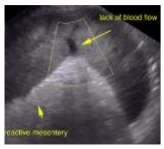
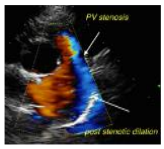
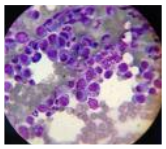
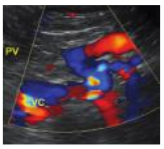





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Odin Heavner

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Ashley Whitesell

INVOICE

21866

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: Chronic kidney disease, maintaining well until past 2-4 weeks noticing some weight loss and mild ADR changes

Abnormal PE/Chem/CBC/UA Results: ALT 275, Alkphos 257, BUN 32; Crea 1.9 Kidney values improved from September, liver mildly worse than in September

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 1.3 cm.

The **kidneys** revealed largely normal 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 his age patient. Medullary structure differed distinctly from that of the cortex. Nonobstructive mineralization was present in the kidneys. Pyelectasia (0.31 cm) and cortical infarcts were noted in the right kidney. The kidneys do not appear end-stage. The right kidney was subnormal in size, measuring 5.0 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment of both kidneys. The left kidney revealed similar changes as the right kidney. The left kidney measured 4.5 cm. Pyelectasia in the left kidney measured 0.3 cm.

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 1.5 cm x 0.5 cm.

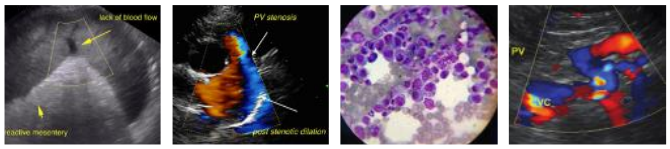
The **right adrenal gland** was mildly heterogenous and slightly irregular, measuring 2.2 cm x 0.82 cm at the cranial pole and 0.63 cm at the caudal pole.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Odin Heavner

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Ashley Whitesell

INVOICE

21866

DATE

3/31/23

contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Minor retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

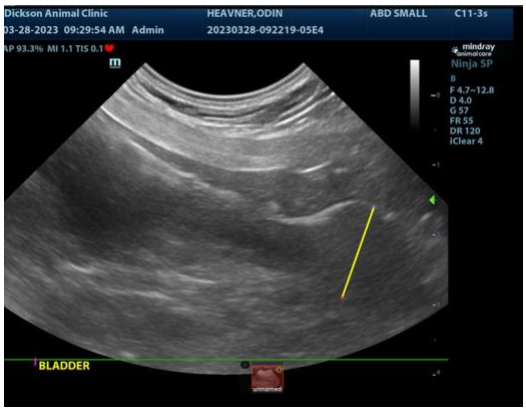
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

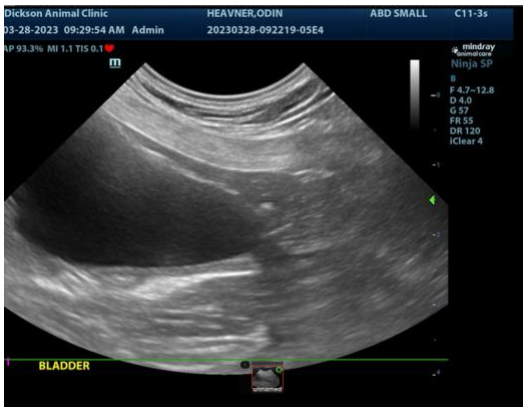
ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal disease with mineralization and pyelectasia, potential underlying pyelonephritis/UTI
- Minor retention of ingesta in the stomach
- Mildly heterogenous and slightly irregular right adrenal gland
- Age-related hepatic changes

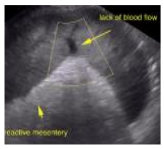
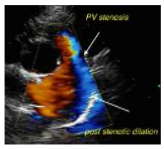
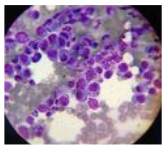
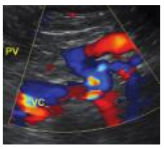
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear subjectively 50-60% compromised. I recommend 72-hour IV fluid protocol, urine culture, blood pressure measurements, coverage for embedded infection and reassessment of the clinical status. Prognosis is guarded.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Odin Heavner

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

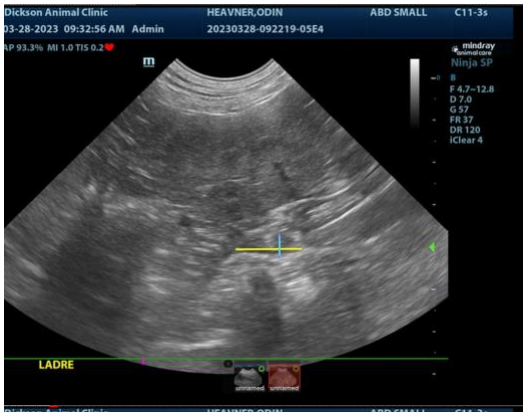
Ashley Whitesell

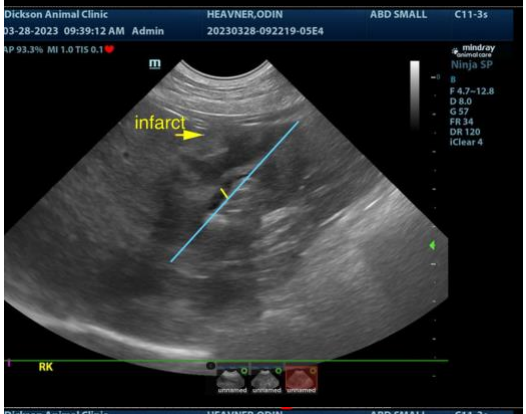
INVOICE

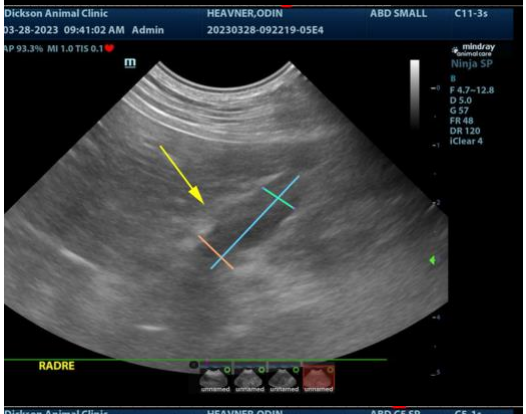
21866

DATE

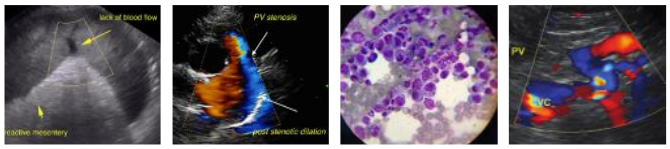
3/31/23







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Odin Heavner

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Ashley Whitesell

INVOICE

21866

DATE

3/31/23

The information and recommendations provided are based on the images presented by the referring veterinarian. 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
info@SonoPath.com