



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Titus James

SPECIES
Canine

Presented at our hospital for continued care. Patient was seen at urgent care this am. O said he has been unable to keep reg food down for a few weeks. O is feeding a bland diet. He's been less active for about a month. He's dry heaving/bringing up bile every hour around the clock. Previous Health Concerns: none
Abnormal PE/Chem/CBC/UA Results: Lyme positive BUN 121; CREA 5; Phos >15; ALB 2.1; GLOB 4.8; AMYL 1626; LYM 0.59; LYM% 6.5; RBC 5.06; MCHC 38.2; pO2 131.8; cSO2 99; BE/ECF -7.2; iCa 1.09; BUN 107; HCT 32

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Havanese **Urinary System**

SEX
Neutered male

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 was noted. Ureteral papillae were normal.

AGE
7 years

The **kidneys** were normal in size and contour; however, mildly increased cortical echogenicity and hyperechoic, idiopathic medullary rim sign was noted. This is most consistent with acute glomerulonephritis/nephrosis. The right kidney measured 4.45 cm. The left kidney measured 5.21 cm.

WEIGHT
5.3 kg **Adrenal Glands**

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

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 1.75 x 0.45 cm at the cranial pole and 0.45 cm at the caudal pole.

IMAGING PERFORMED BY
Erin Wicks **Spleen**

HOSPITAL NAME
Shores VEC

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 was noted.

REFERRING VET
Dr. Miller **Liver**

INVOICE
30406

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.

DATE
5/17/22



PATIENT

Gastrointestinal

Titus James

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Concentric hypertrophic of the gastric wall was noted without loss of detail was noted. This is consistent with uremic gastritis. 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.

SPECIES

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Havanese

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.

SEX

Neutered male

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Acute renal failure, glomerulonephritis pattern with hyper vascularity.

WEIGHT

5.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition; however, this is most consistent with a Lyme nephritis or immune mediated nephritis. Renal biopsy is necessary for further definition. The prognosis is guarded to poor.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

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REFERRING VET

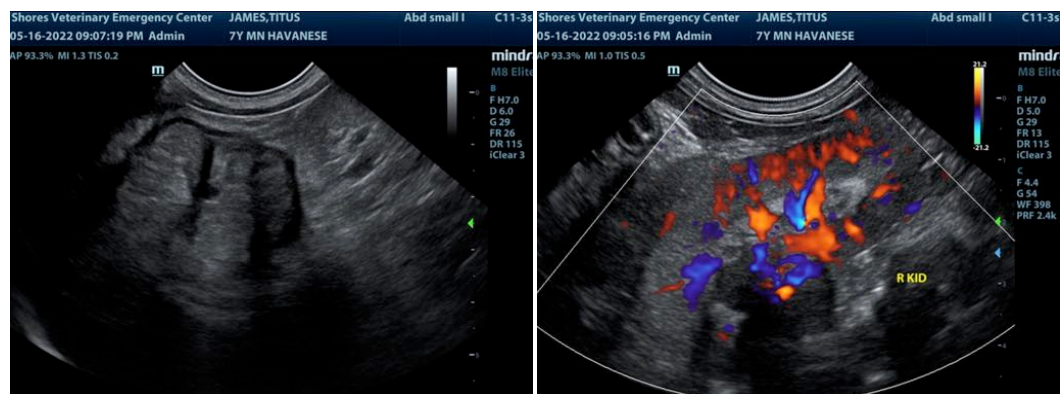
Dr. Miller

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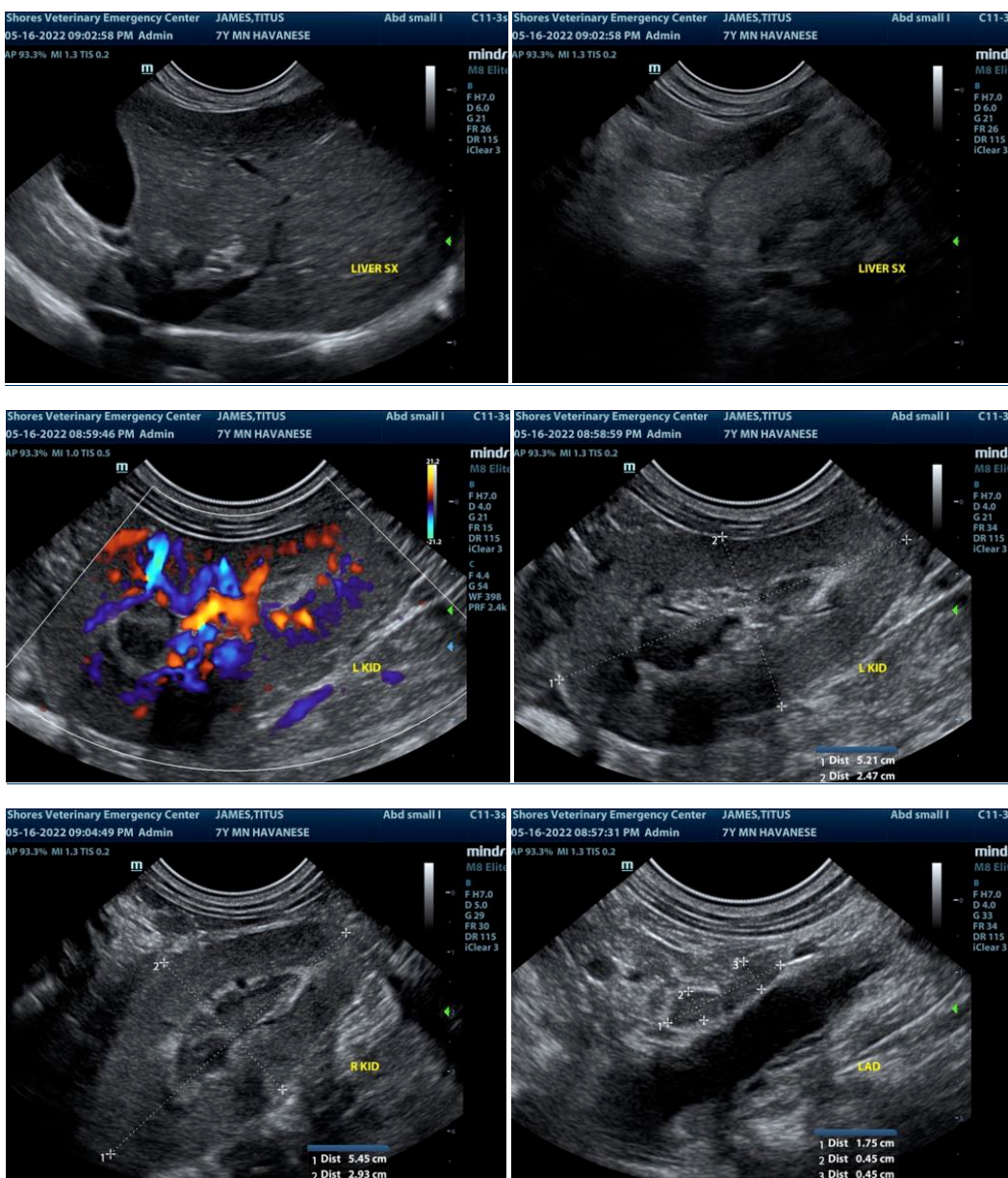
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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