



PATIENT

Mushi Skinner

SPECIES

Canine

BREED

French Bulldog

SEX

F

AGE

10 yr

WEIGHT

18.19 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

10651ag

DATE

05/23/2022

PRESENTING CLINICAL SIGNS

History: Initial bloodwork done on 5/5/22 showed, cardiopet extremely elevated Significantly azotemic, elevated SDMA, slight increase in Phos Elevated pancreatic enzymes UA: proteinuria, elevated UPC ratio, casts noted R/O: cardiac disease, renal disease, neoplasia, pancreatitis, hypertension, open Patient was admitted to hospital today for vomiting and dehydration. O reported that the vomiting started on 5/22/22 and happened roughly every hour. She was unable to keep any food down. No known toxins. A pancreatic test showed abnormal results. Patient is now on IV fluids and was given convenia and cefazolin. Patient did have an echo done on 5/10/22 at another clinic but they noted nothing abnormal Abnormal PE/Chem/CBC/UA Results: Attached are the bloodwork results from 5/5/22 and from 5/23/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal.

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 left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

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.

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. Mildly increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content and sludgy debris. 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.



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Gastrointestinal

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Examination of the gastrointestinal tract revealed gastric stasis with mild echogenic chyme. Pyloric hypertrophy was noted, likely induced by azotemia. The pylorus was patent with no evidence of obstructive pattern noted. Minor intestinal thickening was noted with hypertrophy of the muscularis. No associated abnormal lymphatic activity was noted.

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Pancreas

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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

AGE

10 yr

- Nonspecific interstitial nephrosis renal pattern, subjectively does not appear end stage
- Minor intestinal thickening
- Slight hepatic remodeling

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider an acute renal insult such as exposure to Leptospirosis/infectious, grape/raisin toxicity, alcohol/bread dough/ethylene glycol ingestion. Lyme nephritis could also be a consideration. Serological testing is indicated. 72 hour IVF protocol with IV ampicillin, BP measurements, GI protectants +/- renal biopsy are all indicated. Screening for Addison's is warranted yet is unlikely.

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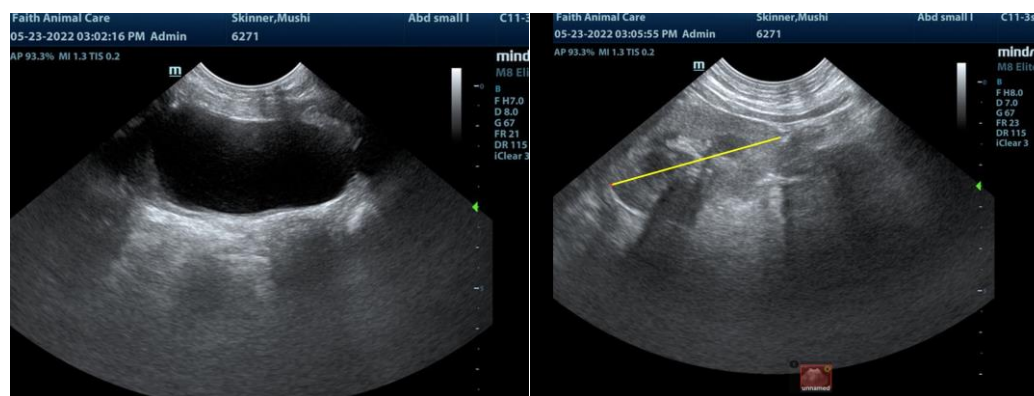
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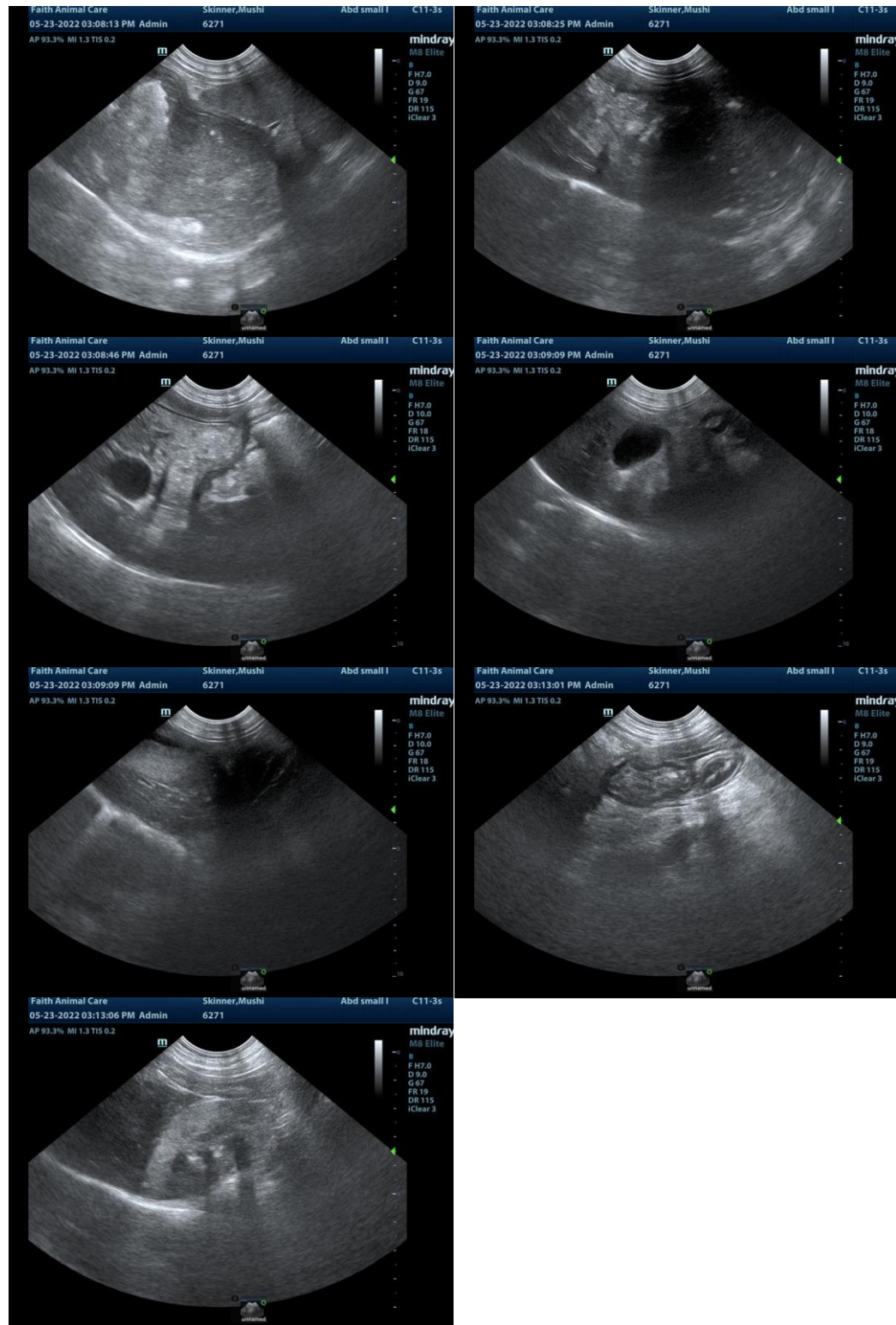
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Eric.Lindquist@SonoPath.com

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