prognosis is guarded. Support depending upon the response to therapy and renal biopsy would be necessary for further definition.

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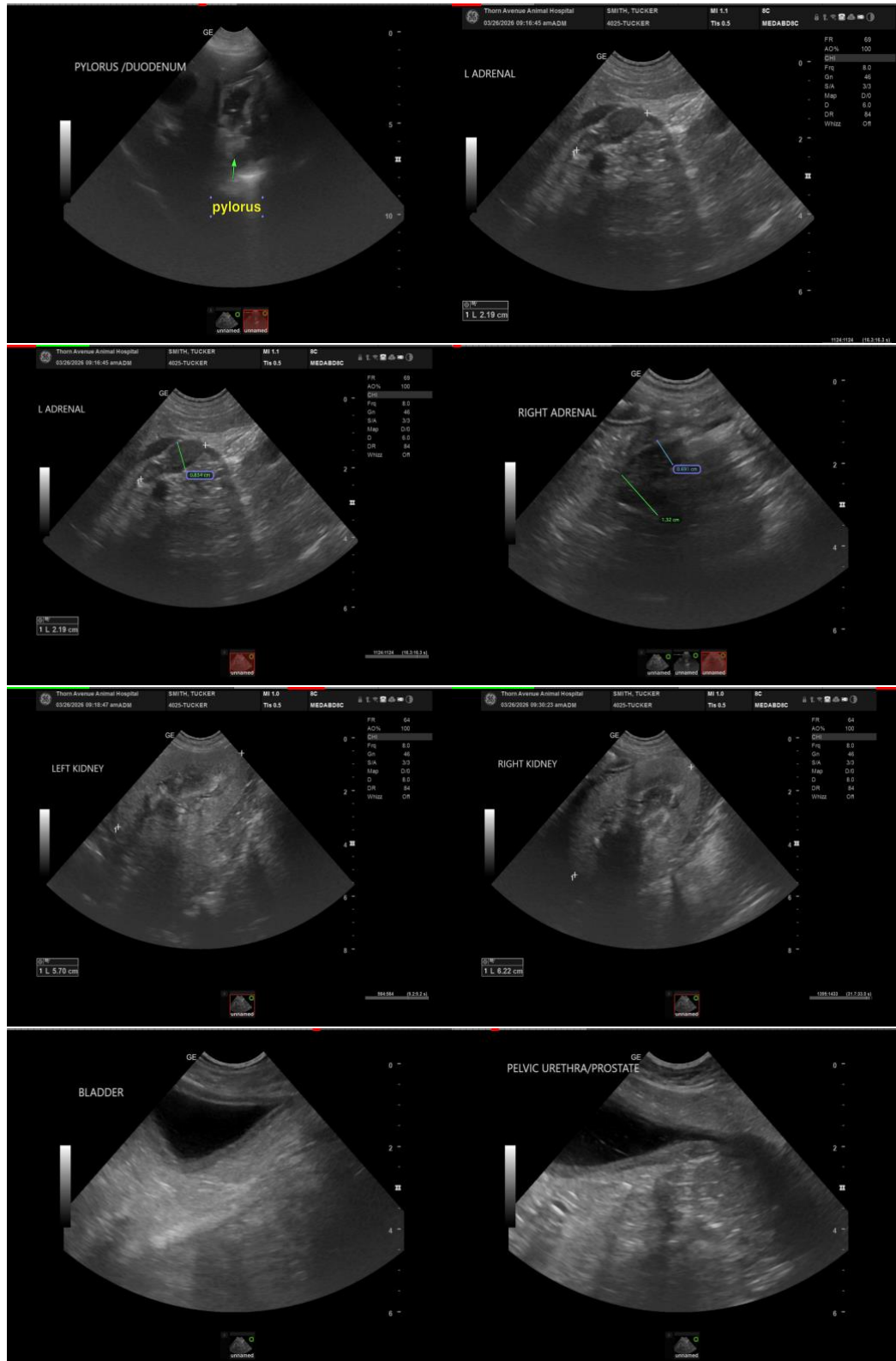
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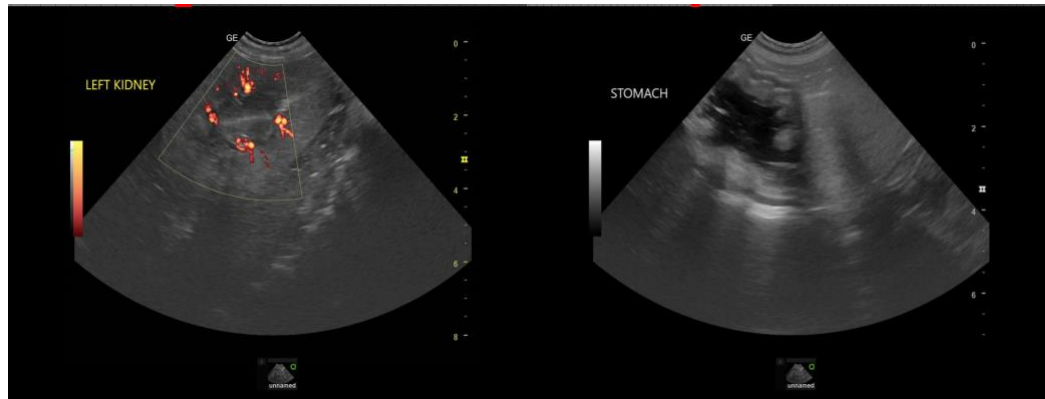
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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