



PATIENT PRESENTING CLINICAL SIGNS

Noah Melendez Truitt

History: Previous history of Calcium oxalate urolithiasis, cystostomy in 2018 and frequent UTI's since. Patient seemed "off" last week, started Clavamox for suspected UTI on Saturday. Patient started vomiting, not eating and lethargic on Saturday. Presented Sunday for out patient care (cerenia, pepcid, SQ fluids). No further vomiting but still not eating. Patient hospitalized on Monday, IV cerenia/pepcid/unasyn, and aluminum hydroxide. Today patient eating some, but certainly not like usual. Today, patient dehydrated on exam.

SPECIES

Canine

BREED

Bichon Frise

Abnormal PE/Chem/CBC/UA Results: Monday (yesterday): Alb 4.7, ALP 727, ALT 190, BUN 149, Phos 12.5, Cre 2.1, Glu 157, K 3.6, TP 8.3, WBC 28.37, Neut 25.84 Tuesday (today): ALP 1178, ALT 218, BUN 71, Cre 1.9, Glu 112, hyperphosphatemia and neutrophilia resolved. USG 1.020 (taken 15 hours off IV fluids)

SEX

Neutered male

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. Sand accumulation was noted and measured 1.0 cm. The sand was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

13 years

WEIGHT

13.5 lbs

The left **kidney** is normal in size and contour with mildly increased cortical echogenicity. The changes are largely age related. The right kidney is subnormal in size and measured 3.56 cm with loss of corticomedullary definition, cortical infarcts and remodeling. Minor pyelectasia is noted. Pelvic calculus was noted in the right kidney.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was at the upper limits of normal, mildly irregular and slightly enlarged. The left adrenal gland measured 0.9 cm at the maximum width. The cranial pole of the left adrenal gland was irregular. The right adrenal gland was mildly heterogenous.

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

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.

REFERRING VET

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Liver

The **liver** was coarse in architecture with increased portal markings. There was a moderate amount of remodeling. Hyperechoic nodules were noted in the liver and were non-disruptive. The largest of which measured 2.0 cm. The gallbladder and common bile duct were unremarkable.

DATE

3/29/22



PATIENT

Gastrointestinal

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The **stomach** was over distended with chyme. The pylorus was free of evident pathology. The small intestines and colon were unremarkable.

SPECIES

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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.

BREED

Bichon Frise

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling and liver nodules.

Gastric stasis.

AGE

13 years

Chronic nephrosis/nephritis right kidney.

Pelvic calculus was noted in the right kidney.

Bladder sand.

WEIGHT

13.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

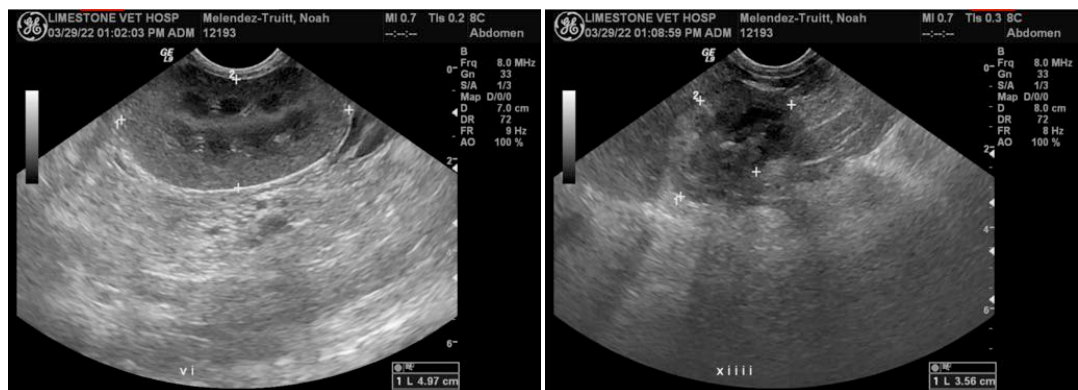
The patient is likely passing calculi from the kidneys to the bladder periodically. Bile acid profile is indicated. The patient may have passed calculi in the recent past contributing to the clinical profile. 72-hour IV fluid protocol is warranted. Gastric stasis is present. There was no evidence of foreign body. The pylorus appeared patent. There was no evidence of neoplasia. Once stabilized cystotomy, sand analysis and culture would be indicated. If any evidence of UTI is present then treatment for 4 weeks is warranted given the pyelectasia and chronic nephrosis/nephritis pattern in the right kidney.

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SEX

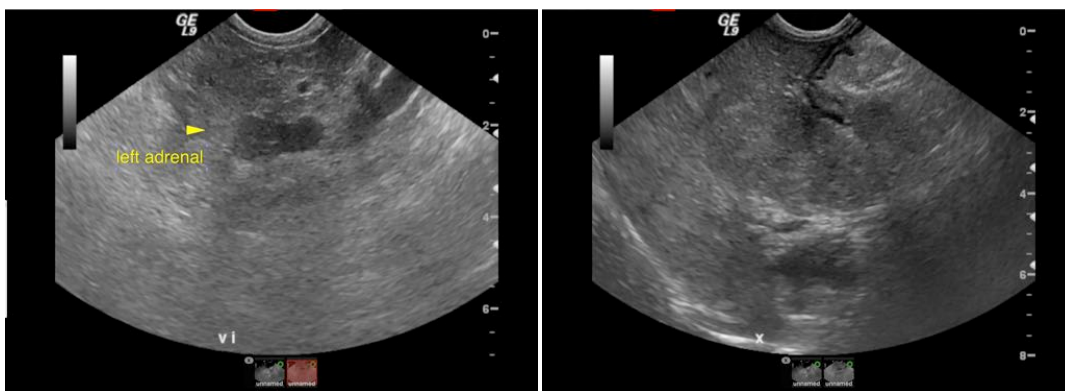
Neutered male

AGE

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WEIGHT

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INTERPRETED BY

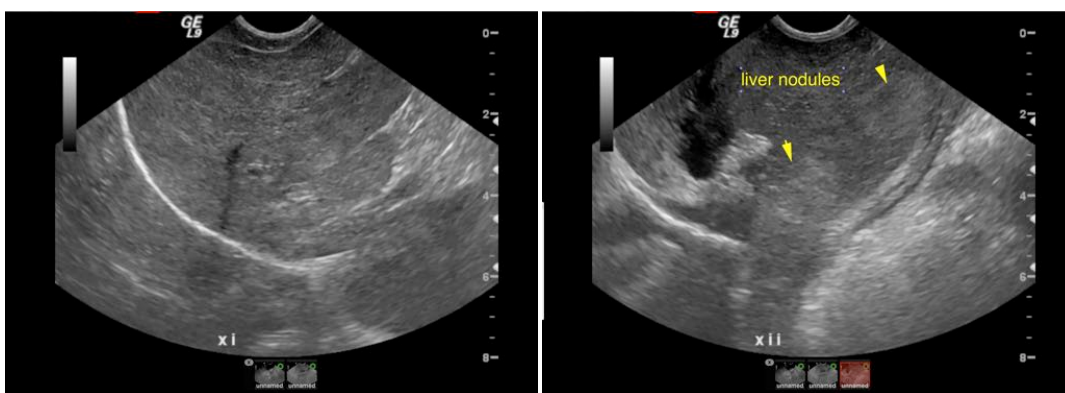
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Bichon Frise

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SEX

Neutered male

AGE

13 years

WEIGHT

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