



PATIENT

Molly Patel

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

9 Years

WEIGHT

7.76 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

41257

DATE

9/12/22

PRESENTING CLINICAL SIGNS

p presented as a transfer for azotemia. P has been lethargic and anorexic at home. Pet vaccinated for lepto 10/19/2021

Abnormal PE/Chem/CBC/UA Results: BUN: 144 Creat: 6.3 Phosphorus: 15.3 Calcium: 13.4 Mild Anemia Lepto ELISA snap - positive Radiographs: 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** presented interstitial nephrosis pattern with mild increased cortical echogenicity and slight pinpoint mineralizations, non-obstructive. The left kidney measured 3.6 cm. The right kidney measured 3.5 cm. Slight pyelectasia noted in both kidneys.

Adrenal Glands

The **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.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. The gastric wall was mildly thickened, likely owing to uremic gastritis. Gastric wall measured up to 1.0 cm, primarily owing to hypertrophied mucosa. Submucosal, muscularis, and serosal layers were unremarkable. Transit of chyme into the small intestine was normal. 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.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.



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ULTRASONOGRAPHIC FINDINGS

- Acute on chronic renal failure with interstitial nephrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for Leptospirosis indicated. Blood pressure measurements, urine culture and sensitivity, 72-hour IV fluid protocol, and reassessment of the clinical status recommended.

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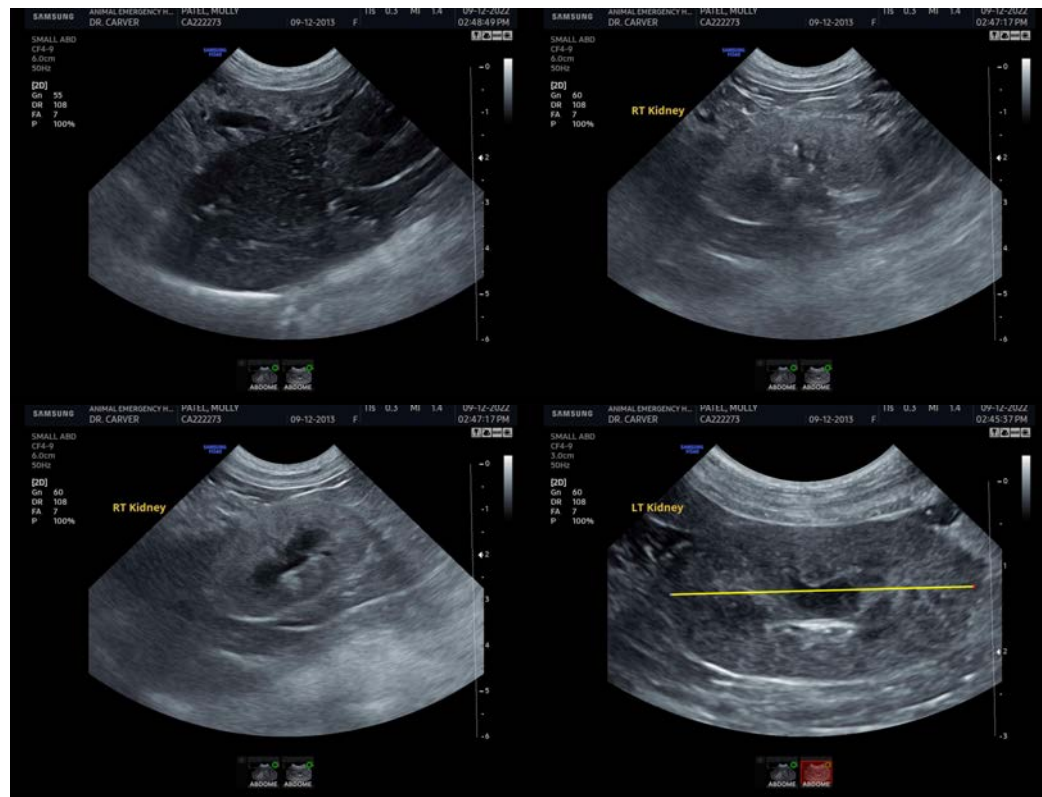
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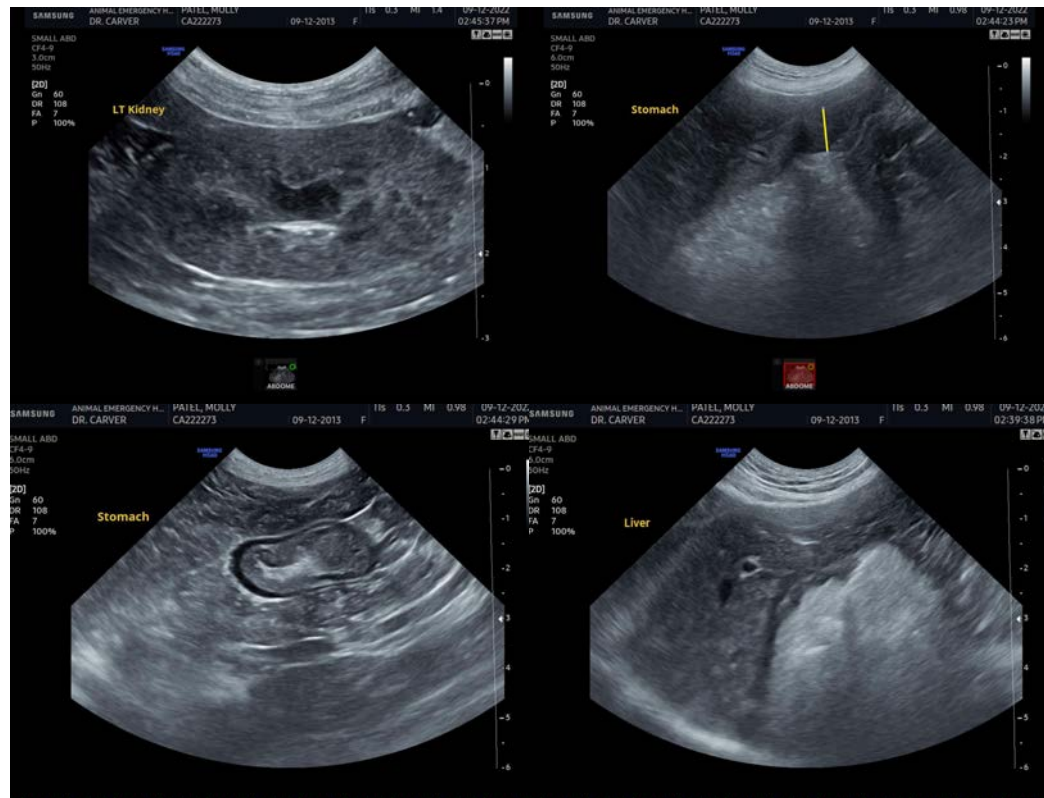
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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