



PATIENT

Daisy Nadler

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years

WEIGHT

36

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dana Nause

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Dana Nause

INVOICE

24586

DATE

8/12/21

PRESENTING CLINICAL SIGNS

panting, anxious, worse than normal for last few days, trazodone not helping
Abnormal PE/Chem/CBC/UA Results: ALT 186, ALKPPOS 1820, GGT 15, Chol 341, BUN 41 RBC 5.47, HCT 37.2,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** were swollen in contour and revealed bilateral pyelectasia and cortical cysts. Moderate chronic interstitial nephrosis pattern. The right kidney measured 6.0 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.6 cm. The **left adrenal gland** was not visualized. The area of the left adrenal revealed acoustic interference. However, I'm concerned for occult pathology out of the limited view provided. Hypoechoic irregular tissue noted there, but may be artifactual.

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** presented multifocal nodular changes and swollen irregular contour. Increased portal markings noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** presented minor retention of ingesta. The small intestine and colon were unremarkable.

Pancreas

Heterogeneous changes noted throughout the **pancreas**, suggestive for pancreatitis. Reactive mesentery noted.



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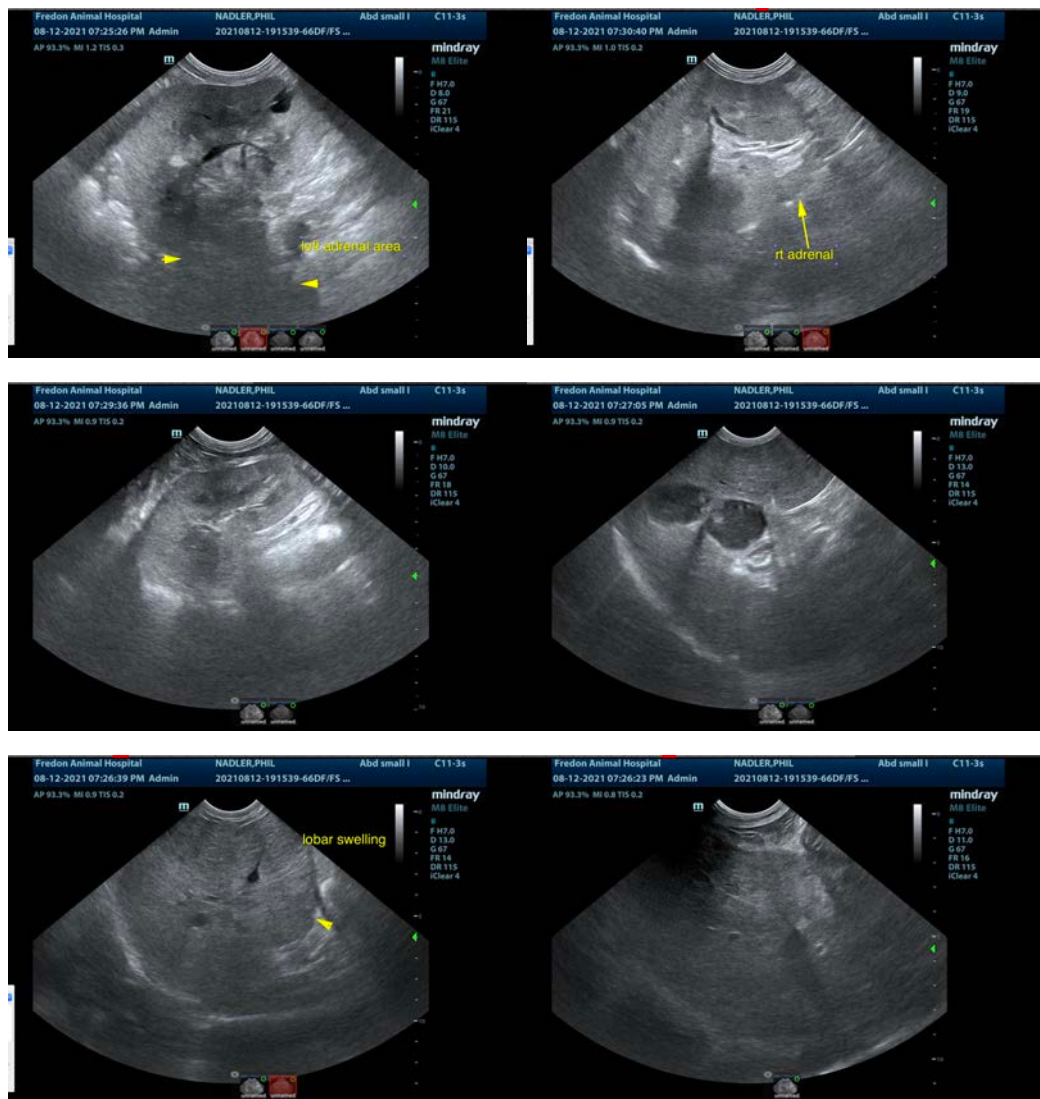
8/12/21

ULTRASONOGRAPHIC FINDINGS

- Chronic degenerative renal changes with pyelectasia
- Urinary bladder debris
- Multifocal nodular hepatic changes with irregular swelling
- Retained gastric ingesta
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted to assess for UTI/pyelonephritis. Ultrasound guided FNA of the liver recommended. I recommend further imaging of the left adrenal area under sedation. Blood pressure measurements warranted.





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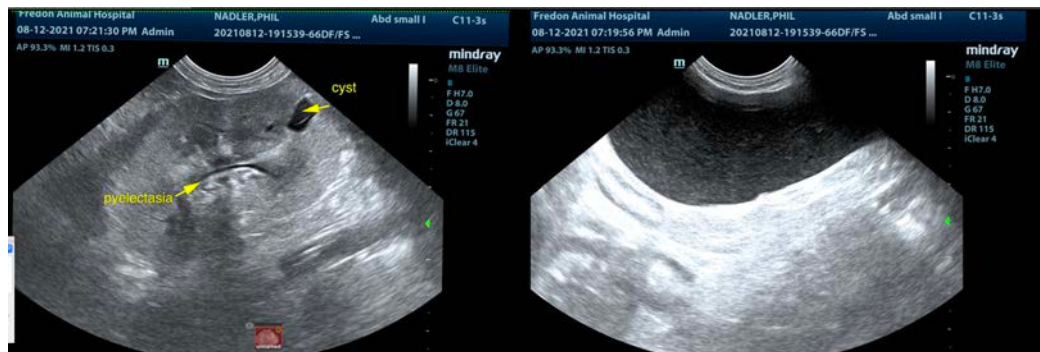
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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