



PATIENT

Bucky Richardson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

12 years

WEIGHT

90.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging

REFERRING VET

Dr. Howlett

INVOICE

46592

DATE

8/14/23

PRESENTING CLINICAL SIGNS

History: Presented for exam on 7/28/23 for inappetence, vomiting, and lethargy. O also thought his MM looked pale at the time. Found elevated renal values -- carprofen d/c in favor of galliprant. Responded well to cerenia and renal diet. Presented for recheck on 8/11/23 -- kidney values are improving, but anemia was slightly worse. Appetite improving and no further vomiting.
Abnormal PE/Chem/CBC/UA Results: 7/28/23: Moderate anemia; BUN: 112; PHOS: 8.4; CRE: 4.9; TP: 4.6; USG: 1.018; HCT: 28% 8/11/23: BUN: 62; CRE: 4.4; K+: 6.7; HCT: 26%

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 was noted. Ureteral papillae were normal.

The **kidneys** presented moderate degenerative renal changes to near end stage and were subnormal in size. The left kidney had irregular contour and measured 3.9 cm. The right kidney measured 5.4 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

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

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. Reactive mesentery 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

Chronic nephrosis/nephritis is suspected. Subjectively near end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol, Leptospirosis titers are warranted as well as baseline cortisol to rule out occult Addison's disease. GI Protectant protocol and reassessment of the renal profile after 72 hours as well as blood pressure measurements are indicated. The prognosis is very guarded.





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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.

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