



## PATIENT

Cody Pellow

## SPECIES

Canine

## BREED

Corgi

## SEX

Neutered Male

## AGE

9

## WEIGHT

21 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

RVT

## HOSPITAL NAME

Oxford County  
Veterinary Clinic

## REFERRING VET

Dr. Emilie Dewes

## INVOICE

15369

## DATE

04/23/26

## PRESENTING CLINICAL SIGNS

History of vomiting decreased appetite, soft stool, lethargy ongoing for varying timeline ~ 1 month. BW revealed elevated SDMA, creat, urea, phosphorus, magnesium on Monday April 20. Chem 10 and lytes revealed worsening azotemia today (670 creat, 41 urea). Patient has been hospitalized for IVF and IV ampicillin, maropitant and famotidine during working hours (O cannot afford 24 hr care). Appetite and vomiting have somewhat improved with maropitant. Discussed varied ddx with O including acute on chronic disease, renal lymphoma, pyelonephritis, AKI from toxin pr other. Ruled out lepto and lyme

Abnormal PE/Chem/CBC/UA Results: Decreased hematocrit 0.39, - Increased SDMA 33 - Increased creatinine 573 worsened to 670 today - Increased urea 39.4 worsened to 41 today - Increased phosphorus 4.5 - Increased magnesium 1.28 - Increased cholesterol 9.6 - Decreased TT4 10.5 - 4dx test negative - Lepto PCR - negative - Urinalysis revealed USG of 1010, 2+ protein, 1-5 amorphous crystals, rare cocci (<9 / HPF), rare transitional epithelial cells

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a focal calculus measuring 1.0 cm. The bladder wall itself was unremarkable. The bladder was over distended. The urethra was visible to a depth of 1.0 cm.

The **right kidney** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 6.4 cm in length.

The **left kidney** revealed significant degenerative changes with irregular contour measuring 4.5 cm and slight pyelectasia and active inflammation. Color flow assessment of the kidneys was minimal with subcapsular fluid present in the left kidney.

### Adrenal Glands

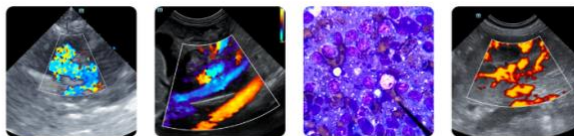
Both **adrenal glands** were not visualized.

### 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



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

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

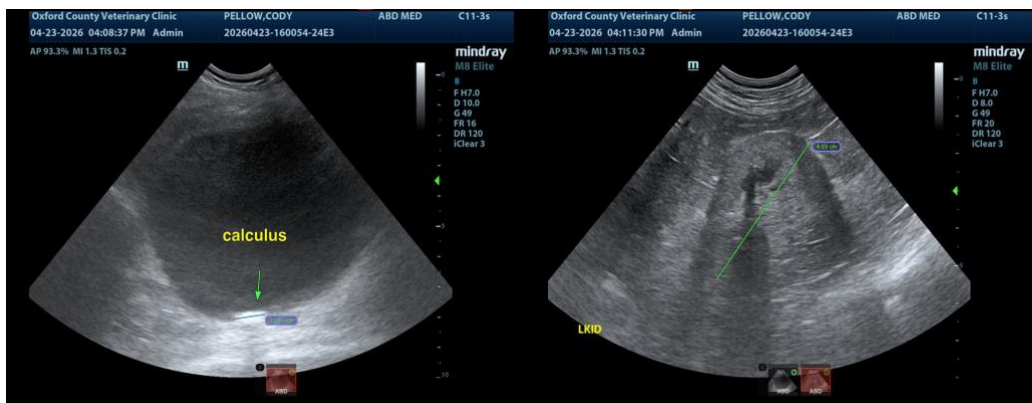
The right limb of the pancreas presented heterogenous with hyperechoic changes consistent with remodeling and potential low-grade inflammation.

### ULTRASONOGRAPHIC FINDINGS

- End stage renal disease with subacute on chronic nephritis of the left kidney.
- Bladder calculus.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obstructive disease was present at the time of the sonogram. Subjectively, the kidneys appear near end stage. 72-hour IV fluid protocol is indicated as well as blood pressure measurements. However, prognosis is very guarded given that the level of degenerative changes noted in both kidneys.





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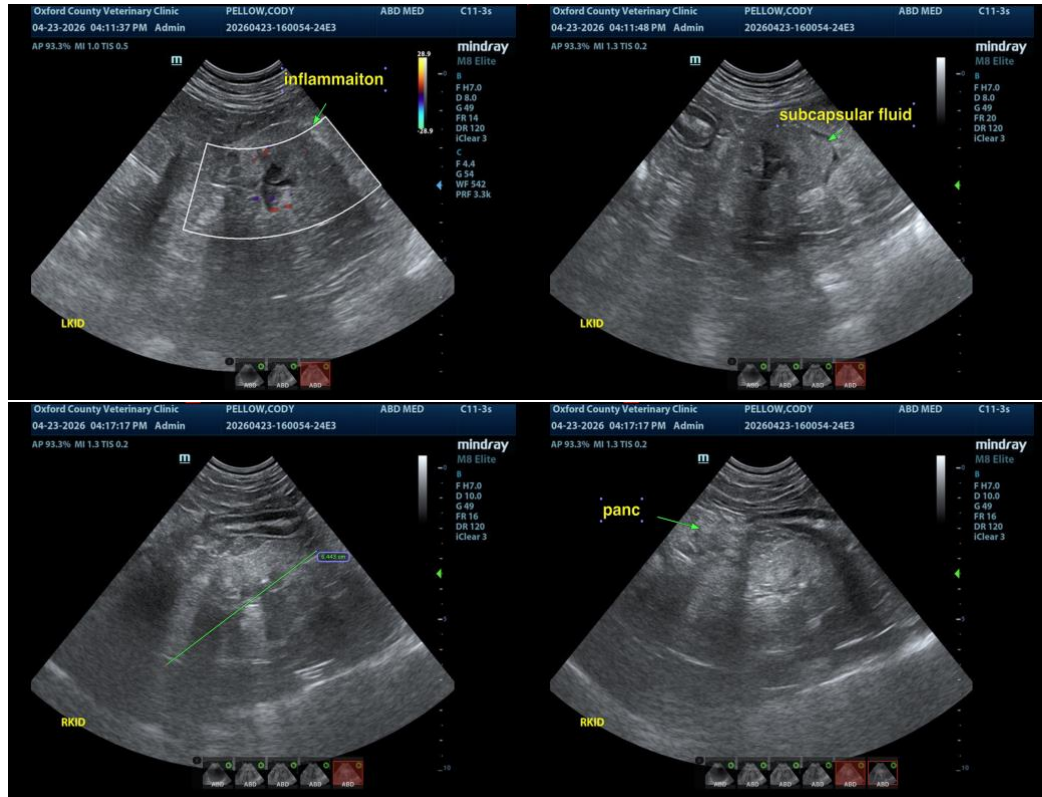
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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