



PATIENT

Channing Moffitt

SPECIES

Canine

BREED

Mini Poodle Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

13.8 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Wolverton

INVOICE

16365

DATE

06/05/26

PRESENTING CLINICAL SIGNS

P presented for US due to ARF with unknown cause. O has been out of town and P has been cared for by family member. She can free roam on a farm. O returned Saturday- P not eating, lethargic, brought to rDVM bloodwork showed ARF, sent out Lepto PCR- pending, treated with fluids, no improvement, brought to ER clinic, in house lepto snap negative, started on fluids, foley catheter placed, oliguric, fluid rate 65 ml/hr, p has only produced 45 mls in one hour.

Abnormal PE/Chem/CBC/UA Results: BUN 208, CREA 19.2, Phos >16.1, K+ 3.3, NA 142 usg 1.014, Bld 250, rods present Neu 13.8, Lyph 1 4dx: neg x 4 Baseline Cortisol 6.31

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable, yet empty. A foley catheter was placed in the urinary bladder.

The **kidneys** were bilaterally swollen with thickened cortices and increased corticomedullary ratio. Areas of mineralizations were noted in the pelvis. The left kidney measured 6.47 cm in length. The right kidney measured 6.61 cm in length.

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 2.26 cm x 0.39 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland measured 2.38 cm x 1.15 cm width at the cranial pole and 0.55 cm width at the caudal pole.

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** 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

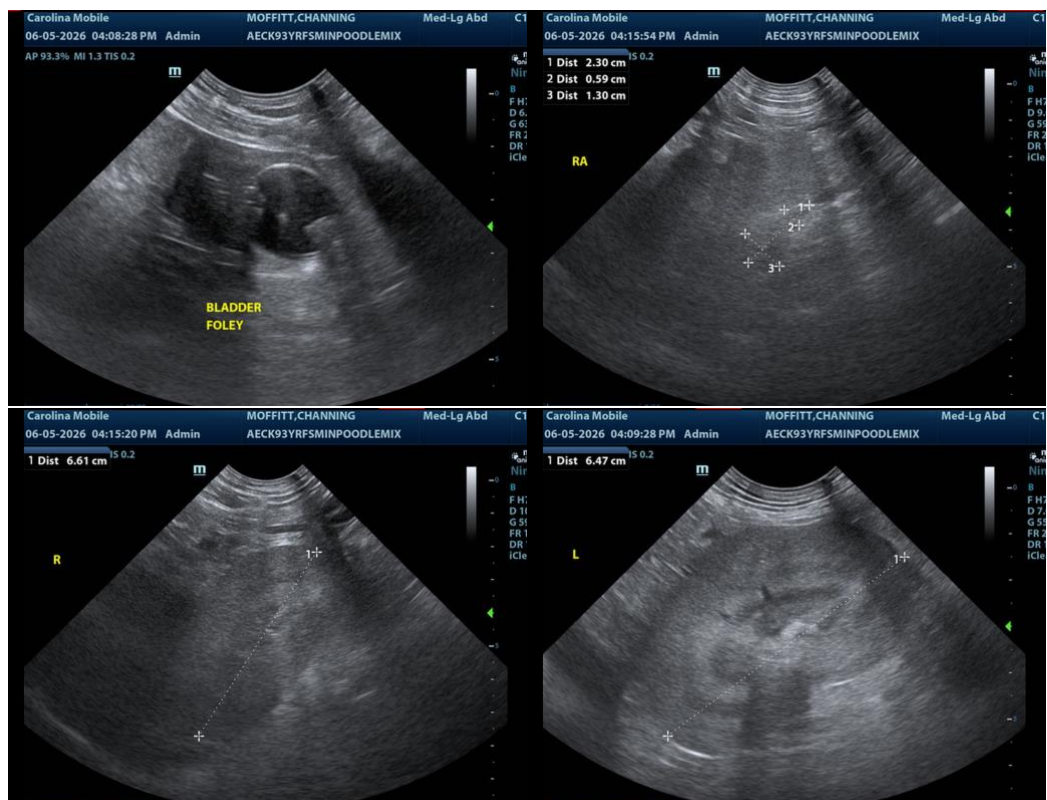
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

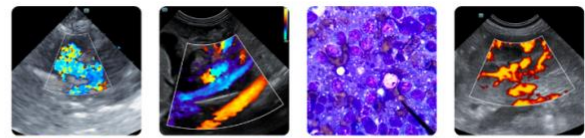
ULTRASONOGRAPHIC FINDINGS

- Acute renal insult/swollen kidneys- nonspecific, toxin exposure, infectious agents, immune-mediated disease are all possible.
- Empty urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are indicated. Tick-borne disease titers are indicated. Renal biopsy would be best for a definitive diagnosis. Urine culture and sensitivity, blood pressures, 72-hour IV fluid support are all indicated. No evidence of neoplasia or obstructive disease.





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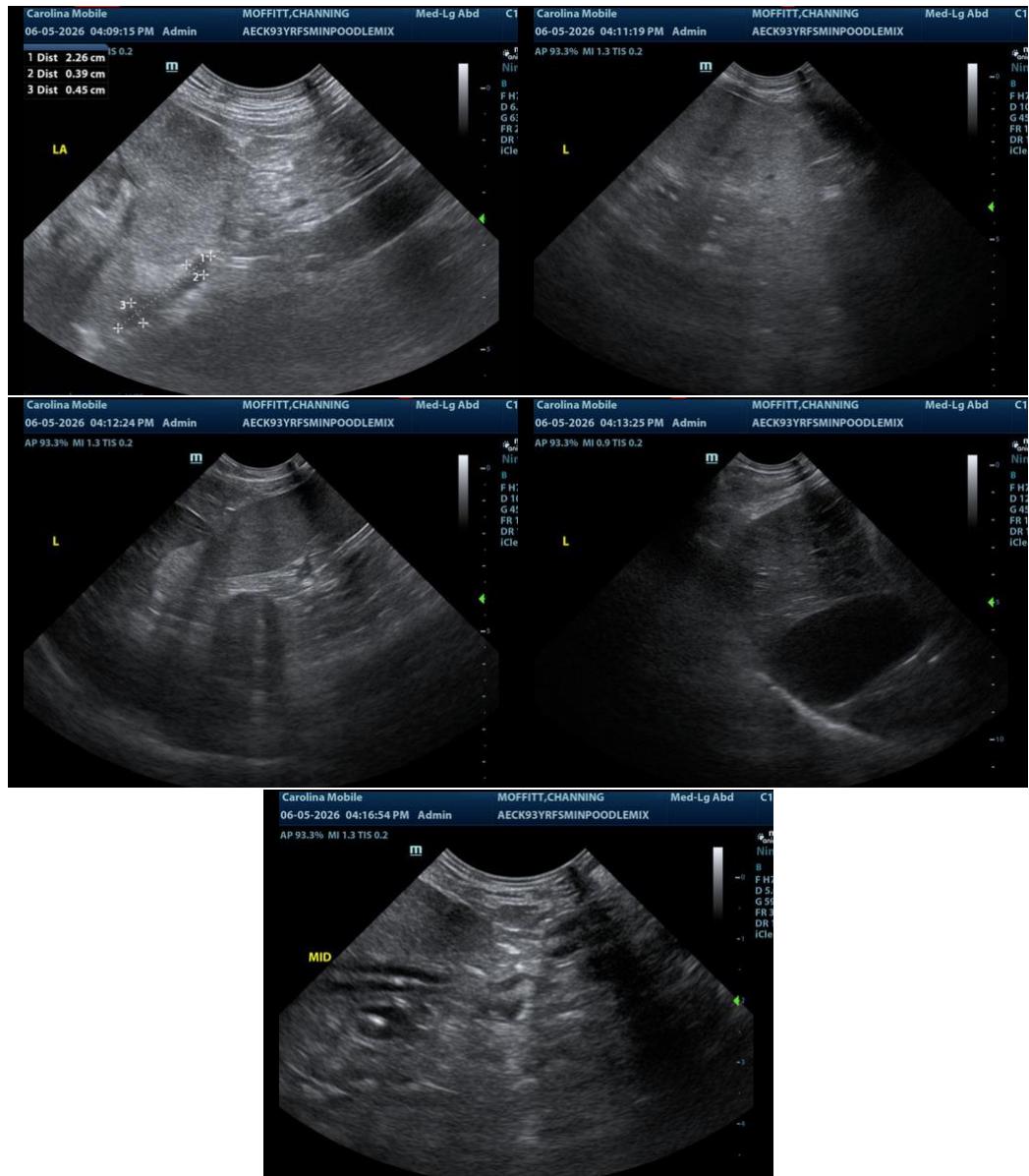
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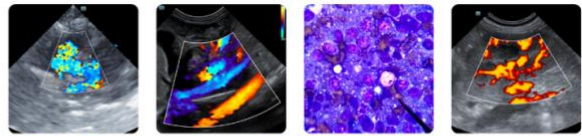
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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