

**DATE**

8/12/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting; diarrhea & inappetance for past 4-5 days. Went to Blue Pearl ER 5 days ago and was azotemic; outpatient treatment (started metronidazole, probiotics, Cerenia) Referral for continued care. Cortisol test pending from rDVM.

PATIENT

Dunkin Bennett

Current Medications: Metronidazole, Ondansetron, Buprenorphine,
 Lab Results: BUN 82, Creat 2.9.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.

BREED

Yorkshire Terrier

Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Male

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 prostate was uniform, measuring 1.6 cm.

AGE

8/11/19

The testicles were imaged and found to be uniform.

WEIGHT

4.01 Pounds

Both **kidneys** were significantly subnormal in size with increased cortical echogenicity and loss of corticomedullary definition and pyelectasia. Disrupted pelvic architecture noted. The right kidney measured 2.45 cm. Slight pyelectasia was noted in the right kidney. The left kidney measured 1.95 cm. This change is consistent with bilateral renal hypoplasia/renal dysplasia.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 measured 1.32 cm x 0.38 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.01 cm x 0.4 cm at the cranial pole and 0.35 cm at the caudal pole.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Martinoli

Liver**INVOICE**

16831

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. 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.

Pancreas

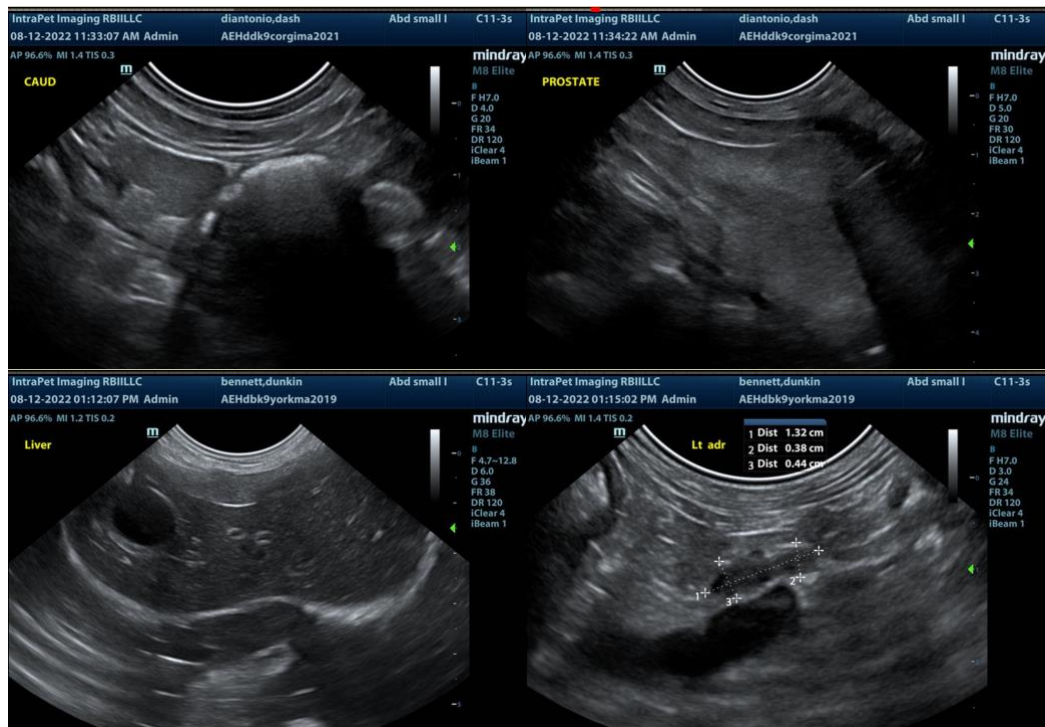
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

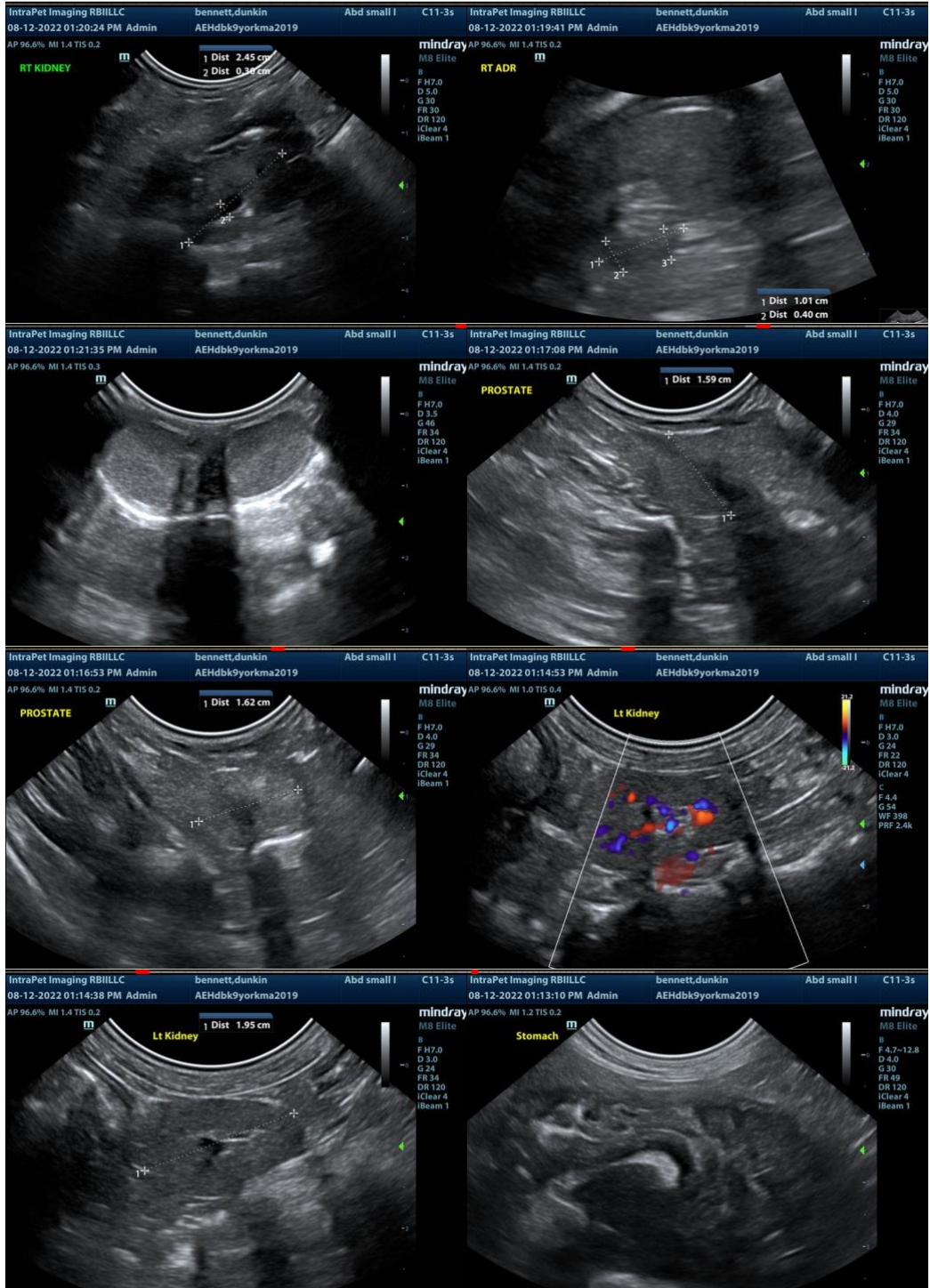
ULTRASONOGRAPHIC FINDINGS

- Bilateral renal hypoplasia/renal dysplasia pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy is recommended to confirm the suspicion of primary dysplasia with secondary degenerative changes. Prognosis is poor long term. 72 IV fluid protocol is warranted to correct the azotemia. Blood pressure measurements and urine culture are warranted if any inflammatory sediment is present. Breeding lines should be evaluated for potential similar changes, especially if renal biopsy is able to confirm suspicion of primary dysplasia.





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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