



PATIENT

Sam Piepho Brinkley

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

6 years

WEIGHT

85 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Moss

INVOICE

99271

DATE

4/13/22

PRESENTING CLINICAL SIGNS

Pt presented for weight gain and loss. O said pts weight yoyos a lot and was concerned about hypothyroidism. Sent off labs and found inconsistent kidney enzyme elevations. Seemed more like lab error so re-ran chem 10 and SDMA.

Abnormal PE/Chem/CBC/UA Results: BCS- 7/9, ideal weight for pt is probably 70lbs. CBC showed mild elevation in WBC(19.1) and lymphs(7.8) and low normal HCT(39) Chem showed SDMA-19, BUN-29, creat 1.6, glucose-61, Alb-2.6. UA showed 1.041USG and was otherwise unremarkable. T4 was 1.3. repeat chem showed SDMA 19 and BUN of 29 and creat-1.7, glucose was 92. Pt had negative Snap 4Dx test within the last month.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.27 cm. The left kidney measured 3.4 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

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.

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



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta noted in the stomach. 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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

6 years

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

85 lbs

There was no evidence of pathology related to the clinical signs. Screening for Addison's is warranted given the vague clinical signs and periodic azotemia as well as anemia and slightly low albumin.

INTERPRETED BY

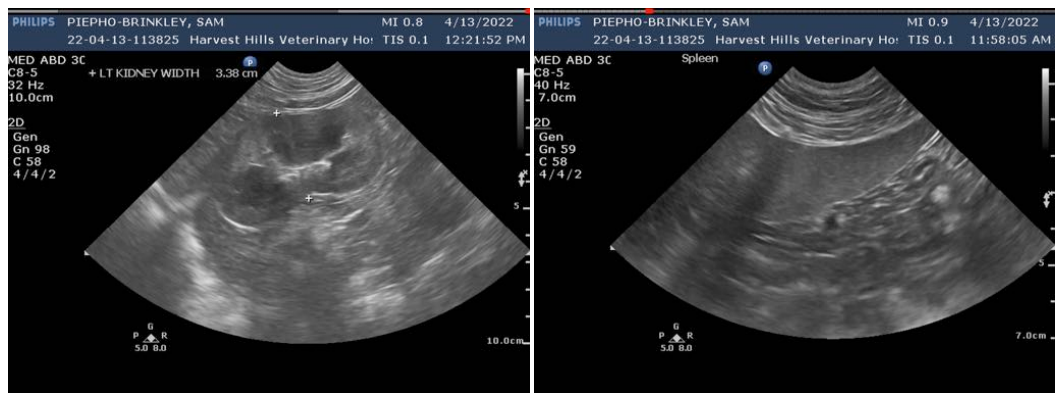
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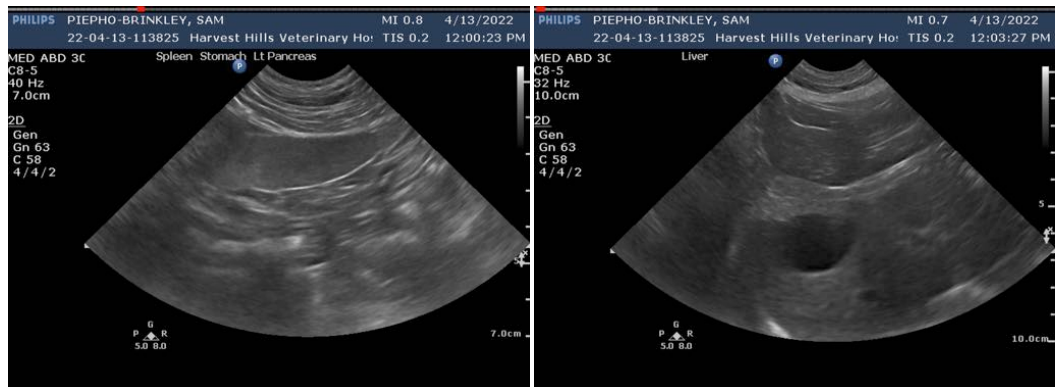
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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