



PATIENT

Chase Bayer

SPECIES

Canine

BREED

Corgi Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Arms

INVOICE

21915

DATE

4/7/23

PRESENTING CLINICAL SIGNS

History of nephrectomy 2020 left histopath pseudocyst. 12/5/22 daily rimadyl for chronic ortho disease. increased alt 267, creat 1.4, bun 36, psl 265, wbc 20.7 swith neuts 14k, eos 1.4k. changed to meloxicam. 3/30/23 - ADR decreased appetite. ALT 156, bun 105, creat 5.3, sdma 18.5, phos 6.9, k 5.6, wbc 20.3, neut 14, eos 2, psl 203 - normal BP in house urine culture - augar changed color but no active colonies visible. started clavamox with ua 1.015, 5.5, 4-10 wbc, SQFL, cerenia. 4/6: alt 182, bun 121, creat 8.5, sdma 27.2, phos 9.6, k 6.0, wbc 19.6, neut 14.7, eos 1.3. today started IVFL, ampi/baytril/cerenia. aluminum hydroxide, k/d diet. still BAR and eating at home with just picky appetite and a bit lethargic. submitted baseline cortisol before ultrasound completed.

Abnormal PE/Chem/CBC/UA Results: see above

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left renal fossa** was unremarkable.

The **right kidney** revealed pericapsular inflammatory pattern, irregular contour and minor pyelectasia. The right kidney measured 7.2 cm. Capsular expansion was noted at the dorsal cortex with a slight cystic subcapsular fluid accumulation, suggestive for recent infarct or emerging cyst. There is a possibility of emerging neoplasia. A lymph node cyst was noted adjacent to the right kidney, benign, measuring 1.5 cm.

Adrenal Glands

The **left adrenal gland** was mildly irregular. A hypoechoic nodule was noted at the caudal pole. The left adrenal gland measured 1.1 cm at the caudal pole and 0.68 cm at the cranial pole. Slight pericapsular pattern was noted around the left adrenal gland.

The **right adrenal gland** was visualized obliquely, measuring 8.0 mm.

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 mildly swollen in contour with increased portal markings without evidence of masses. The gallbladder was slightly thickened with a minor amount of debris. The common bile duct was uneventful. Minor evidence of hepatic lymphadenopathy was noted with this presentation most



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consistent with chronic active hepatitis, which may be of current or past active state dependent on the enzymatic elevations which may vary depending on the moment of blood sampling. Ultrasound guided biopsy could be considered to further define these changes and rule out underlying copper storage disease and define cell type and structural changes with the liver and rule out underlying neoplasia which is not overtly suspected.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Nonspecific nephritis pattern and minor pyelectasia in the right kidney
- Chronic inflammatory hepatopathy
- Mildly irregular left adrenal gland with hypoechoic nodule. Slight pericapsular pattern around the left adrenal gland.
- Age-related urinary bladder changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity are warranted. FNA and drainage of the cystic component in the left kidney is indicated for further definition. Treatment for acute on chronic renal failure is warranted. The right kidney does not appear end stage. Complicating factors, such as UTI, hypertension or Leptospirosis should all be ruled out as potential issues. Bile acid profile is warranted with ultrasound guided FNA of the liver for general assessment.

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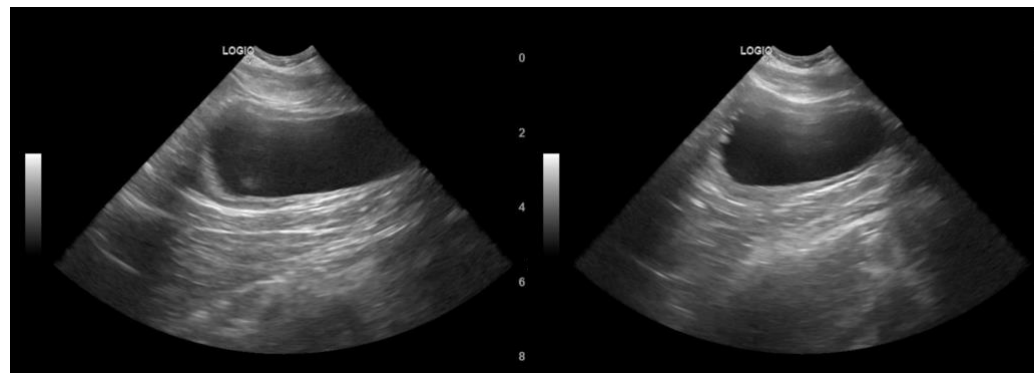
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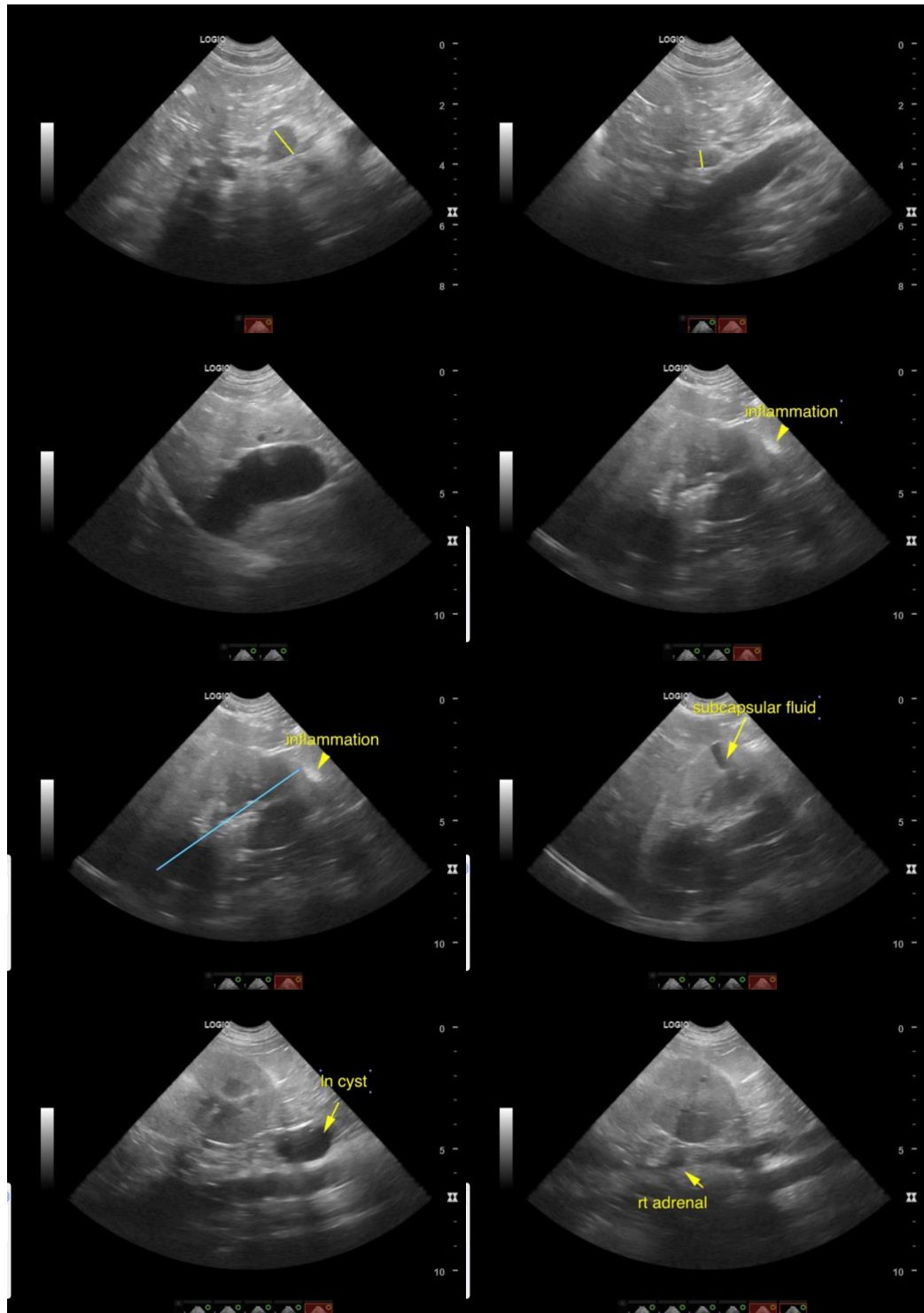
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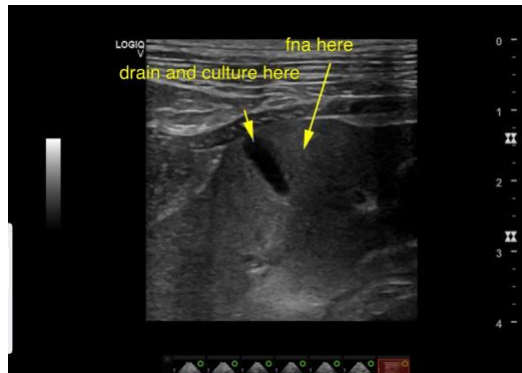
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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