



PATIENT

Shorty Miller

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

15.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gudrun Gunther

INVOICE

15310

DATE

04/21/26

PRESENTING CLINICAL SIGNS

AUS to workup for protein losing nephropathy. Patient has a history of pancreatitis

Abnormal PE/Chem/CBC/UA Results: UPC - 5.42 USG 1.022, pH 5.0, no pyuria/bacteriuria CBC - WNL CHEM - mild azotemia (Creatinine 2.1, BUN 55) mild elevation ALP 247 Blood pressure - significant hypertension (systolic 190) Urine culture pending

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 **prostate** was uniform and measured 0.90 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pyelectasia was present in the right kidney measuring 0.22 cm as well as the left kidney measuring 0.46 cm. Echogenic debris was present in the renal pelvises. Underlying infection or inflammatory event is likely. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length. Microcystic cortical changes were present bilaterally. Blood flow appeared to be mildly subnormal, indicative of chronic disease.

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 1.77 cm x 0.46 cm width at the cranial pole and 0.56 cm width at the caudal pole. The right adrenal gland measured 2.3 cm x 0.90 cm width at the cranial pole and 0.79 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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 **pancreas** revealed heterogenous mixed hypoechoic parenchymal changes in the right base. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with pyelectasia owing to scarring or potential embedded infection.
- Pancreatic remodeling- potential low-grade inflammation.
- Vacuolar hepatopathy with age-related remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture is warranted if any inflammatory sediment is present in the urine. Antihypertensives are warranted to reach systolic blood pressure less than 150. Even though no pyuria or bacteria was noted in the urine, some washout effect may be occurring. Coverage for Uti is indicated. Telmisartan is likely the best option or ACEi in this patient to reach a systolic blood pressure less than 150.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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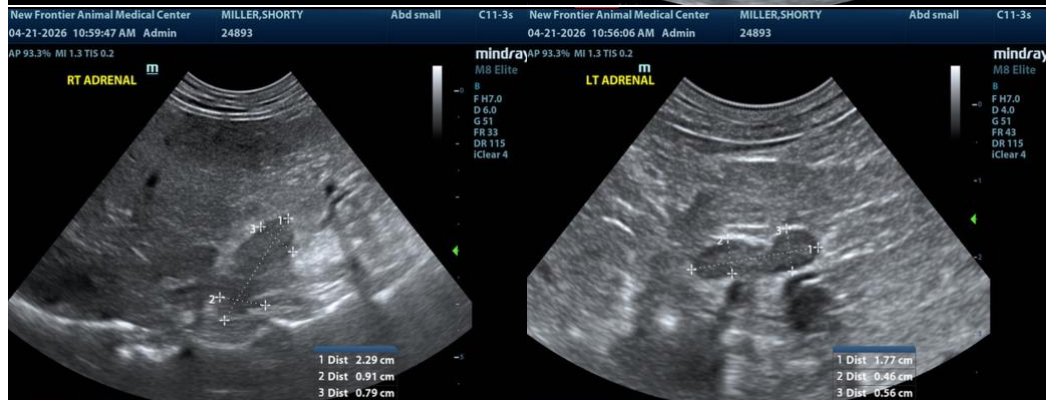
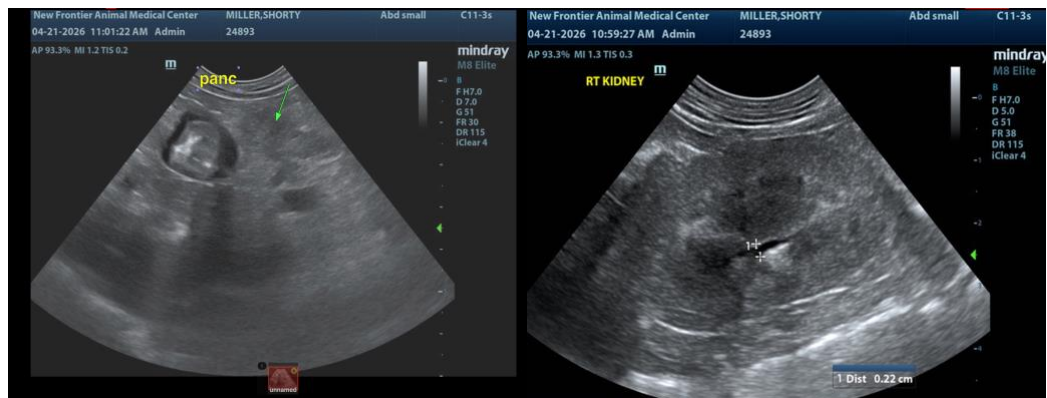
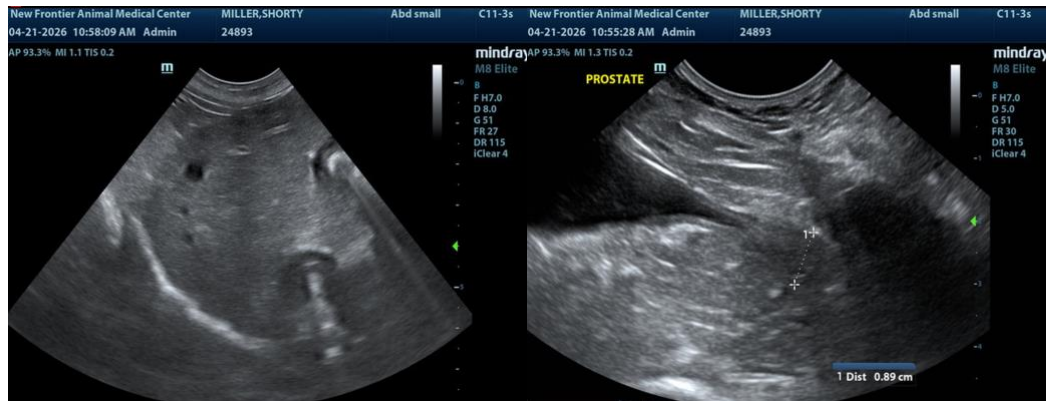
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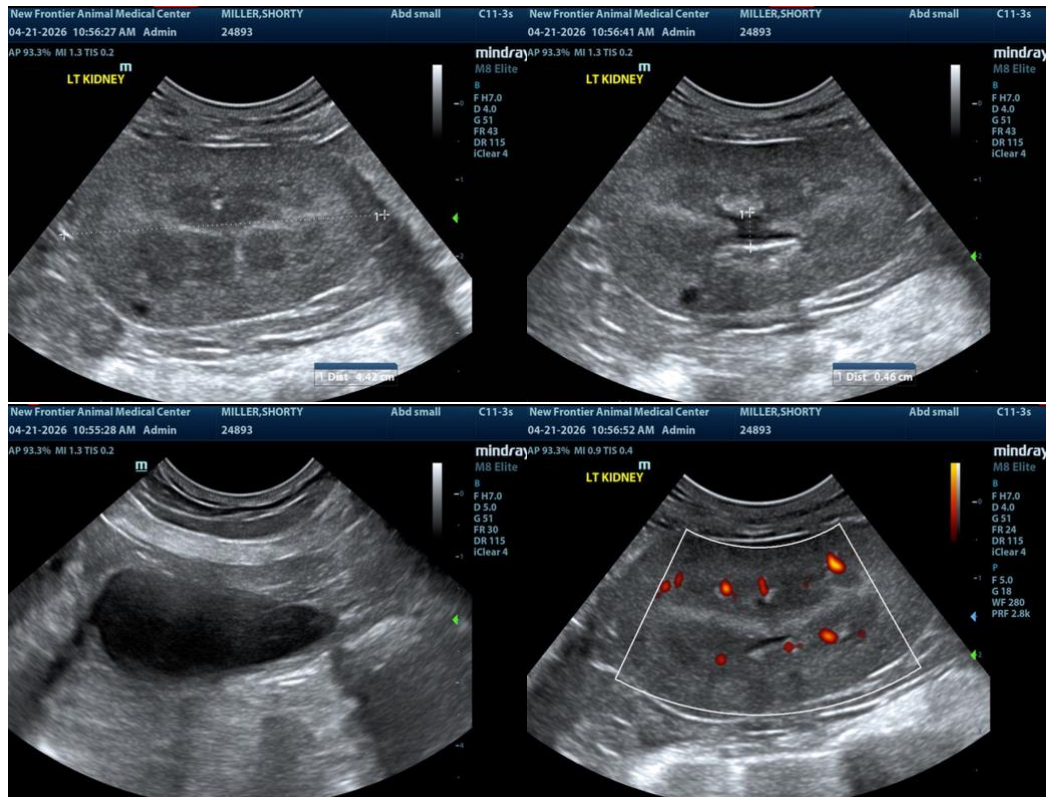
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

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