



**PATIENT**

Duster Struller

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

14 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Linda Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

12860

**DATE**

8/30/21

**PRESENTING CLINICAL SIGNS**

History: inappetence, some vomiting in May, pancreatitis, treated supportive, presumed flare up but getting much worse, had early elevations in renal parameters but urine didn't suggest true kidney failure, so they were presumed to be secondary to pancreatitis

Abnormal PE/Chem/CBC/UA Results: weak, twitchy, spec CPLI in May 1275, now 504 SDMA 16. Creat 2.0, BUN 86 lipase 1392 in May, new labs pending

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes with polycystic cortical remodeling. Corticomedullary and pelvic mineralization was noted in both kidneys. Blood flow to the left kidney was subnormal. The right kidney revealed similar changes to the left. Pyelectasia was noted in the right kidney. Both kidneys measured 4.34 cm each.

**Adrenal Glands**

The **right adrenal gland** was not visualized.

The **left adrenal gland** was mildly enlarged, measuring 8.0 mm in width.

**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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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. Micropolypoid gallbladder changes were noted.

**Gastrointestinal**

The **stomach** revealed hypertrophied mucosal layer with remodeling. The submucosa, muscularis and serosa were unremarkable. The small intestine and colon were unremarkable.

**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.



**PATIENT**

Duster Struller

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

14 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Linda Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

12860

**DATE**

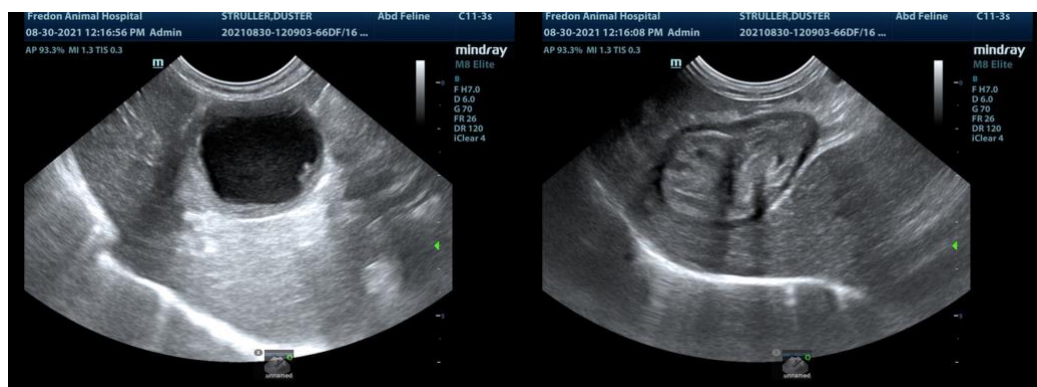
8/30/21

**ULTRASONOGRAPHIC FINDINGS**

- Chronic degenerative renal changes
- Gastric hypertrophy
- Hepatic remodeling
- Left adrenal gland mildly enlarged

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for long term viability of the kidneys in this patient. Azotemic gastritis likely. However, both pre-renal and renal issues likely playing a role in this patient. 72-hour IV fluid protocol and urine culture and sensitivity, if any inflammatory sediment is present. Blood pressure measurements and GI protectants indicated.





**PATIENT**

Duster Struller

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

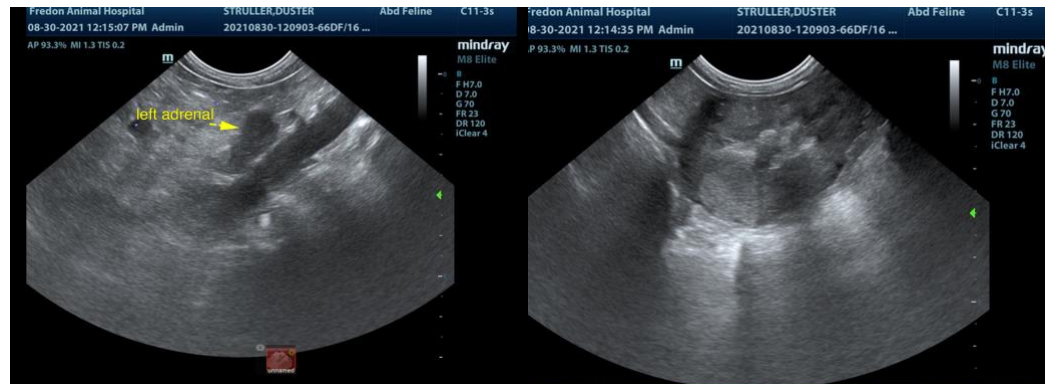
Neutered Male

**AGE**

16 Years

**WEIGHT**

14 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Linda Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

12860

**DATE**

8/30/21

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.

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.

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