



PATIENT

Toody Zolton

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

5.94 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Brenner

INVOICE

30900

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Not eat dog food as well for 2 weeks. Occasional soft stool. Entyce does help appetite.
Abnormal PE/Chem/CBC/UA Results: May 20,2022 immature cataract OD, iris atrophy OU. CBC- Normal. Chemistry- elevated SDMA 20 (0-14), BUN 34 (7-27), Creatinine 2.1(0.5-1.8). Urine- USG 1.000, pH 6.0, trace protein, inactive sediment. CPL- Normal. Thyroid at MSU not support hypothyroidism. Thoracic radiographs -within normal limits.

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** 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 and no evidence of pelvic dilation was present. The left kidney measured 2.7 cm and the right kidney measured 3.1 cm. Blood flow appeared to be adequate on power Doppler assessment.

Adrenal Glands

Both **adrenal glands** were slightly subnormal in size. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 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 congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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

Minor degenerative renal changes.

AGE

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Slightly subnormal adrenal size.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is warranted given the vague clinical signs and azotemia with ACTH stimulation. Full urinalysis, blood pressure measurements +/- culture is indicated. The kidneys do not appear end stage. Acute insults to the kidneys should be considered such as Leptospirosis or toxin exposure. 72-hour IV fluid protocol is recommended with correction of the azotemia while further diagnostics are performed.

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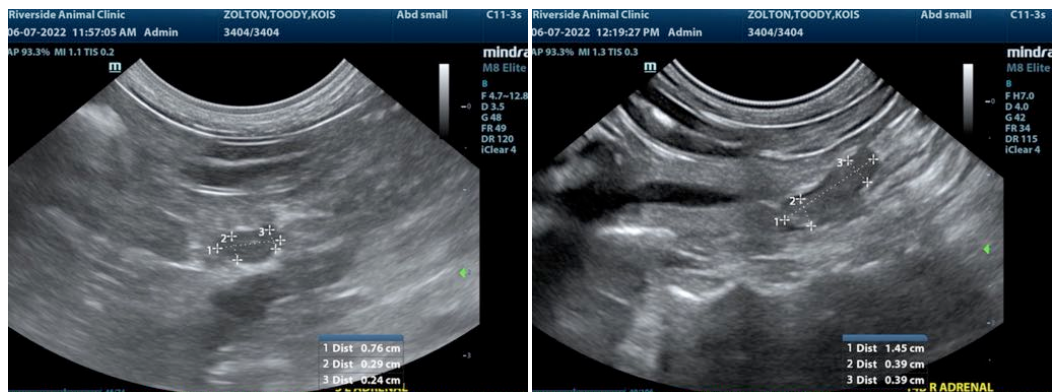
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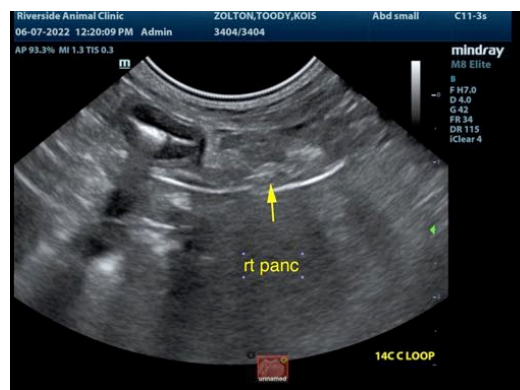
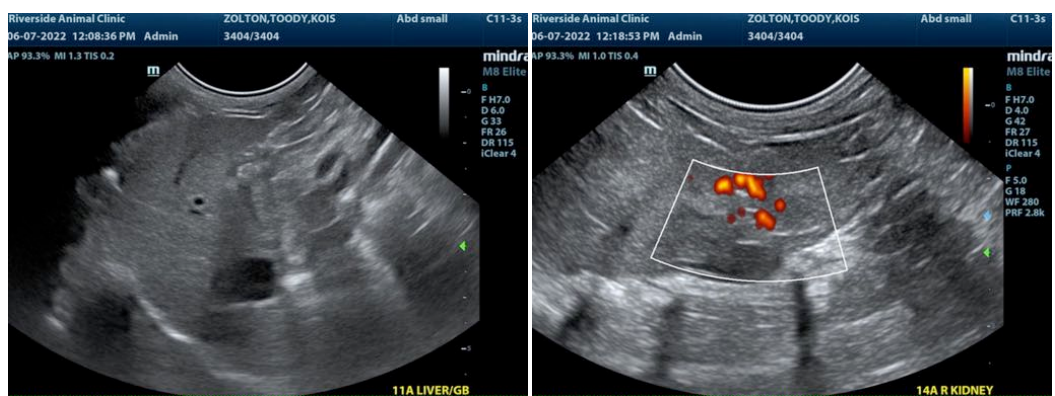
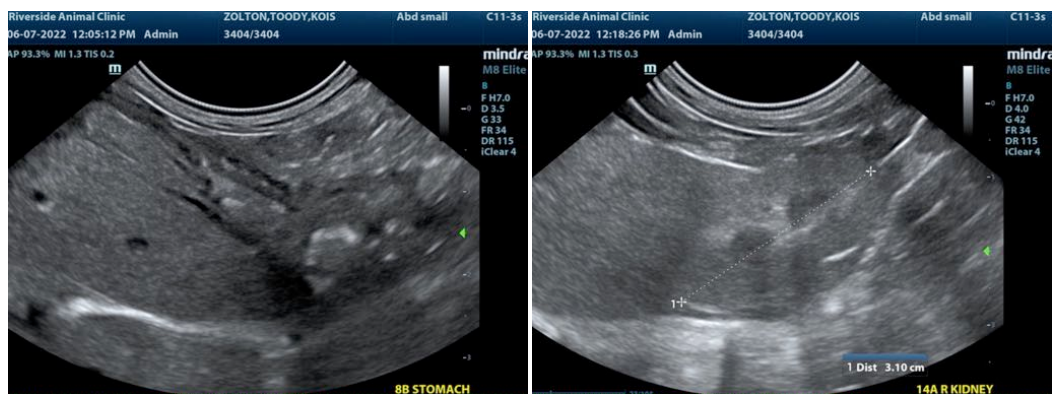
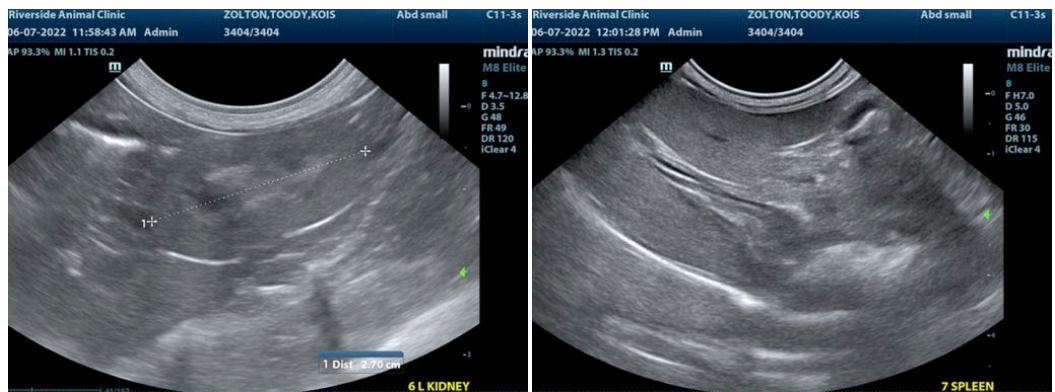
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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