



**PATIENT**

Lucifer Munoz

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

16.12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Finder

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Finder

**INVOICE**

38564

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

Lucifer is a 7 year 5 month old MN maltipoo that presented for 3rd opinion. Records from South Buffalo Springs and Paradise Pet Hospital not available at the time of appointment. History is owner recollection of everything. Owner was recommended to go to LVVSC but they cannot get her in until November. 2 months ago he was yelping in pain and painful when jumping. Owners took him to South Buffalo Springs AH where pain meds were started. BW was done that found multiple small elevations in liver (ALT 340) and kidney (creat 1.6) values. Due to presence of abdominal pain on palpation and slight BW abnormalities, imaging (xray and ultrasound) was elected. At South Buffalo Springs, cystic kidneys were noted bilaterally and there was a mass effect in or around the gallbladder. Owners went to Paradise AH for 2nd opinion where a repeat ultrasound was done. Similar changes noted. It was recommended to them that they go to the specialist for exploratory surgery and possible removal of gallbladder? (Owners were unsure what was supposed to be removed but think this hospital mentioned the gallbladder). Seems to have a better attitude since starting gabapentin and galliprant along with the methocarbamol and ursodiol previously prescribed.

**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 **left kidney** presented severe polycystic changes. The left kidney measured 6.3 cm with minor pyelectasia and multiple cortical cysts, the largest of which measured approximately 2.0 cm at the cranial cortex. Significant disruption of architecture noted. Unlikely to be neoplastic.

The **right kidney** presented similar changes and measured 5.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed a focal 0.5 cm nodule at the mid cranial body, non-disruptive and non-expansive.

**Liver**

The **liver** presented uniform hepatic parenchyma with minor microhepatica. Minor dependent gallbladder debris noted, this is physiological and not pathological.

**Gastrointestinal**

A minor amount of ingesta was noted in the **pyloric** outflow. The small intestine and colon were unremarkable.

**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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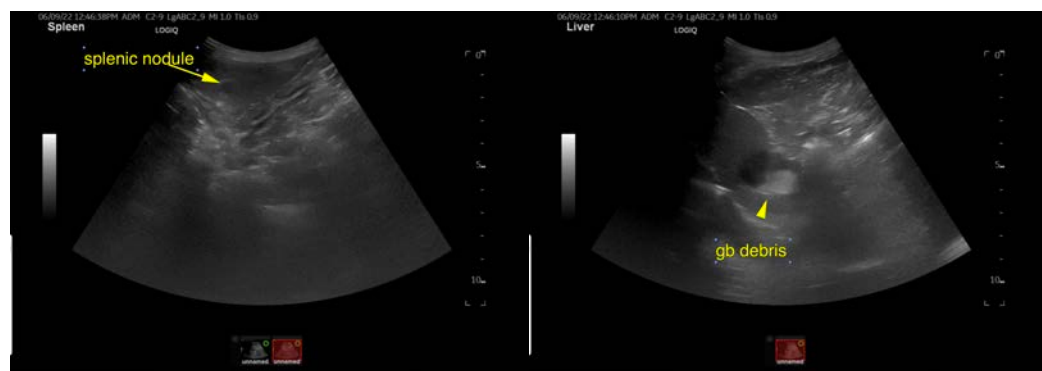
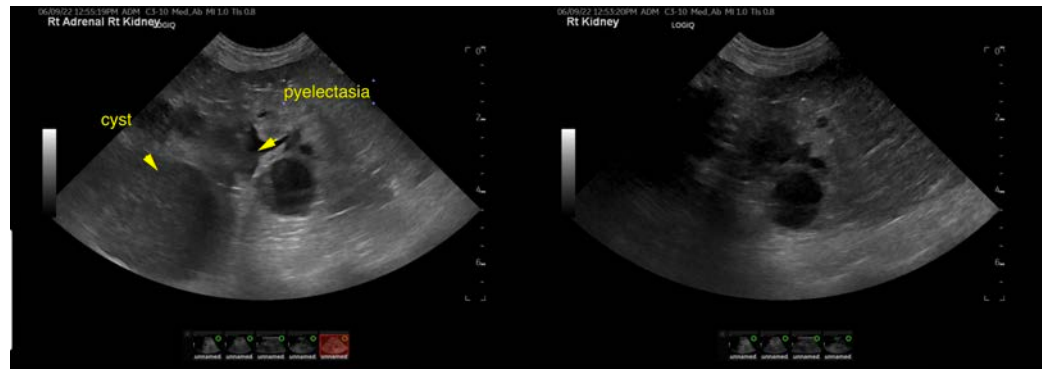
6/9/22

**ULTRASONOGRAPHIC FINDINGS**

- Severe polycystic kidney disease
- Focal, subjectively benign splenic nodule to watch or aspirate
- Minor microhepatica
- Minor retention of ingesta

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

My greatest concern in this patient are the polycystic renal changes. Renal function should be the primary focus in this patient. The expansive nature of the polycystic renal changes and likely concurrent inflammation +/- infection is likely causing discomfort in this patient. Full urinalysis warranted. Suspect some level of pyuria, as embedded renal infection is likely, given the chronic changes and pyelectasia. Reactive or non-specific inflammatory hepatopathy likely. The gallbladder is not pathological. Blood pressure measurements recommended.





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Lucifer Munoz

**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.**

**SPECIES**

Canine

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.

**BREED**

Maltipoo

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)

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