



PATIENT

Kirby Mikail

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

8 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ammeraal

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

46593

DATE

8/14/23

PRESENTING CLINICAL SIGNS

History: Appetite was decreased at home, seems so be doing better. Was started on Doxycycline.
Abnormal PE/Chem/CBC/UA Results: Normal exam, Crea 1.9ug/dL BUN 25mg/dL, rest BW WNL
USG 1.023, Protein 4+, UPC 3.2 Blood pressure avg systolic doppler- 117 mmHg

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.96 cm. The left kidney measured 6.9 cm with a slight cortical cyst noted in the left kidney.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.96 x 0.9 cm at the caudal pole and 0.85 cm at the cranial pole. The right adrenal gland measured 2.81 x 1.1 cm at the cranial pole and 0.79 cm at the caudal pole.

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 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.



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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. Transit of chyme into the small intestine appeared to be normal. Stool consistency appeared normal.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease contributing to the clinical signs. Protein losing nephropathy is present, yet non-specific. Tick borne disease panel, continuation of the Doxycycline trial over a 3-4 week period is indicated. Screening for Addison's is warranted even though the adrenal glands appear normal.

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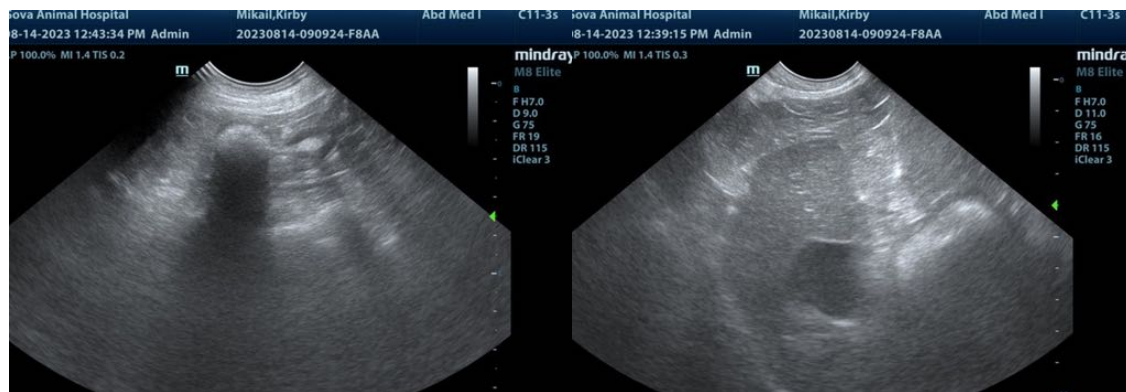
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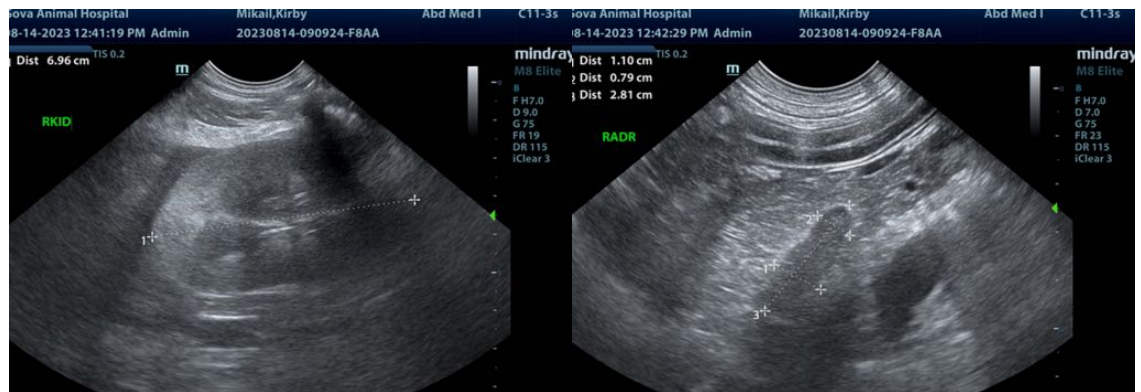
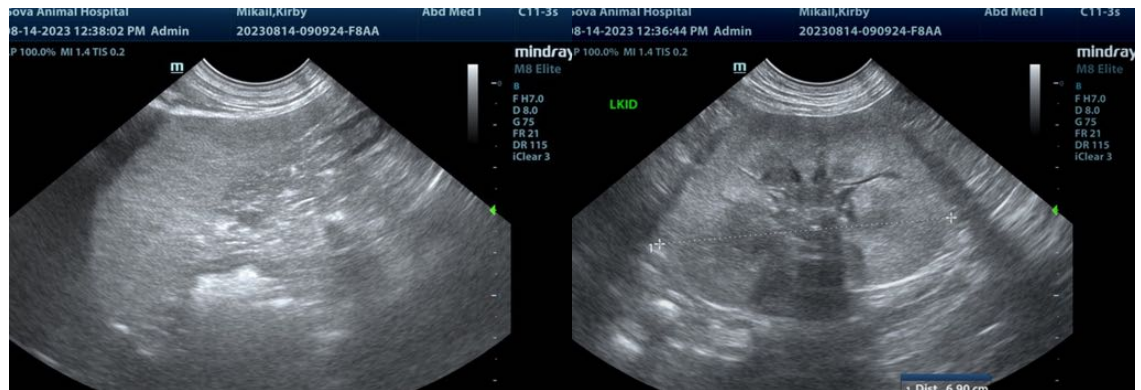
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com