



PATIENT

Garnet Conner

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Female

AGE

2.5 Years

WEIGHT

49.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. N. Stiff

HOSPITAL NAME

Steamboat Veterinary
Hospital

REFERRING VET

Dr. N. Stiff

INVOICE

15154

DATE

04/16/26

PRESENTING CLINICAL SIGNS

Garnet started vomiting regularly about a month and a half ago, with a sensitive stomach that causes her to vomit after drinking water or eating grass. The vomiting frequency increased, prompting a vet visit where deworming was recommended. The first dose improved her condition, but after the second dose last Thursday, she began vomiting violently again. Recently, she has been unable to keep food down, vomiting up to 7 times with green, foamy, thick slime. Vomiting occurs randomly. Garnet was in heat about 3 weeks ago and has shown some discomfort during that time. She just came out of heat last week. Her energy level has decreased over the last two days, although she still perks up occasionally. No diarrhea or discharge noted. BW is abnormal (file is attached), radiographs are attached.

Abnormal PE/Chem/CBC/UA Results: BW, UA and radiographs are attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed polypoid changes and mural hypertrophy. Wall thickness measured up to 0.70 cm with a minimal amount of urine present at the time of the sonogram. The urethra was visible to a depth of 1.0 cm.

The **left kidney** revealed significantly disrupted architecture with pyelectasia and thickened irregular cortices measuring 5.2 cm in length. Subnormal blood flow on power doppler assessment.

The **right kidney** presented with similar changes to the left kidney. The right kidney revealed thickened irregular cortices and pyelectasia with subnormal size measuring 4.8 cm in length.

Adrenal Glands

Both **adrenal glands** were 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 0.55 cm width. The right adrenal gland measured 1.01 cm width at the cranial pole and 0.61 cm width 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 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

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

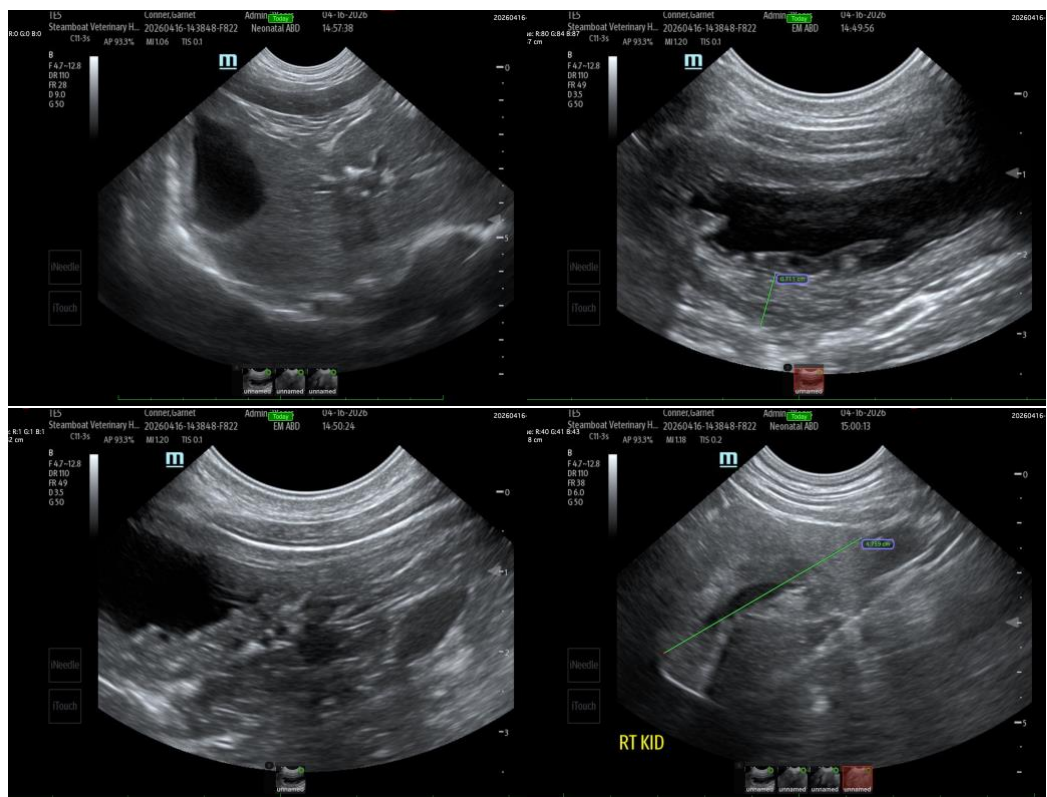
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- End-stage degenerative renal disease- likely primary renal dysplasia with secondary degenerative changes.
- Minor bladder hypertrophy- potential history of cystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy is necessary for further definition, however, subjectively the kidneys appear end stage. Prognosis is poor.





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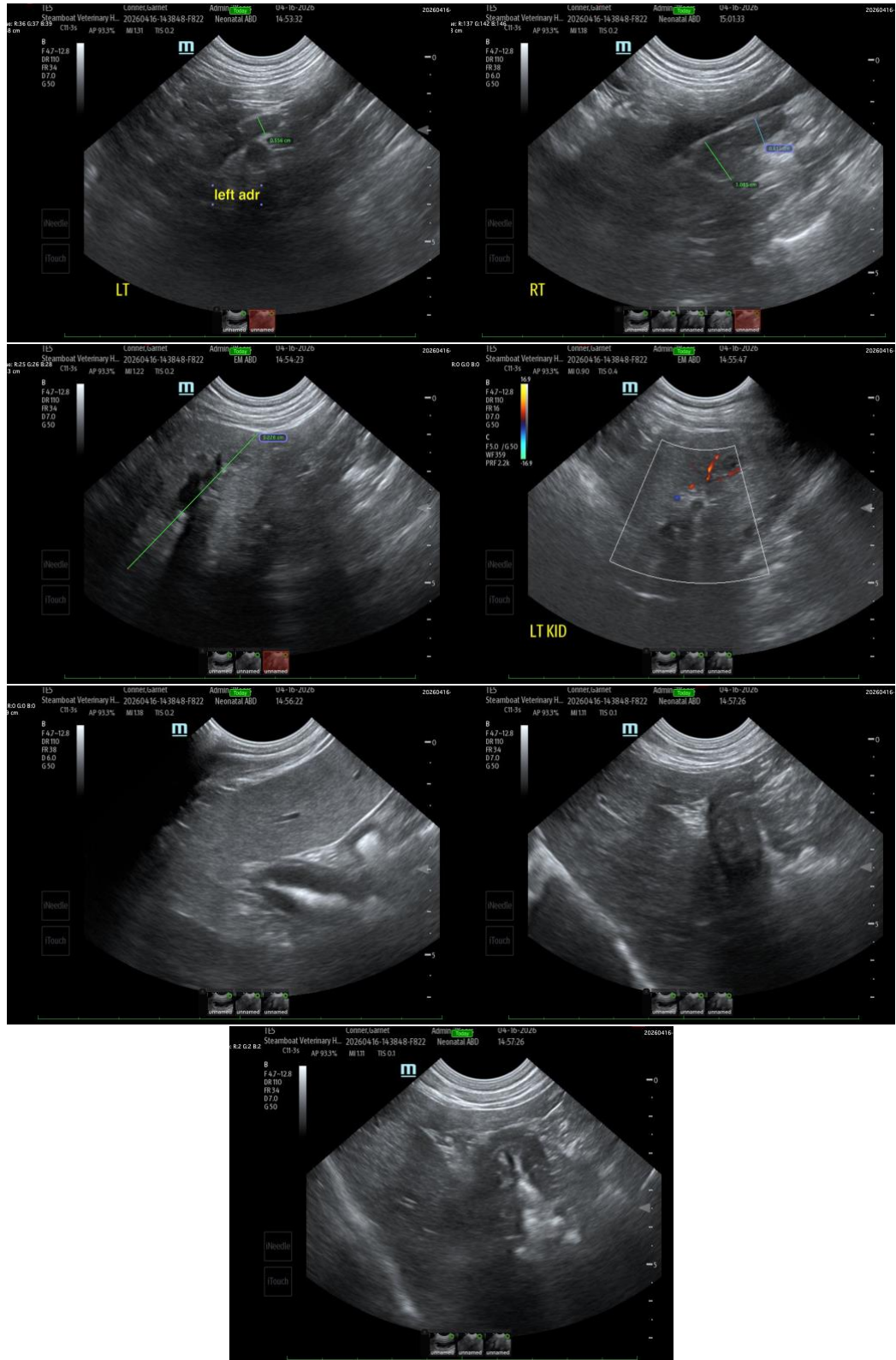
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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