



**PATIENT**

Drey Irwin

**SPECIES**

Canine

**BREED**

Staffordshire Bull Terrier

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

15.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Laura

**INVOICE**

15869

**DATE**

6/4/22

**PRESENTING CLINICAL SIGNS**

History: Drey presented on 6/3/22 with a three day history of only eating canned food (unusual) and vomiting (once). On exam Drey was mildly dehydrated. Her abdomen was soft and non-painful. Rectal exam was within normal limits. Her temperature was normal.

Abnormal PE/Chem/CBC/UA Results: Bloodwork CBC--WNL Chem/lytes--BUN (70), CREA (1.6), ALB (2), CHOL (325), ALT (635) cPLI--normal PCV/TS--36 and 7 Radiographs Abdominal--stomach is moderately full with ingesta (did eat a small amount this am) but slightly thickened gastric wall; slight loss of detail in the cranial abdomen; gas and fluid in the small intestines; no obstructive pattern noted; fecal material in the colon

**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 3.0 cm beyond the cystourethral junction.

The **kidneys** presented nebulous corticomedullary definition with moderate cortical degenerative changes, irregular contour and microinfarcts. Minor pyelectasia was also noted. The kidneys were mildly subnormal in size. The left kidney measured 5.88 cm. The right kidney measured 5.8 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 1.87 cm x 0.42 cm.

The region of the **right adrenal gland** was imaged. No evident pathology.

**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 were noted.

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with mild chronic inflammatory hepatopathy.

**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.



**PATIENT**

**Pancreas**

Drey Irwin

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Chronic renal disease with pyelectasia, suspect pyelonephritis
- Chronic inflammatory hepatopathy

**BREED**

Staffordshire Bull Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

I recommend 72-hour IV fluid protocol, urine culture and sensitivity, baseline cortisol to rule out possible Addisons (not suspected) and leptospirosis titers. Hepatic FNA or core biopsy would be ideal as well, given the chronic inflammatory pattern. Bile acid profile would be ideal. The kidneys do not appear end-stage yet subjectively do appear approximately 50-60% compromised. No evidence or suspicion of neoplasia.

**AGE**

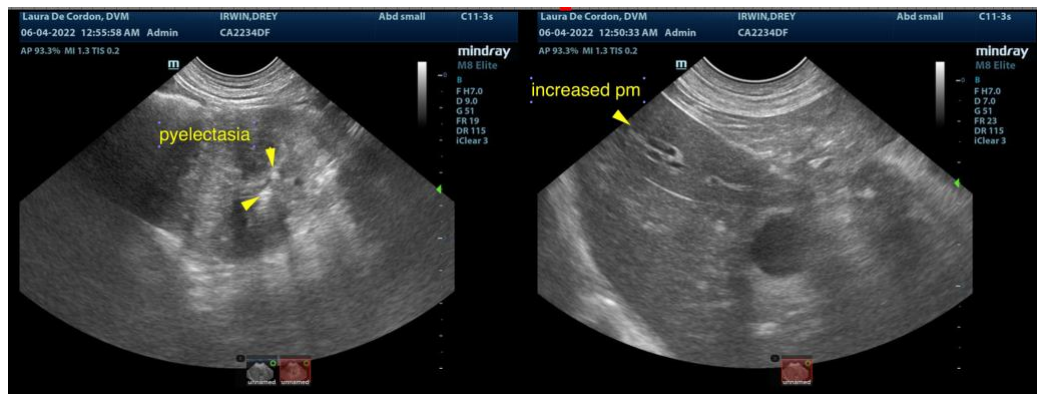
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## SEX

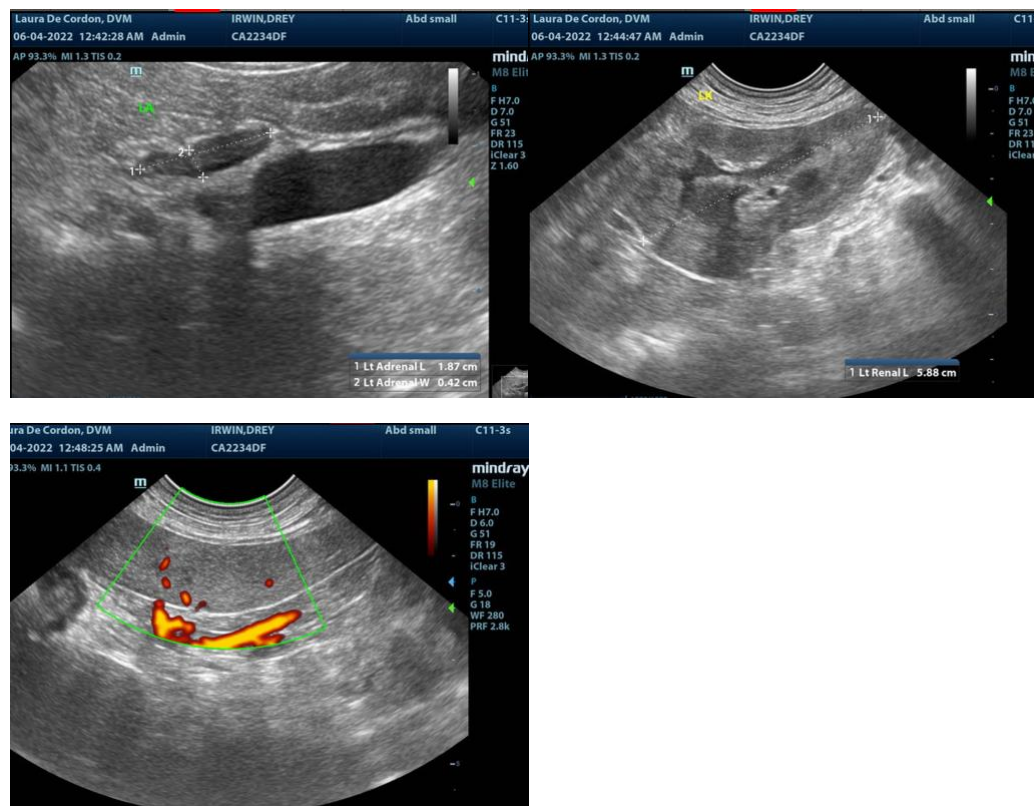
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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