



**PATIENT PRESENTING CLINICAL SIGNS**

Decklin Decker

History: Has been vomiting this morning. Diana is unsure if it was resurge or vomited because she was in a different room, but she came in and there were about 4 piles of foamy, white vomit and one of them had pine needs. He is also loosing control of his bladder. He didn't want to come in this morning because it appeared like he still had to go the bathroom and Diana said that was very unusual for him. She gave him some Mira lax this morning with wet food and he ate it fine but vomited it. Diana thinks he is in pain. Housemate vomited as well this morning and she has been lethargic.

**SPECIES**

Canine

**BREED**

Border Collie Mix

Abnormal PE/Chem/CBC/UA Results: PE: PALE Pink, TENSE ABDOMEN. LARGE, FULL URINARY BLADDER, DRIBBLING URINE. LEAKING URINE. FECAL MATERIAL UNDER TAIL. SHORT STRIDED GAIT. MUSCLE ATROPHY. STAGE II DENTAL DISEASE. VERY DULL COAT. BALD SPOTS. RAT TAIL. NO RECENT LABS

**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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**AGE**

12 years

**WEIGHT**

43.6 lbs

The **left kidney** was mildly thickened and slightly irregular with retroperitoneal fluid and enhanced surrounding mesentery. The right kidney did not revealed any pericapsular fluid; however, enhanced mesentery was present. The right kidney measured 6.02 cm and the left kidney measured 4.83 cm. Blood flow to the kidneys appeared to be adequate.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The right **adrenal gland** was uniform and measured 2.26 x 0.76 cm. The left adrenal gland was mildly enlarged and measured 1.27 x 0.86 cm.

**IMAGING PERFORMED BY**

Carissa Rhoades

**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.

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**Liver**

The **liver** revealed slightly increased portal markings with minor, heterogenous parenchymal changes. The gallbladder and common bile duct were unremarkable.

**INVOICE**

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**DATE**

3/7/23



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**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.

**Heart**

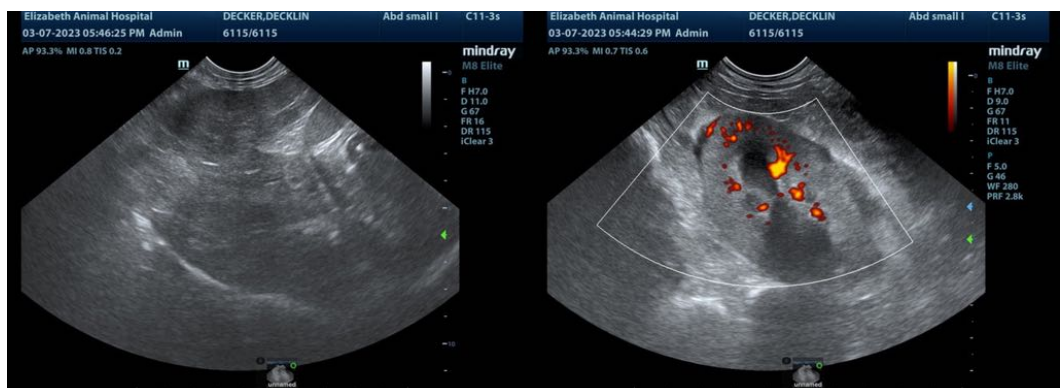
Rapid view of the heart revealed no evidence of pathology.

**ULTRASONOGRAPHIC FINDINGS**

Non-specific nephritis pattern, primarily on the left kidney.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for causes of acute renal insult such as Leptospirosis or toxin exposure is recommended. Full urinary work-up and blood pressure measurements are recommended. The prognosis is guarded depending upon CBC, chem and UA results as well as response to therapy.





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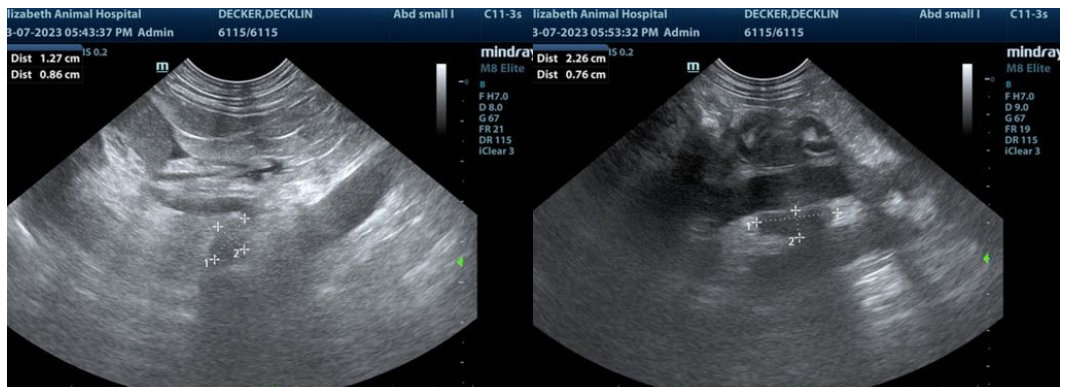
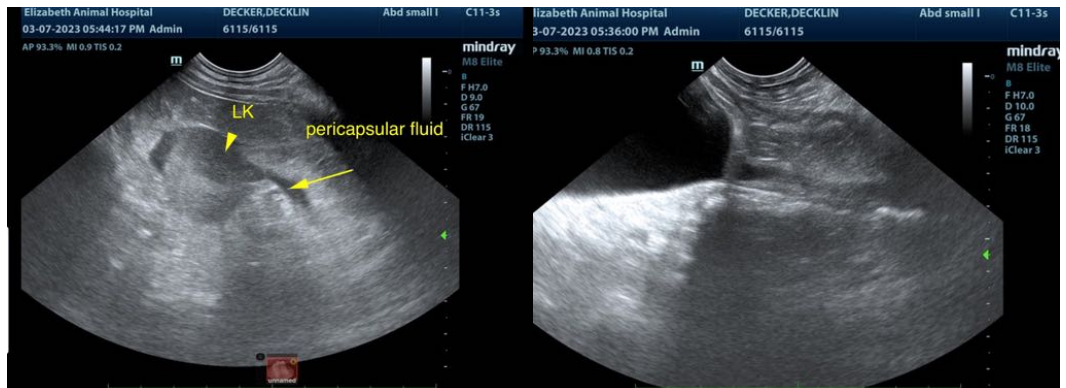
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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