



PATIENT

Coco Gonzalez

SPECIES

Canine

BREED

German Shepherd
Mix

SEX

FS

AGE

10yr

WEIGHT

64lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Aaron Deml, DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Aaron Deml, DVM

INVOICE

14312ag

DATE

07/07/2023

PRESENTING CLINICAL SIGNS

AUS for persistent proteinuria and hypertension. P has been clinically normal and doing well. P is a high anxiety dog. P has had a blood pressure around 200mmHg and persistent proteinuria (with a quiet sediment) of around 2+. Urine protein:creatinine ratio has been significant as well (originally 1.3). P has responded well to enalapril therapy (15mg q12h PO) and most recently has a UPC of 0.5 and a BP of 130mmHg. P had an echocardiogram done that was ultimately uneventful. AUS performed to mainly evaluate kidneys due to persistently elevated UPC/hypertension.

Abnormal PE/Chem/CBC/UA Results: See history for blood pressure and UPC results Most recent CBC/Chem: Hypertriglyceridemia: 835 (29-291) Everything else was WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys exhibited cortical infarcts. The left kidney measured 5.6 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal was visualized obliquely. The left adrenal gland measured 0.65 cm in width. The right adrenal gland measured 0.7 cm caudal pole width by 1.0 cm cranial pole width.

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 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.

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

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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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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Renal infarcts.
- Otherwise unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology. Hematuria may be secondary to renal infarcts yet appear to be stable. A urine C/S is warranted.

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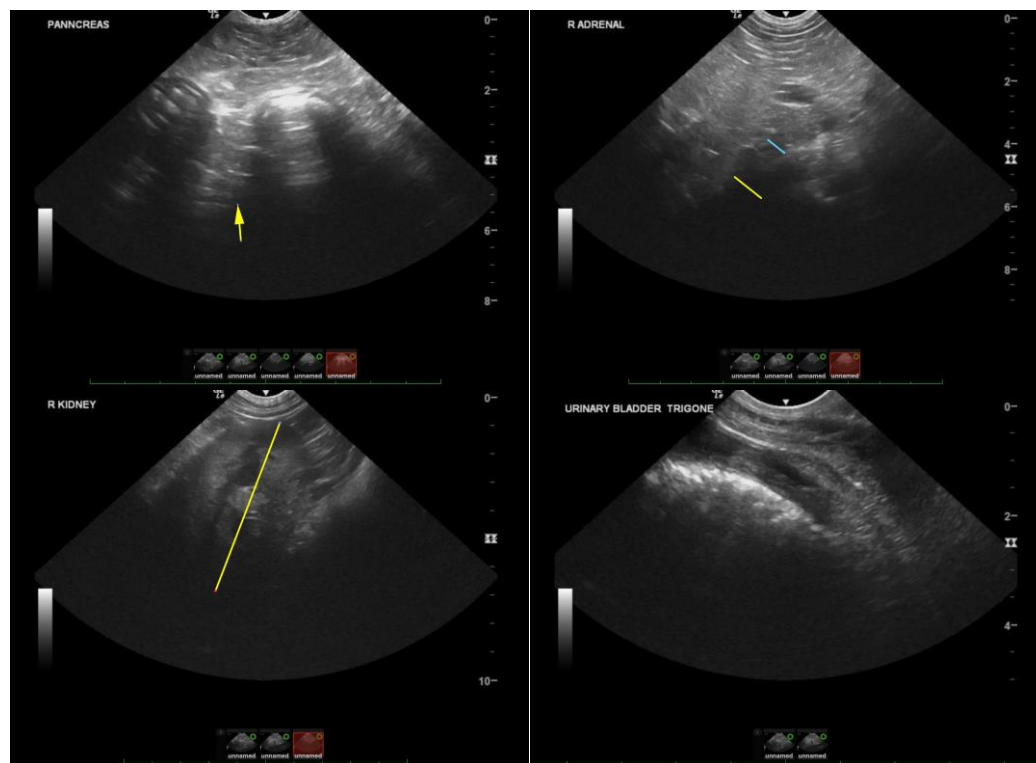
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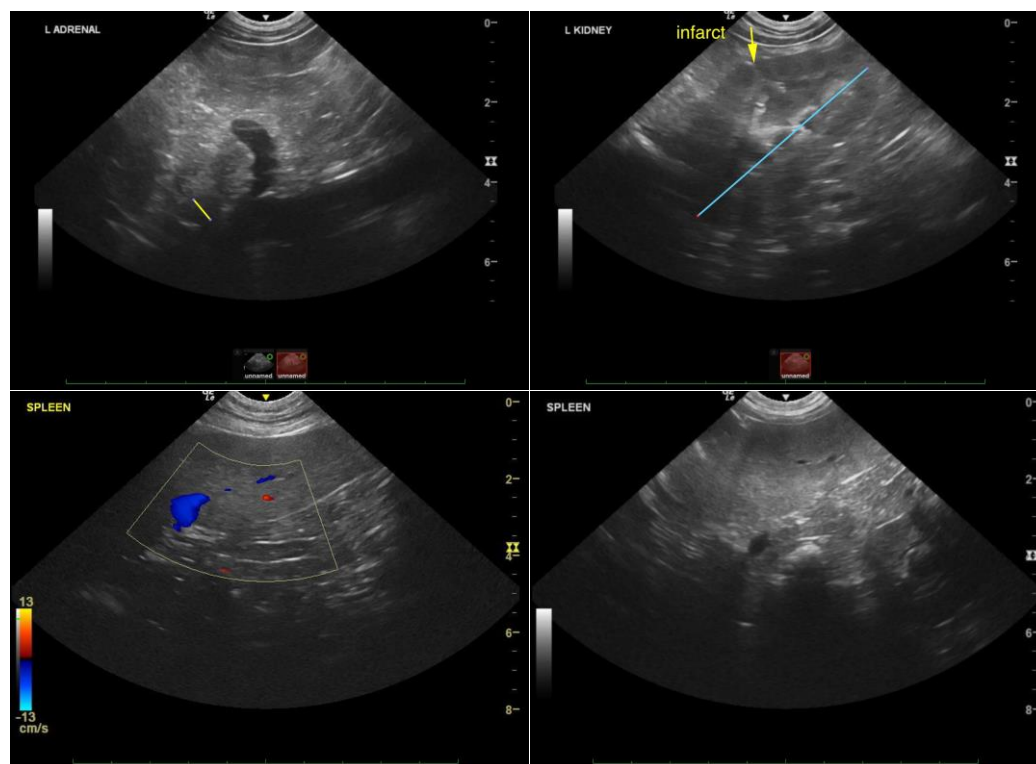
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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