



PATIENT

Kimber McCrory

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10

WEIGHT

27.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Vet Medical Teaching Hospital

REFERRING VET

Dr. Biddick

INVOICE

46971

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Kimber presented to OSU-VTH for recheck bloodwork due to increased phosphorus levels, chronic kidney disease (stage IV), and Addison's. On presentation, Kimber is dull and not very alert. Kimber had not been eating 3-4 days prior to presentation and has been drinking exceptionally large amounts of water. Owner said she had been steadily declining for the last 2 weeks in appetite and attitude. The night prior to presentation, she dry heaved all throughout the night, and vomited the morning of presentation. Bloodwork showed high renal values and phosphorus levels. Kimber was started on fluids for diuresis. The following morning Kimber showed significant signs of fluid overload. aFAST revealed no free fluid, stomach small, and bilateral renal cortical cysts. tFAST showed mild pleural/pericardial effusion, many increased B lines, no overtly enlarged L atrium (La:Ao 2:1), and hepatized lung on L side (atalectasis). **LEADING DIFFERENTIAL/DIAGNOSIS:** pyelonephritis vs end stage kidney disease vs Addisonian crisis vs neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was empty. Foley catheter was in proper position.

The **kidneys** 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 6.61 cm. The left kidney measured 6.0 cm. Loss of corticomedullary definition and pyelectasia noted in both kidneys. Slight pericapsular fluid accumulation noted in both kidneys, suggestive for an acute insult. Dystrophic mineralization noted in both kidneys, non-obstructive, with cortical infarcts. blood flow to the kidneys was subnormal on color flow assessment.

Adrenal Glands

The **left adrenal gland** was 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 4.68 cm x 1.25 cm at the cranial pole and 1.28 cm at the caudal pole.

The **right adrenal gland** was visualized obliquely. A cystic lymph node was noted in the region of the right adrenal gland, not overtly pathological.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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** presented uniform size and contour. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Striating bile was present.



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Gastrointestinal

The **stomach** was thickened and edematous with fluid filled lumen, followed from the pylorus to the gastroesophageal inlet, consistent with gastritis. The small intestine and colon were unremarkable.

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.

Free Abdomen

Iliac lymph nodes were slightly enlarged measuring 1.4 cm x 0.50 cm.

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern
- Near end stage degenerative renal disease with secondary infarcts, interstitial nephrosis pattern and dystrophic mineralization.
- Gallbladder debris
- Folded spleen
- Slightly enlarged iliac lymph nodes
- Cystic lymph node in the region of the right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm most concerned about the kidneys and gastritis pattern in this patient. 72-hour IV fluid protocol, GI protectants, and assessment of the azotemia all indicated. Prognosis long-term is very guarded. If the patient can be stabilized, Ursodiol therapy would be recommended as a proactive measure regarding the gallbladder debris and over distention.





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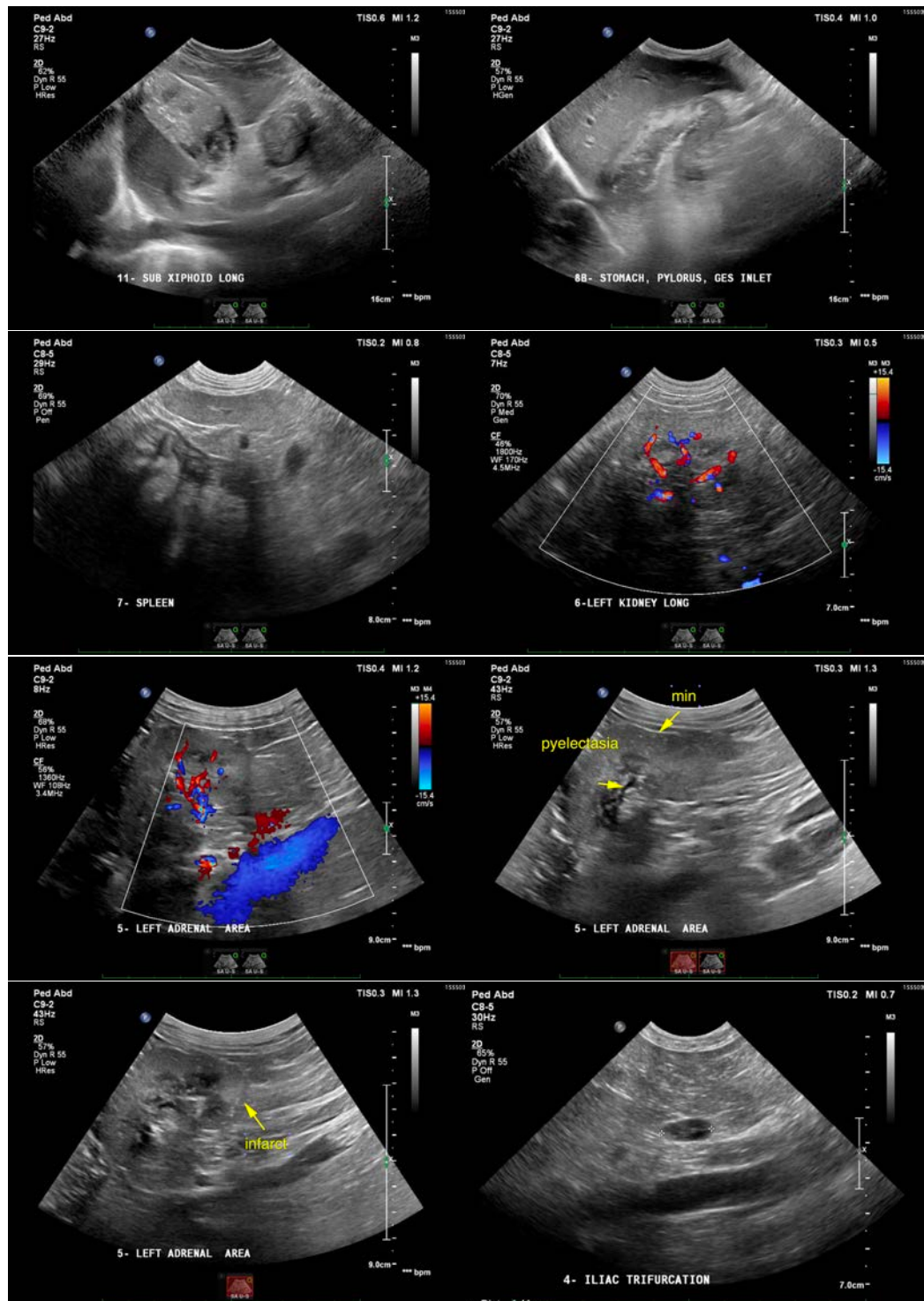
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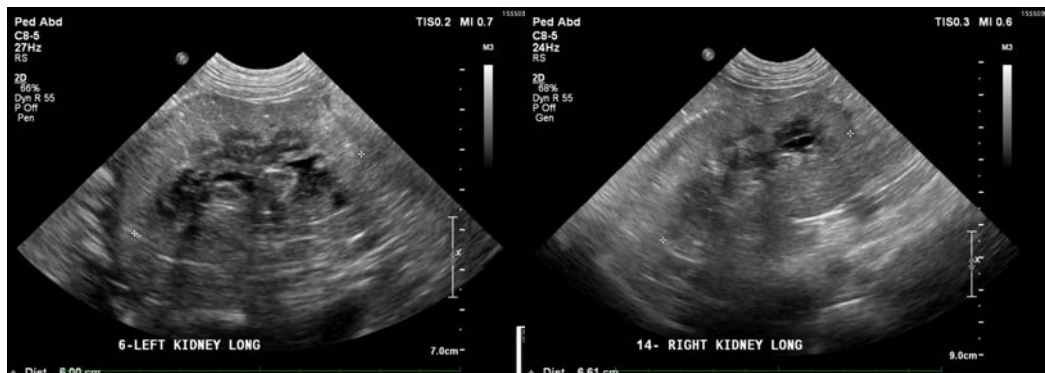
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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