



**PATIENT**

Aiko Sears

**SPECIES**

Canine

**BREED**

Shiba Inu Mix

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

21.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kivircik

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

Dr. Kivircik

**INVOICE**

30082

**DATE**

5/3/22

**PRESENTING CLINICAL SIGNS**

Aiko presented for evaluation of inappetence and lethargy. Over the last 2 days, she has eaten very little except for some treats and her Greenies. She ate well less night but won't touch her food this morning and would only take a single treat. She has become lethargic today, as well. There has been no vomiting or diarrhea; no drooling or obvious nausea. Aiko is drinking excessively. No urine accidents in the house but she has been dribbling urine a bit. Aiko has a history of chronic renal disease. Her Creatinine has been over 3.5 for more than a year. Last checked on 4/18/22 and Creatinine was 4.2, BUN 70, and Phosphorus normal. PE today (5/3)- mucous membranes pale pink, seems depressed. Inappetent. Urine odor to haircoat hindend. Mild uremic odor to breath. BW today (5/3)- Creatinine 3.5, BUN 59, Phosphorus normal. ALT 515 (10- 125), ALP 582 (23-212). Urinalysis- USG 1.019, no proteinuria. Inactive sediment. Liver difficult to image; up in rib cage

**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 was noted. Ureteral papillae were normal.

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. The left kidney measured 4.0 cm.

**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** revealed multi-focal, mixed echogenic, ill-defined nodular changes. Swollen, irregular contour was noted. The patient likely has benign hyperplasia; however, FNA can be considered for further definition.

**Liver**

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 clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed echogenic wall and suspended debris. Mineralization and calculi were noted, yet was non-obstructive at the time of the sonogram. The calculi were embedded in the cystic duct as well.



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**Gastrointestinal**

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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 years

Nodular spleen.

Porcelain gallbladder with calculi, this may be causing clinical signs. This is likely hyperplasia of the spleen.

**WEIGHT**

21.5 lbs

Otherwise geriatric abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys appear near end stage. Leptospirosis titers are indicated as well as 72 hour IV fluid protocol and treatment for renal failure. The azotemia/renal failure is likely the cause of the clinical status. However, the gallbladder presentation could be playing a roll as well. Eventual cholecystectomy would be ideal. However, I am concerned about long term viability of the kidneys. 72 hour IV fluid protocol, GI protectants and blood pressure measurements are recommended. If inflammatory sediment is present in the urine then culture is indicated as well. The prognosis long term is guarded.

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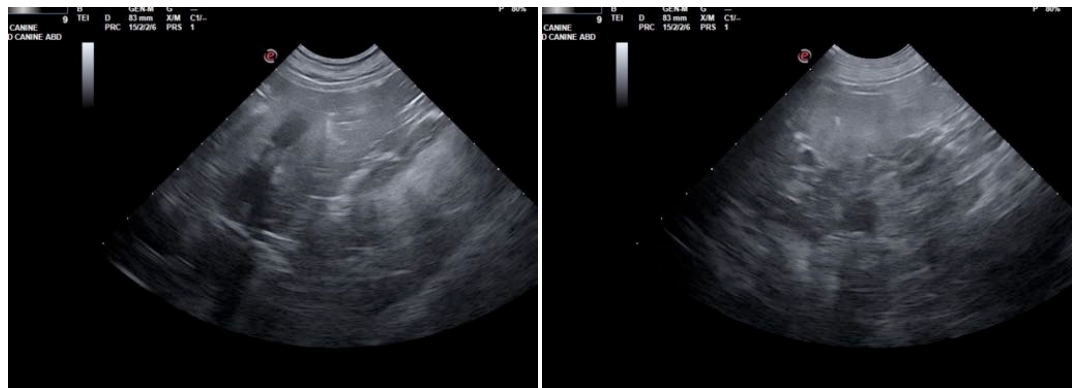
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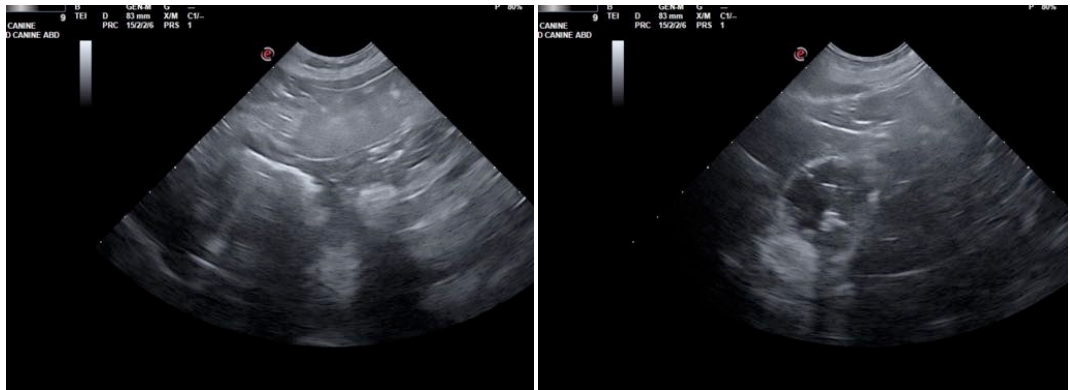
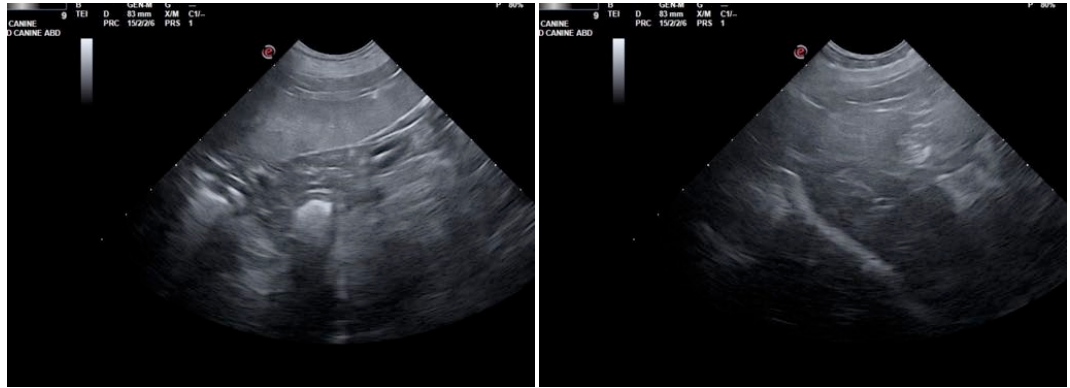
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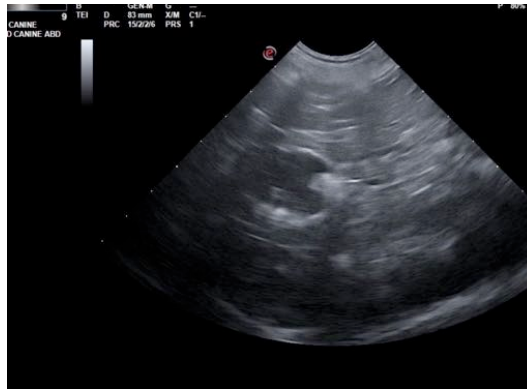
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INVOICE**

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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5/3/22