



**PATIENT**

Denver Kranz

**SPECIES**

Canine

**BREED**

Australian Labradoodle

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

36 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Martens

**INVOICE**

32485

**DATE**

8/23/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting, lethargic, elevated liver, kidney and wbc values.  
Abnormal PE/Chem/CBC/UA Results: AST 310, ALT 494, ALK PHOS 294, TOTAL BILI 2.4, CREAT 1.8, WBC 19.6

**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 moderate degenerative changes and irregular contour. There was some loss of corticomedullary definition. Cortical infarct and collapse was noted. Pyelectasia was noted. The right kidney measured 4.16 cm with pelvic calculus and irregular contour. The left kidney measured 6.06 cm. Blood flow appeared adequate in the left kidney.

**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 2.17 x 0.79 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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 was over distended with suspended debris and a double layered wall. This is consistent with mucocele formation. The neck of the gallbladder was inflamed. The gallbladder measured approximately 5.0 cm and was rounded. The common bile duct was unremarkable.



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**Gastrointestinal**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Inflamed gallbladder mucocele.

**AGE**

9 years

Right kidney appears subjectively end stage.

Left kidney moderate degenerative changes.

**WEIGHT**

36 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support, stabilization and cholecystectomy is indicated in this patient with common bile duct lavage. The renal values should be monitored carefully long term in this patient. This is a surgical urgency. Medical management would be only temporary to support for surgical intervention.

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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.

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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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Australian Labradoodle

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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