



PATIENT

Greta Dodson

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

10.10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dewlaney

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Dewlaney

INVOICE

30775

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Yesterday P was totally fine. This morning P V+ and refused to eat/drink. P has just been laying around. No c/s/d. urination and defecation were normal yesterday. Hx of spinal surgery (cervical), stage 2 kidney dz. hx two cystotomies. vomiting, anorexia x1d. serous nasal discharge - r/o panc, gastroenteritis, progressive CKD, UTI/pyelo, FB, other, open__ Hx stage 2 CKD Hx spinal surgery for IVDD Hx two cystotomies for uroliths

Abnormal PE/Chem/CBC/UA Results: CBC = Hct 43%, WBCs 11.53k, monocytosis 1.56k, eosinopenia 0.02k chem17 = ALP 350, Crea 1.9, Chol 345. BUN wnl 11 lytes = wnl lactate = elevated 2.54 UA = USG >1.010, WBCs .50/hpf, rods present, no crystals

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.

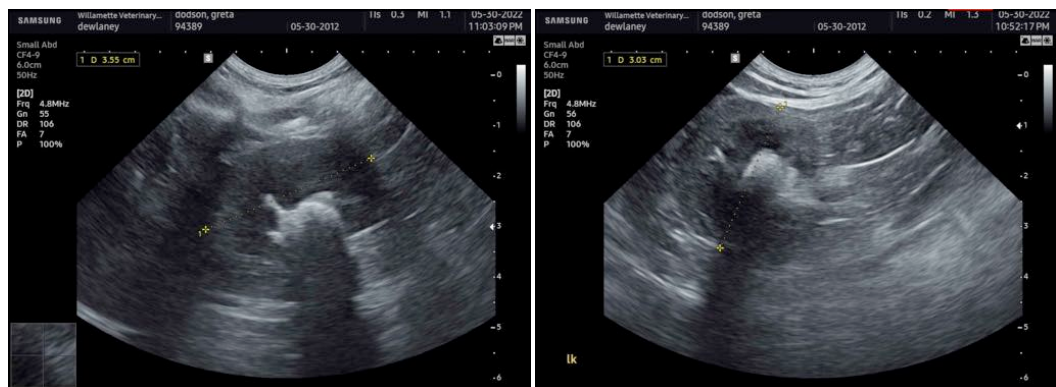
The **kidneys** were mildly subnormal in size with increased cortical echogenicity and irregular contour. This is suggestive for infarct of the caudal pole of the left kidney. Pelvic and corticomedullary mineralization was noted and non-obstructive at the time of the sonogram. Active inflammation was noted. The right kidney revealed infarcts, one of which was actively inflamed. The right kidney measured 3.55 cm. The left kidney measured 3.03 cm.

ULTRASONOGRAPHIC FINDINGS

- Moderate, degenerative renal changes with pelvic and corticomedullary mineralization and active infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Manual palpation of the kidneys is warranted to assess for discomfort particularly that of the left kidney. Emerging renal failure is likely. Treatment for UTI, 72 hour IV fluid protocol and blood pressure measurements are all indicated. Full abdominal sonogram is recommended to assess for comorbidities that may be influencing the presentation.





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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
info@SonoPath.com