



PATIENT

Sydney Harnack

PRESENTING CLINICAL SIGNS

History: Sydney presented for a dental cleaning and pre anesthetic blood work revealed a BUN of 57 and a creat of 4.0 UA showed low USGof >2.0 Sydney is clinically doing well.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Hound Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 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

Spayed Female

The **kidneys** revealed non-specific increased cortical echogenicity and thickness. Trace pyelectasia was noted. The pattern is most consistent with interstitial nephrosis, yet does not appear end stage. The left kidney measured 5.82 cm. The right kidney measured 5.44 cm and appeared further degenerative than the left.

AGE

6 years

Adrenal Glands

WEIGHT

36 ;bs

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 0.5 cm. The region of the right adrenal gland was unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

M Kermendy CVT

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

Wauwatosa VC

Liver

REFERRING VET

Dr. Oakes

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

INVOICE

30264

Gastrointestinal

DATE

5/10/22

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Transit of chyme was normal. 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

Sydney Harnack

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Hound Mix

Non-specific, moderate degenerative renal changes, interstitial nephrosis pattern. Acute on chronic renal failure.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying causes such as Leptospirosis and Lyme disease should be considered. Screening for Addison's is warranted with baseline cortisol. Renal biopsy would be ideal if Addison's is ruled out. There is a possibility of underlying renal dysplasia with secondary degenerative changes. Guarded prognosis.

AGE

6 years

WEIGHT

36 ;bs

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

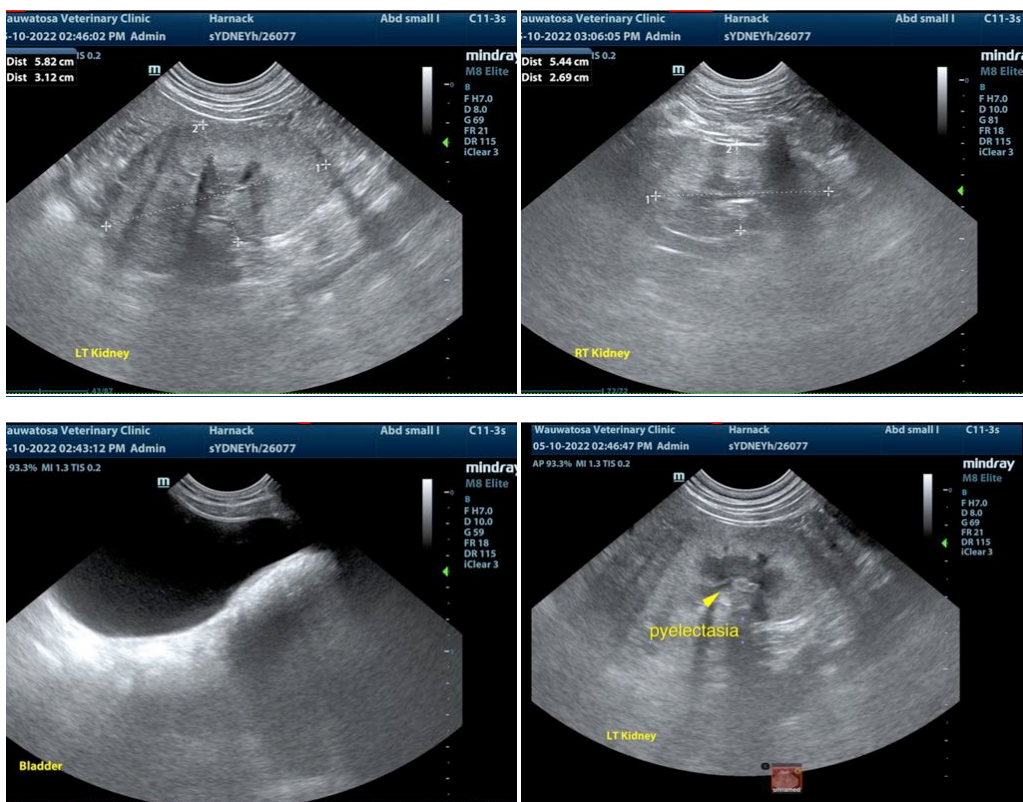
Dr. Oakes

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BREED

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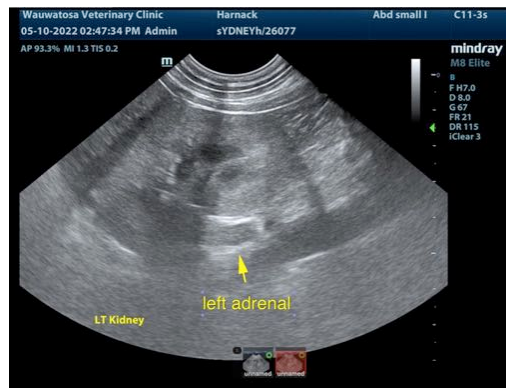
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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