



PATIENT

Oliver Legg

SPECIES

Canine

BREED

Papillion

SEX

MN

AGE

12yr

WEIGHT

6.9lb

PRESENTING CLINICAL SIGNS

History: Oliver has a 6 month history of gradual weight loss. Initial bloodwork in January showed azotemia and protein-losing nephropathy - started on benazepril (owner declined kidney diet). On phenobarb + zonisamide historically for seizures. Over past two weeks, has had intermittent diarrhea and vomiting.

Abnormal PE/Chem/CBC/UA Results: GI panel (PLI, cobalamin, folate, cortisol) normal. UPC 1.1. Urine culture negative for growth. Creatinine 12.6 mg/dL, BUN: 59 mg/dL, phosphorus 4.9 mg/dL, albumin 2.0 g/dL (new - was normal in January), ALKP: 528 U/L. USG 1.010 - otherwise unremarkable

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 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 moderate degenerative 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. Bilateral pyelectasia, cortical infarcts and pelvic mineralization were present.

The left kidney measured 4 cm in length. The right kidney measured 4 cm in length.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left and right adrenal glands were not visualized.

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.

HOSPITAL NAME

Kings Veterinary
Hospital

Liver

The liver was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Gallbladder polyps/nodules were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Minor gallbladder sludge was observed.

REFERRING VET

Dr. Puthoff

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Gastrointestinal

DATE

08/03/2022

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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

- Hepatic remodeling-benign hepatopathy with nodular changes
- Age related renal changes with mineralization, moderate protein losing nephropathy with pyelectasia and mineralization-patient may be passing calculi periodically

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No obstructive renal disease was noted in this scan. Monitoring systemic BP is warranted. Hospitalization with 72 hour IVF protocol and reassessment of the azotemia is suggested. Urine C/S is indicated. The kidneys do not appear end stage yet appear approximately 50-60% compromised.

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IMAGING PERFORMED BY

Dr. Puthoff

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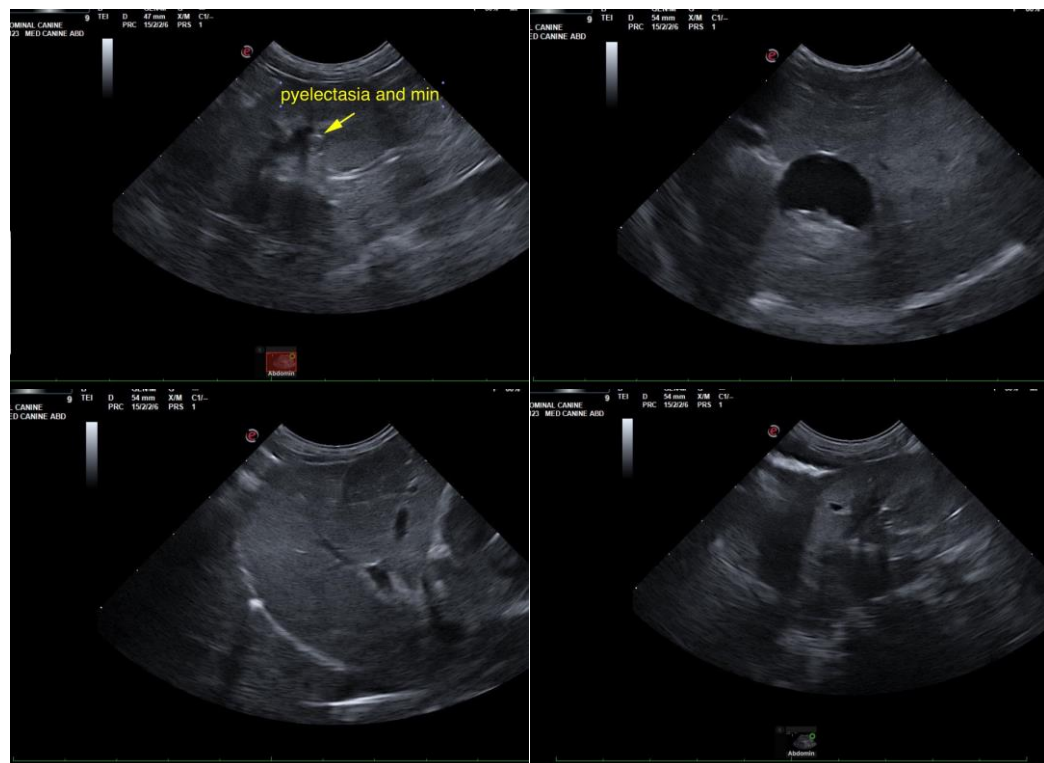
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

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