



**PATIENT PRESENTING CLINICAL SIGNS**

**Tashi Beilby** 8Y NM tibetan spaniel presented for 5/24 for chronic nausea, intermittent vomiting of few weeks duration. Acute discomfort, generalized pain. Exam largely unremarkably, normal vitals, pt offering to bite on abdominal palpation. 4/24 CBC- HCT 38.6. CHEM 17- CRE 5.4, BUN 101, AMY 1,537. UA with sediment- USG 1.012, inactive sediment. Hosp 48-72hr+ on IVF LRS 1.5x maintenance, cerenia, pantoprazole, trazodone prn, gabapentin prn, recheck EPOC q12-24hr. 4/25 Crea 3.85, Na 139, BUN 68. Azotemia improving, still persistent. Suspect CKD.

**Canine** Abnormal PE/Chem/CBC/UA Results: CBC- HCT 38.6, CHEM 17- CRE 5.4, BUN 101, AMY 1,537 EPOC- CREA 5.51, NA 152, BUN 88, normal lytes UA with sediment- USG 1.012, inactive sediment

**Tibetan Spaniel** 5/25 3am EPOC- Crea 4.51, BUN 80, BE -7.4, PCO 25.5 (panting), Na 158 (moderate hypernatremia), Cl 129 (mild hyperchloremia) HCT 36% (low normal) 4 pm EPOC- Crea 3.85 (H), Na 139 (mildly low), BUN 68 (H) HCT 22% (moderately low)

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Neutered male** *Urinary System*

**AGE** 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.

**WEIGHT** The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight inflammatory pattern was noted around the renal capsule. The left kidney measured 3.62 cm. An anechoic cyst was noted in the caudal pole of the left kidney measuring up to 0.39 cm. The right kidney measured 3.79 cm.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY** *Adrenal Glands*

Dr. Schneck The left **adrenal gland** was subnormal in size and measured 0.3 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland was not visualized.

**HOSPITAL NAME**

Willamette VH

*Spleen*

**REFERRING VET**

Dr. Cohen

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.

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*Liver*

**DATE**

5/25/22

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not



**PATIENT**

Tashi Beilby

clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

Tibetan Spaniel

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. 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.

**SEX**

Neutered male

**Pancreas**

**AGE**

8 years

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.

**WEIGHT**

20 lbs

**ULTRASONOGRAPHIC FINDINGS**

Non-specific, mild, degenerative renal changes with inflammatory pattern.

**INTERPRETED BY**

Eric Lindquist, DMV  
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Subnormal adrenal size.

Full stomach of soft shadowing material, non-obstructive.

**IMAGING PERFORMED BY**

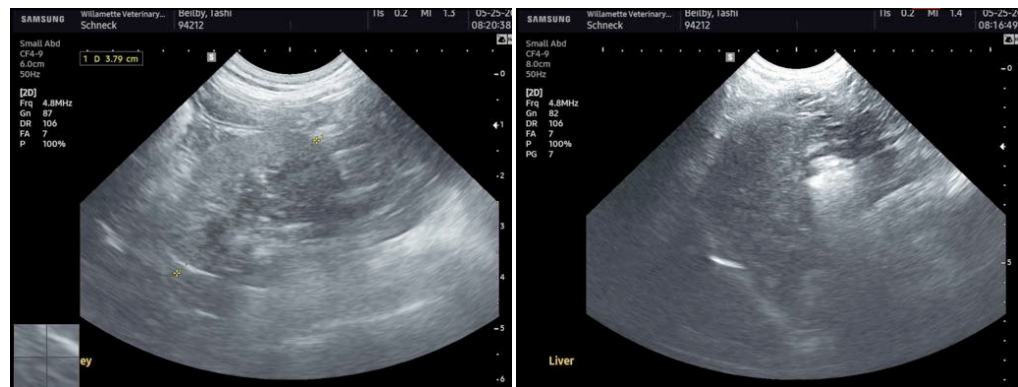
Dr. Schneck

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

ACTH stimulation is warranted to rule out Addison's. Leptospirosis or other cause of acute renal insult should be considered. Urine culture and sensitivity, blood pressure measurements and 72-hour IV fluid protocol and CBC path review are all indicated.

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Willamette VH



**REFERRING VET**

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**PATIENT**

Tashi Beilby

**SPECIES**

Canine

**BREED**

Tibetan Spaniel

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

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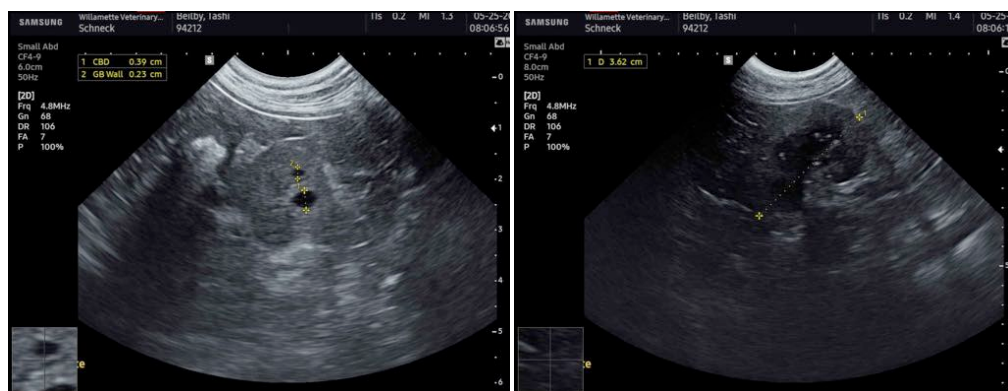
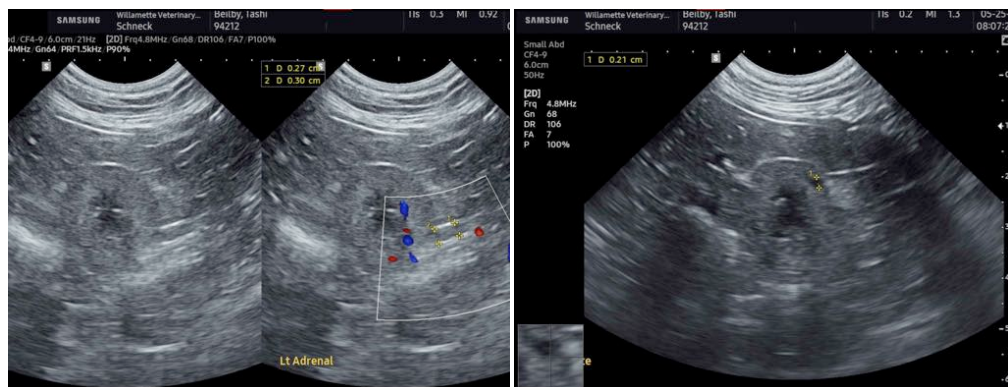
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**DATE**

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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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