



PATIENT

Clyde Corey

SPECIES

Canine

BREED

Beagle

SEX

Netuered male

AGE

13 years

WEIGHT

31.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bucha

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. Bucha

INVOICE

31685

DATE

7/14/22

PRESENTING CLINICAL SIGNS

History is attached to the case. Patient presented today for diarrhea, vomiting occasionally, not eating. Work-up performed. Case history from last PE /problem also attached. Patient was given Torbugesic 0.3cc IV (3.0mg) prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: All lab work /diagnostics are attached to case from today (lab work, radiographs, ultrasound) and the last time patient had work-up which was 5/13/21 (lab work, LeptoPCR, AFast US)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical wall thickening with polypoid changes and minor echogenic urine.

The residual prostate measured 0.7 cm.

The **kidneys** revealed non-specific increased cortical echogenicity. This is consistent with interstitial nephrosis and loss of corticomedullary definition. There was no significant pyelectasia noted. The left kidney measured 5.86 cm. The right kidney measured 5.85 cm. Blood flow to the kidneys appeared to be subnormal on power Doppler assessment.

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 was subjectively subnormal in size and measured 1.2 x 0.3 cm. The right adrenal gland was normal to slightly subnormal for this breed and measured 1.5 x 0.53 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

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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.

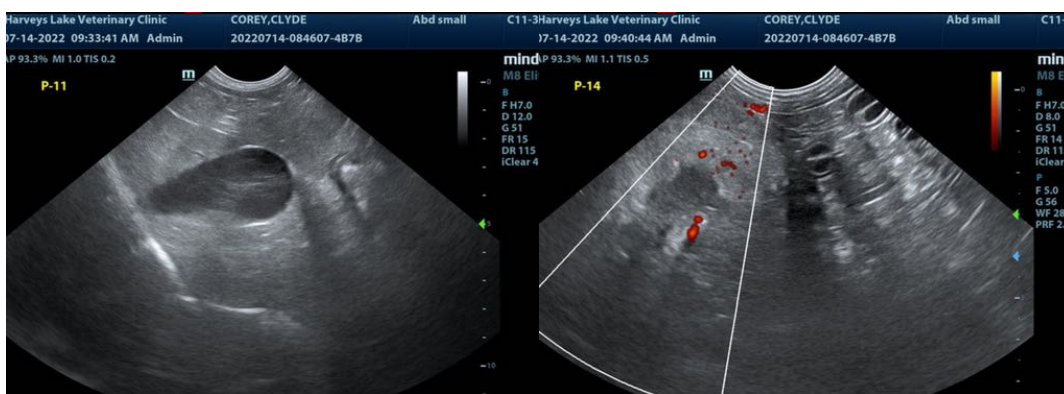
ULTRASONOGRAPHIC FINDINGS

Non-specific, interstitial nephrosis renal pattern.

Subjectively subnormal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy is recommended for further definition. I recommend screening for Addison's with baseline cortisol or ACTH stimulation. Urine culture and sensitivity as well as 72-hour IV fluid protocol, Leptospirosis titers as well as Lyme titers are recommended. Acute on chronic renal failure. The prognosis is is guarded to poor depending upon response to therapy.





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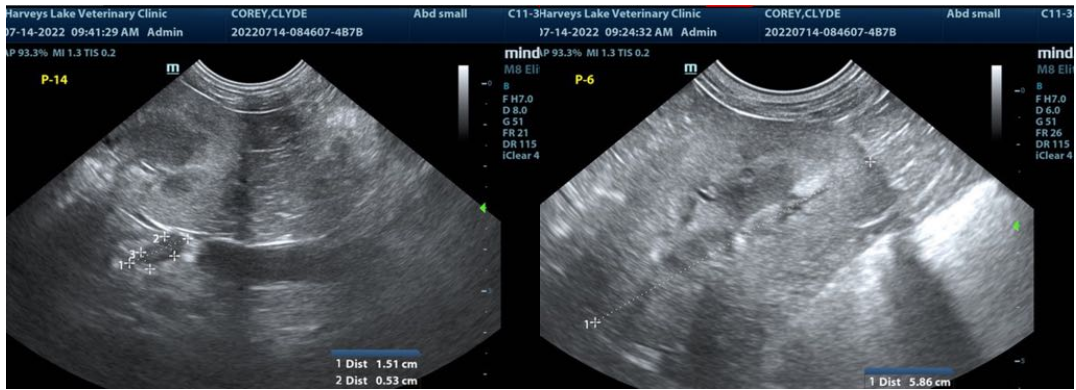
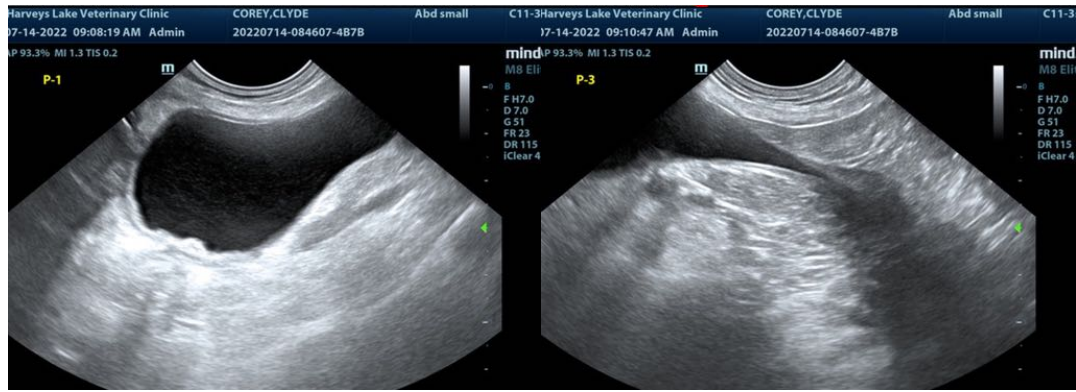
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
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