



PATIENT

Flex Secor

SPECIES

Canine

BREED

Dogo Argentino

SEX

Neutered Male

AGE

3 Years

WEIGHT

41 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

39377

DATE

7/10/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for went for a hike today, now tail down, not having BM, urinating blood/brown color. Previous Health Concerns: skin issues Current Medications: none
Abnormal PE/Chem/CBC/UA Results: Abdominal: full stomach and very gasy bowel Cbc: nr Chem: alb 51.6, tp 8.2 glob 4.1, creat 2.5; bun 51.6; tbili 2.9 ; alp 163 ggt 91; lip 568 Epcoc: crea 2.75 bun 52 Rads; over distended stomach for food and liquid Ua: +++ protein, Sp grav 1016

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 thickened, irregular, echogenic cortices with loss of corticomedullary definition. The left kidney measured 6.58 cm. The right kidney measured 7.47 cm. The renal presentation is most consistent with interstitial nephrosis.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented slight granular parenchymal changes, likely reactive state. Normal size and contour. The spleen was folded upon itself caudally.

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. Soft stool noted in the colon.

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.

PRIMARY FINDINGS

- Acute on chronic renal failure, non-specific cause



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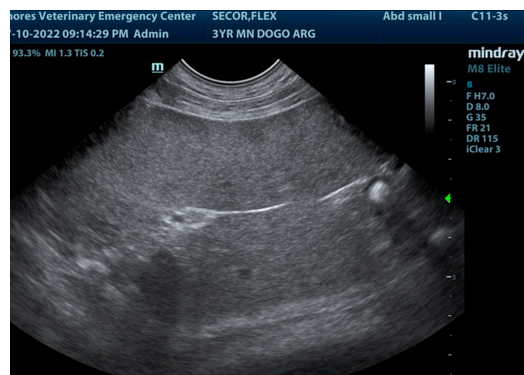
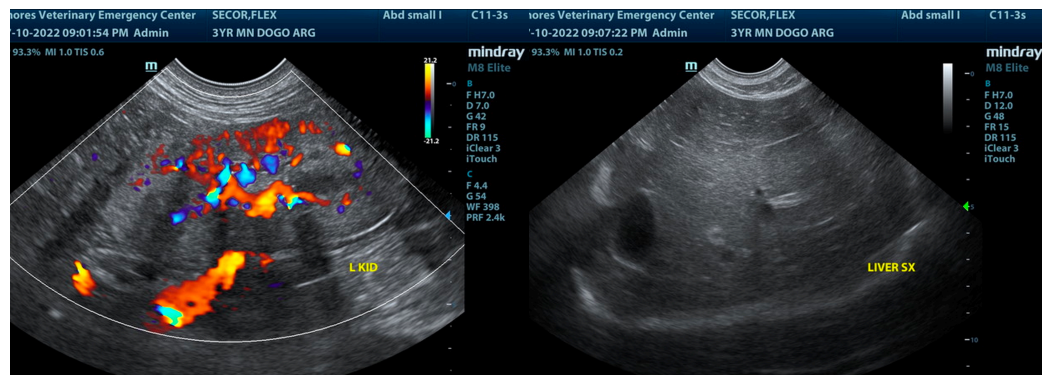
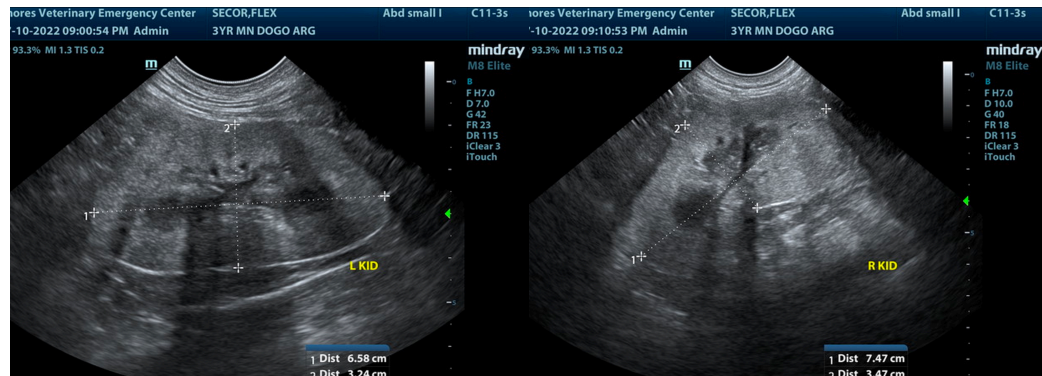
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of primary renal disease may be playing a role. Renal biopsy would be necessary for further definition. Leptospirosis titers, IV fluid support, assessment for renal toxin indicated. Assuming that the bilirubin is verified and not artifactual, Leptospirosis would be the primary concern in this patient.



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.

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