



**PATIENT**

Sadie Baylor

**SPECIES**

Canine

**BREED**

Westhighland White

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

25 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Neuhaus

**INVOICE**

31163

**DATE**

6/22/22

**PRESENTING CLINICAL SIGNS**

Presented on ER service: \_anorexia, weight loss\_ Lethargic, PU/PD, decreasing appetite for last two weeks, owner states that she has lost 2-3 pounds in 2 weeks QAR, mm pnk/mst, crt <2s, no murmur noted, bradycardia, tachypnea, normal bv sounds bilaterally, abd tense and painful (grunting) on cranial palpation, submandibular Inn enlarged, dental disease, febrile\_  
Abnormal PE/Chem/CBC/UA Results: CBC = WBCs 26.3k, neuts 23.22k, monos 1.62k, platelets 119k manual platelet count = 76,500-102,000k chem17 = Glob 5.0, ALP 339, all other wnl. ALT 56, GGT 0, t-bili 0.3 EPOC = K 3.1, resp alkalosis vcheck cPL = 284, consistent with panc UA with sediment = USG 1.008, WBCs 32/hpf, marked rods

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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. The kidneys revealed pyelectasia with ill-defined pelvic fat and mild pericapsular fatty enhancement. This is suggestive for pyelonephritis. The right kidney measured 5.91 cm. The left kidney measured 6.09 cm. Enhanced fat was noted around the renal cortex. This is suggestive for active nephritis.

**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 1.32 x 0.43 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 2.0 x 0.6 cm.

**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 was noted.

**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



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congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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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.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

25 lbs

Mild to moderate degenerative renal changes. Acute on chronic pyelonephritis renal pattern, more dramatic on the right and mild on the left. Minor potential for emerging renal neoplasia.

Age related hepatic changes with minor excessive gallbladder debris.

**INTERPRETED BY**

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DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend 4-6 week antibiotic therapy based on culture results preferably initiated by IV fluid support would be indicated. Ursodiol therapy is warranted longterm. The cause of weight loss is unclear unless hyporexia is inducing a secondary weight loss. 72-hour IV fluid protocol and IV antibiotics are likely necessary to start treatment in this patient. Chest radiographs, full CNS examination and cardiac exam are all indicated given the patient's history. Given the hyposthenuria along with significant pyuria this would suggest a significant infection in the kidneys, which is supported by the sonographic presentation. Recheck sonogram is recommended in 4-5 weeks prior to stopping antibiotics. Predisposing issues such as recessed vulva, vaginal and urine pooling should all be ruled out.

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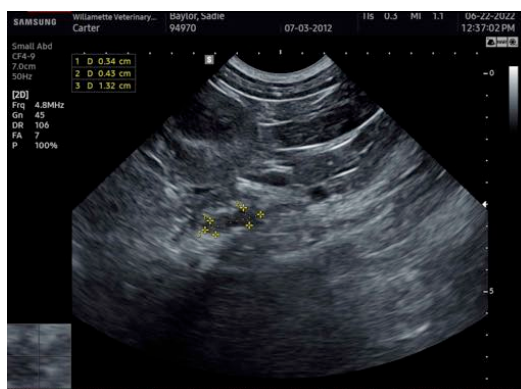
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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