



**PATIENT PRESENTING CLINICAL SIGNS**

**Bubba Newson**  
**SPECIES** Canine  
**BREED** Poodle Mix  
**SEX** Neutered male  
**AGE** 14 ½ years  
**WEIGHT** 7.9 lbs

**History:** Seen in Feb orthopedic disease and started on carprofen. History of mass on right hind - between tarsus and foot. Not biopsied. Favoring for the right hind over the last 4 months. Blood testing at that time - BUN 28, creatinine 1.4. Kidney values had improved. CBC NSF. On carprofen for 2 weeks. Last dose Fri AM. 12.5 mg caprofen q 12 hr. History of cough, had radiographs in Feb. Radiographs demonstrated mineralization of gallbladder region. Thursday last appeared normal. Can be a picky eater. May skip food for a day. Likes the fresh can of wet food. Did not eat Fri AM/PM, not on Sat AM/PM. Sat offered chicken and rice, tuna - not eat. Was drinking water. Client gave gatorade. Follow up with regular vet on Mon. Blood work and radiographs taken. Give dose of steroids dexamethasone on 3/28 & 3/29, Testing noted SG 1.027, CBC NSF, BUN 31, tbili NSR, CI 105. Normal ALT & ALP. 3/28 - radiographs retaken. bridging spondylosis for some time. Steroid injection and morphine. Client bought baby food, would eat a few Tbsp and be done. Got additional steroids on Tue. Was going to refer to OVRA. 3/29 started. Per Dr. Dewlaney, Entyce, cerenia, omeprazole, gabapentin. Did eat after entyce on Tue ate 1/8th cup poodle and baby food. Wed he vomited everything he ate Tue evening. Diarrhea seen on Wed (may have started prior). PE: Marked dental disease. Abdomen mild tense. No murmur  
**Abnormal PE/Chem/CBC/UA Results:** Chem 17/lytes: Phos 1.8, but rechecked and found to be normal (2.8), lipase 2842, lactate 3.88 PCV/TS 43% and 6 g/dL

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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. Slight mineralization was noted in the kidneys as well. The right kidney measured 3.0 cm. The left kidney measured 3.0 cm.

**IMAGING PERFORMED BY**

Dr. Schneck

**HOSPITAL NAME**

Willamette VH

**Adrenal Glands**

The **adrenal glands** were not overtly visualized and may be owing to normal size.

**REFERRING VET**

Dr. Schneck

**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.

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**DATE**

3/30/22



## PATIENT

Bubba Newson

## Liver

The **liver** was subnormal in size with increased portal markings. Minor excessive gallbladder debris was noted, yet no evidence of obstruction.

## SPECIES

Canine

## Gastrointestinal

## BREED

Poodle Mix

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.

## SEX

Neutered male

## Pancreas

## AGE

14 ½ years

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.

## WEIGHT

7.9 lbs

## ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes, largely expected for this age patient. Emerging renal failure suspected given the azotemia and slightly lower than normal urine specific gravity.
- Subnormal hepatic size with moderate remodeling. No evidence of portosystemic shunting.
- The stomach appeared empty with no evidence of a foreign body.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although the age of the patient would suggest that Addison's is likely not an issue I recommend baseline cortisol to ensure that this is not a complicating factor. Otherwise, supportive care is warranted. IV fluid support is recommended to correct azotemia. I recommend assessment for any inflammatory sediment in the urine. The steroid injection may be suppressing a more significant presentation. However, structurally the abdomen appears largely geriatric in nature with moderate, degenerative renal and hepatic changes. Radiographs revealed what appeared to be a gallbladder calculus, yet this was not reproduced in the images of the gallbladder.

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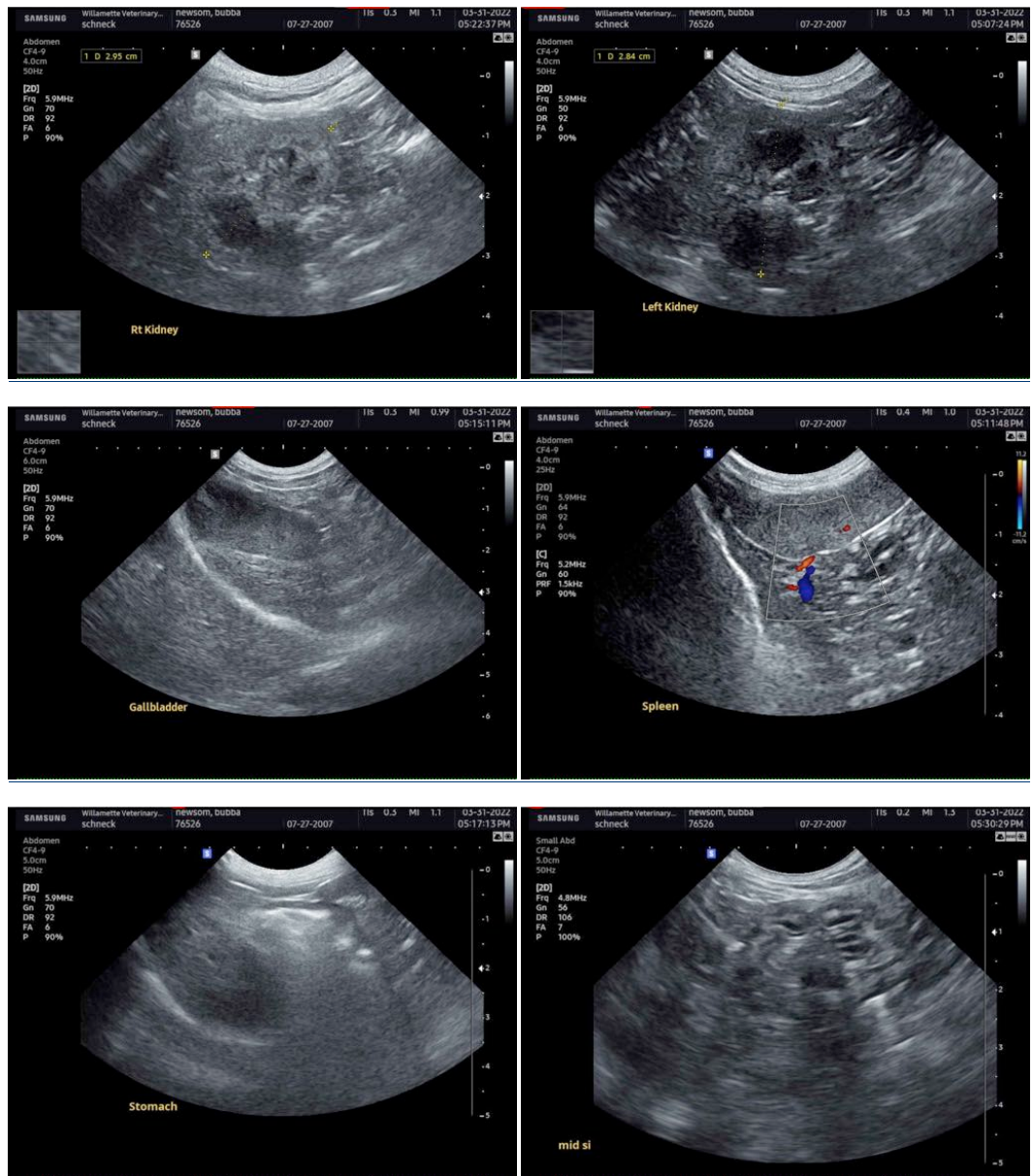
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com



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