



PATIENT

Luna Pohan

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female

AGE

2 Yrs

WEIGHT

61.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sahri Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Barron

INVOICE

16210

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia x 3 days.

Abnormal PE/Chem/CBC/UA Results: BUN 76.3 (29 H); Crea 6.4 (1.4 H); Phos 12.9 (5 H)

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed increased cortical echogenicity, slight mineralization and minor pyelectasia. This is a nonspecific change. The left kidney measured 7.56 cm.

The **right kidney** revealed similar changes as the left. The right kidney measured 7.54 cm.

The pattern is most consistent with interstitial nephrosis; however, changes were relatively mild.

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. The left adrenal gland measured 2.39 cm x 0.65 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.55 cm x 1.33 cm at the cranial pole and 0.72 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with slight scalloping irregular capsule contour.

Liver

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.

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.

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.



PATIENT *Free Abdomen*

Luna Pohan The left **ovary** was uniform, measuring 0.63 cm x 0.93 cm.

SPECIES The **uterus** was uniform, measuring 6.0 mm.

Canine *Other*

A rapid view of the **heart** revealed no evident pathology.

BREED **ULTRASONOGRAPHIC FINDINGS**

- Labrador Retriever
- Acute renal insult with interstitial nephritis/nephrosis pattern
 - Irregular splenic contour, possible underlying splenic neoplasia or splenitis

SEX **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Female FNA of the spleen indicated. Leptospirosis titers indicated, as well as blood pressures. Renal cortical FNA may provide further information as well. Assessment of the history for acute renal insult indicated. 72-hour IV fluid protocol, GI protectants and IV ampicillin all indicated. Primary renal dysplasia is possible, yet not a typical a presentation. This would necessitate renal biopsy for a definitive diagnosis.

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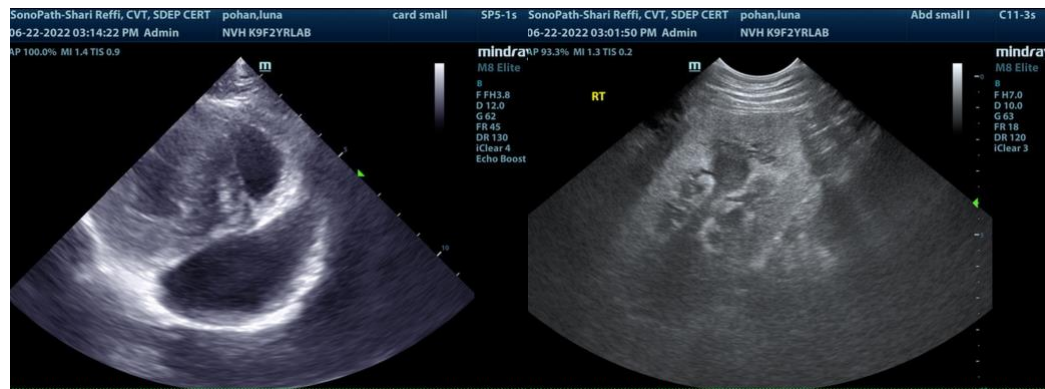
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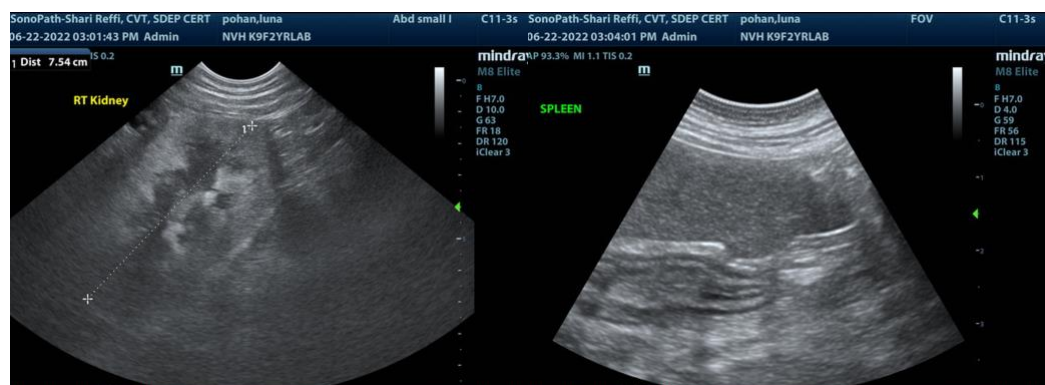
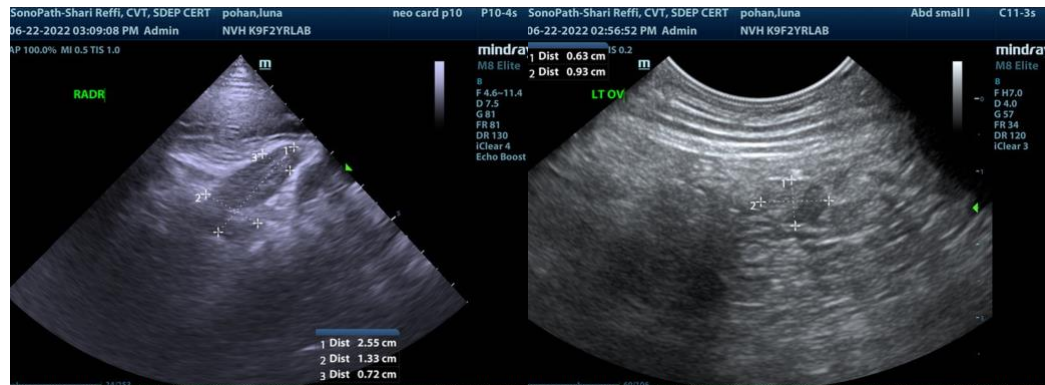
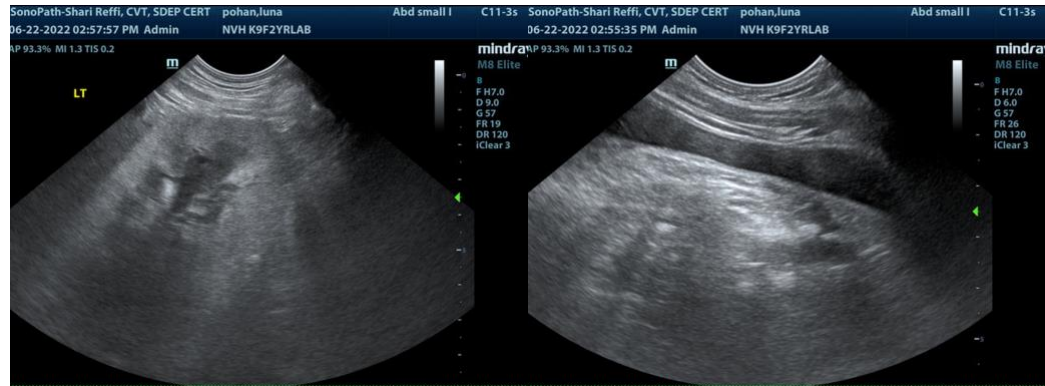
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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