



**PATIENT**

Daisy Beck

**PRESENTING CLINICAL SIGNS**

History: History of kidney disease, per O. Decreased appetite, PU/PD.  
PE WNL Chem: BUN 36, Cr 2.1 CBC: WNL UA: USG 1.012, otherwise WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Poodle Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. The bladder revealed sand and debris and was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Spayed female

**AGE**

14 years

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. Mineralization and cortical cysts were noted in the kidneys along with mild pyelectasia. Blood flow to the kidneys appeared to be adequate on power doppler assessment. Both kidneys measures 3.5 cm.

**WEIGHT**

16.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.56 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Wallisch

**Spleen**

**HOSPITAL NAME**

Sondel Family VC

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.

**REFERRING VET**

Dr. Wallisch

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**Liver**

**DATE**

8/8/22

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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**Gastrointestinal**

Daisy Beck

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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

Bladder sand.

Moderate degenerative renal changes with mineralization and pyelectasia. Moderate degenerative changes.

Age related hepatic changes.

**WEIGHT**

16.6 lbs

Gallbladder sludge.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary work-up is warranted as well as culture and sensitivity. Medical management should prove effective in liberating the sand and debris. The kidneys appeared subjectively near end stage. However, passage of calculi, concurrent UTI and hypertension may all be playing a role in the current renal failure. 72-hour IV fluid protocol, treatment for any evidence of UTI and hypertension is indicated along with reassessment of the renal profile.

**IMAGING PERFORMED BY**

Dr. Wallisch

**HOSPITAL NAME**

Sondel Family VC

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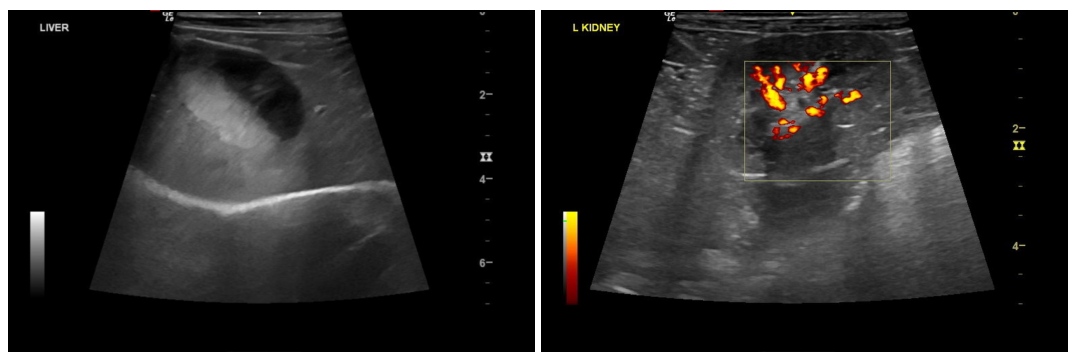
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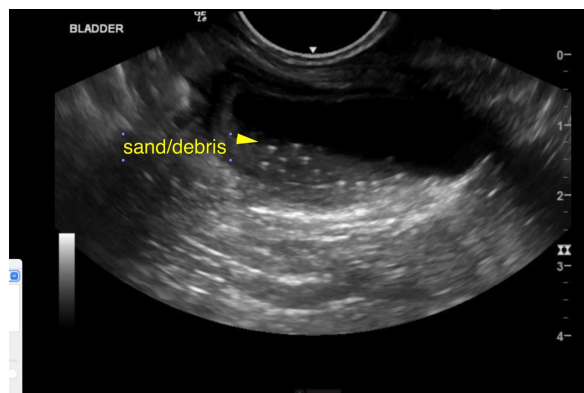
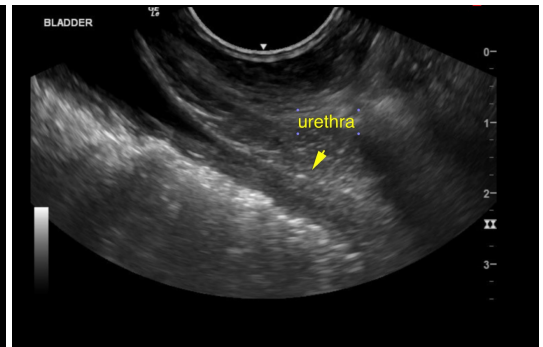
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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