



**PATIENT PRESENTING CLINICAL SIGNS**

**Lily Potnek**  
History: Patient presented to emergency clinic one week ago for vomiting. Blood work showed marked azotemia, which improved with IV fluid therapy. Urine culture negative. BUN is still elevated (BUN=63 ref range 7-27) Lipase also elevated (Lipase=4100 ref range=200-1800). Screening for kidney disease and pancreatic or GI issues

**SPECIES**

Canine  
Abnormal PE/Chem/CBC/UA Results:

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M. Kermendy, CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Ericka Haynes, DVM

**INVOICE**

91424

**DATE**

8/23/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.59 cm. The right kidney measured 3.98 cm with trace pyelectasia noted and mineralization. The kidneys appear 50-60% compromised.

**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 0.5 cm. The right adrenal gland measured 0.5 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Mild, left-sided hepatic enlargement was noted. 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen.
- Moderate degenerative renal changes. Right kidney revealed mineralization and pyelectasia.
- Left-sided hepatic enlargement.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes are expected for this age and breed. Urinary work-up is warranted in this patient to assess for inflammatory sediment linked to the right renal presentation. There was no evidence of significant disease. Although urine culture is negative occult urinary tract infection may be present especially if isosthenuria is evident then washout effect on inflammatory sediment and culture ability would be an issue. Broad-spectrum urinary antibiotic is recommended. Geriatric diet and blood pressure measurements are warranted. Given the vomiting gastrointestinal blood loss and secondary azotemia may be an issue. The pancreas appears structurally unremarkable. The pancreatic values may be elevated secondary to emerging renal failure. The patient may have recently passed a calculus causing the initial episode. However, there was no obstructive disease noted at this time.

**INTERPRETED BY**

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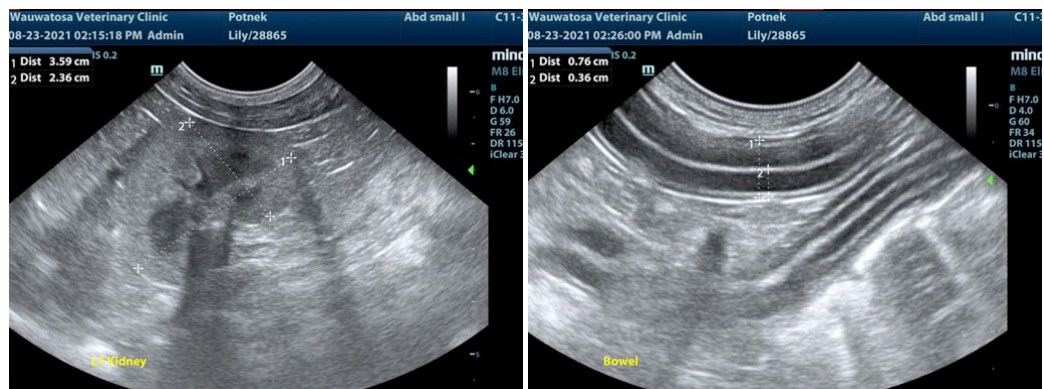
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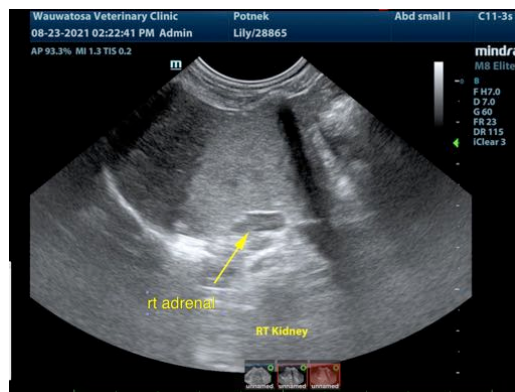
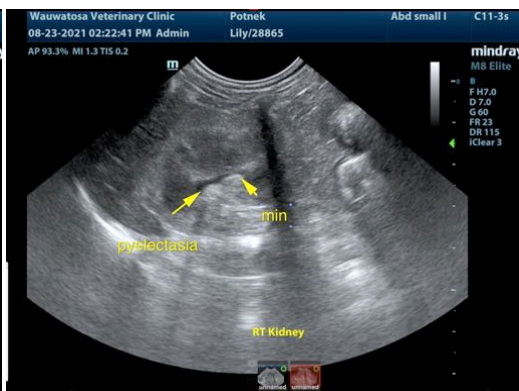
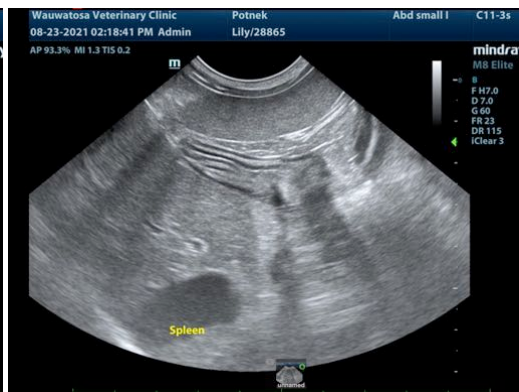
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

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info@SonoPath.com

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