



**PATIENT PRESENTING CLINICAL SIGNS**

Jake Itzel Routine bloodwork done on 1/31/22 for carprofen use showed ALT 144 (normal kidney values at this time). Discontinued carprofen and rechecked ALT only on 4/5 where it continued to increase to 225. Recheck exam on 4/13 due to PU/PD showed hypertension (BP=220mmHg), azoetmia (BUN 51, Cre 2.3, USG 1.019 w/ 2+ protein and UPC 0.7), stable ALT (178)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED *Urinary System***

Beagle 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.

**SEX**

Neutered male

**AGE**

14 years

The **kidneys** revealed moderate degenerative changes with minor pyelectasia. Thickened irregular cortices were noted with microcystic cortical changes. The right kidney measured 5.0 cm.

***Adrenal Glands***

**WEIGHT**

31.3 lbs

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

***Spleen***

**IMAGING PERFORMED BY**

Dr. Olsen

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**

Limestone VH

***Liver***

**REFERRING VET**

Dr. Olsen

The **liver** revealed slight increased portal markings with a non-specific inflammatory hepatopathy presentation. The liver is normal in size, contour and vascularity. The gallbladder wall was slightly echogenic.

**INVOICE**

99436

***Gastrointestinal***

**DATE**

4/21/22

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.



**PATIENT**

**Pancreas**

Jake Itzel

The **pancreas** is heterogenous with mixed echogenic changes.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative renal changes with cortical cysts and pyelectasia.

**BREED**

Beagle

Non-specific inflammatory hepatopathy pattern.

Heterogenous pancreas.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Urine culture is warranted if any inflammatory sediment is present in the urine. Anti-hypertensives, treatment for acute on chronic renal failure, non-specific inflammatory hepatopathy and Leptospirosis titers are warranted. Subjectively the kidneys appeared near end stage.

**AGE**

14 years

**WEIGHT**

31.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Olsen

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

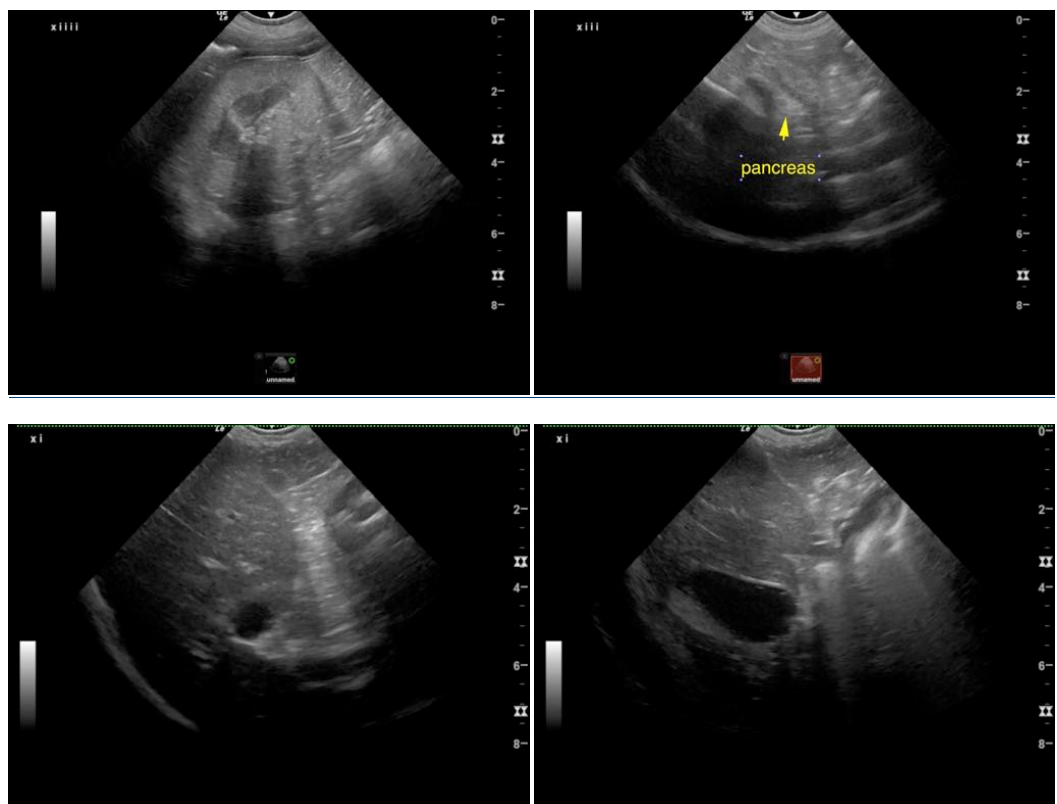
Dr. Olsen

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**DATE**

4/21/22





**PATIENT**

Jake Itzel

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

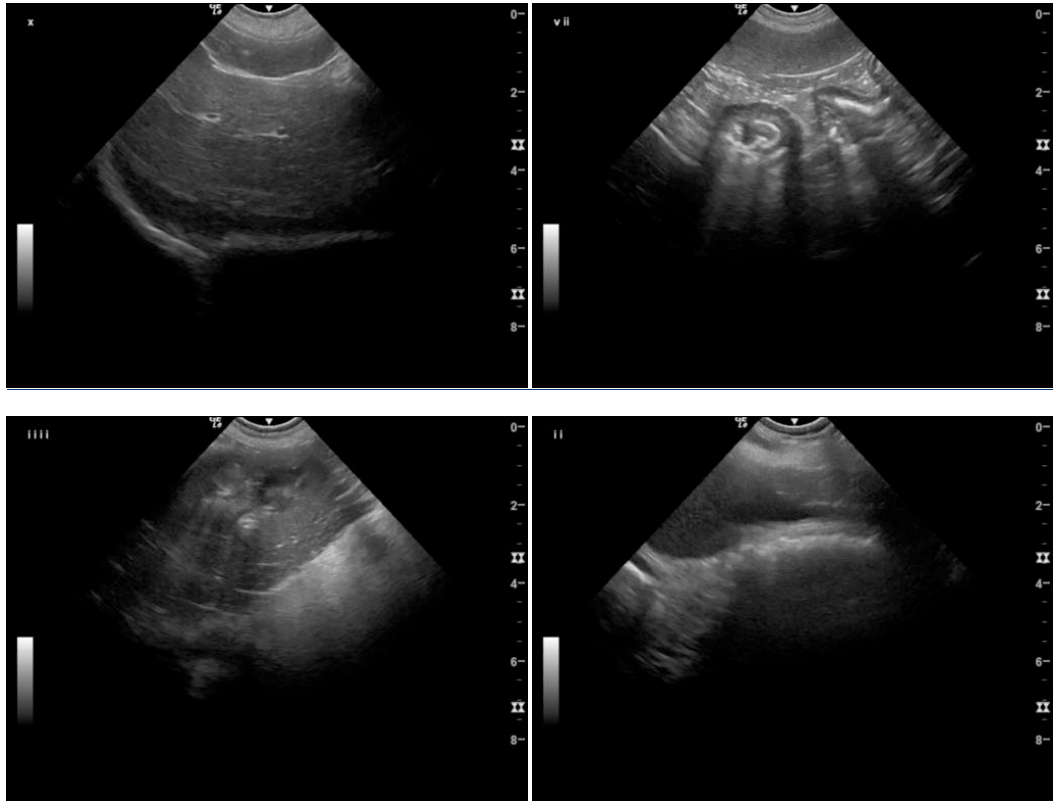
Neutered male

**AGE**

14 years

**WEIGHT**

31.3 lbs



**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**REFERRING VET**

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**DATE**

4/21/22

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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