



PATIENT PRESENTING CLINICAL SIGNS

Tater Gilbert

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

5 months

WEIGHT

30 lbs

History: 5 mo M Pit bull puppy who was born from the accidental pairing of a brother and sister dog. Puppy was born with cleft palate and has been a poor doer. He is half of the size of his siblings. Pt is owned by a staff member and last week on Thursday he was hanging out on an exam table and fell off. So he had a full exam done and had a temp of 105F. After that bw was run and it revealed azotemia, hyperphosphatemia and mild anemia. Clavamox, a solitary dose of Galliprant and SQ fluids were given. The next day the kidney values were more elevated and his fever had resolved. The pt was given more sq fluids. Labs were repeated again on Saturday and kidney values had gone up more, so pt was started on IV fluids and Doxycycline was added in case of Lepto or tick-borne disease. On Monday the pt was normothermic in the morning and resting at home and fell off the couch and became acutely lame on the left rear leg. He came into the clinic and here he had a temp of 103. BW was repeated and kidney values had only mildly improved. IV fluids were improved and due to pt being almost non-weight bearing lame, Galliprant was started. Clavamox was discontinued and Clindamycin started in case of Neospora. Labwork was repeated today and values are fairly stable. Resting cortisol was 2.0, so Addison's unlikely, rads sent to radiologist and no evidence of HOD or panosteitis, also no evidence of bacterial pneumonia on rads, negative fecal So top suspicion is congenital kidney disease. Unknown cause of the fever, though at this point I am beginning to suspect it may be just excitement and pain, since it had been fine at home Monday morning. With incidental injury from the fall. Problem list: Azotemia hyperphosphatemia anemia leukocytosis fever lameness Poor doer Cleft palate
Abnormal PE/Chem/CBC/UA Results: 9/8: BUN: 42, Crea 2.0, phos 9.3, HCT 26.8 9/9: BUN 43.1, Crea 2.2, phos 13, HCT 26, UA- USG 1.014, trace RBC, < 10 cocci, UP:C 1.6 9/12: BUN 2.3, Crea 1.8, Phos 10 9/15: BUN 39.5, Crea 2.3, Phos 12.7, HCT 17.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Plourde

The **kidneys** were both normal in size with mildly increased cortical echogenicity and some minor loss of corticomedullary definition, yet structurally unremarkable. Slight, hyperechoic medullary rim sign was noted. Acute on chronic insult or primary dysplasia is possible. The left kidney measured 5.95 cm. The right kidney measured 6.28 cm.

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Adrenal Glands

REFERRING VET

Dr. Plourde

The **adrenal glands** were not visualized.

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Spleen

The **spleen** revealed subtle, micronodular changes and relatively normal in size measuring 1.5 cm in width.

DATE

9/15/22



PATIENT

Liver

Tater Gilbert

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

WEIGHT

30 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Full stomach.

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DABVP, Cert. IVUSS

Non-specific, mild degenerative renal changes. Kidneys were relatively normal in size and not typical for renal dysplasia. However, this cannot be ruled out.

IMAGING PERFORMED BY

Dr. Plourde

Adrenal glands not visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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titers are indicated. Renal biopsy is indicated. Given that the resting cortisol was 2.0, emerging Addison's is possible full ACTH stimulation is indicated. Treatment for underlying UTI, blood pressure measurements, CBC path review +/- bone marrow aspirate is warranted. There was no evidence of bleeding present. Blood transfusion would be necessary prior to any renal biopsy. Toxin and infectious exposure/testing should be considered.

REFERRING VET

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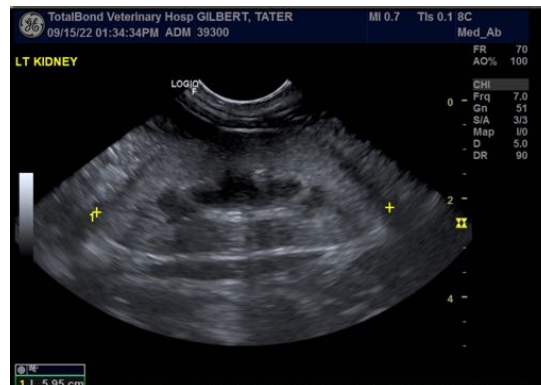
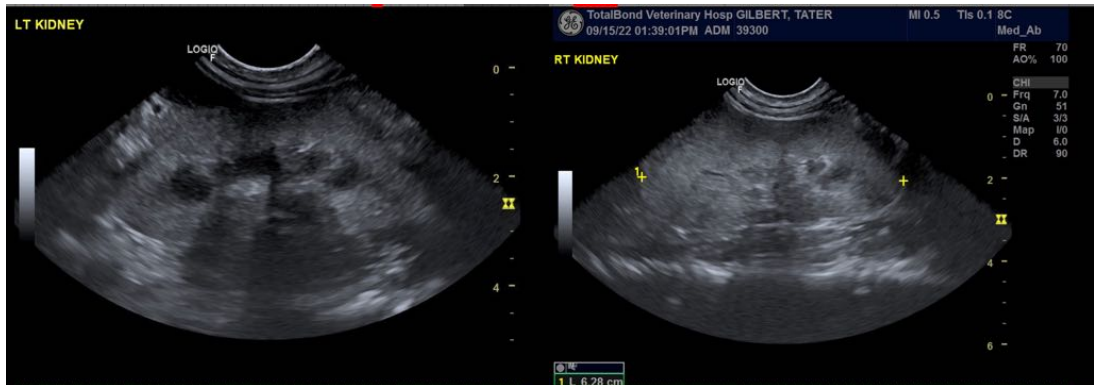
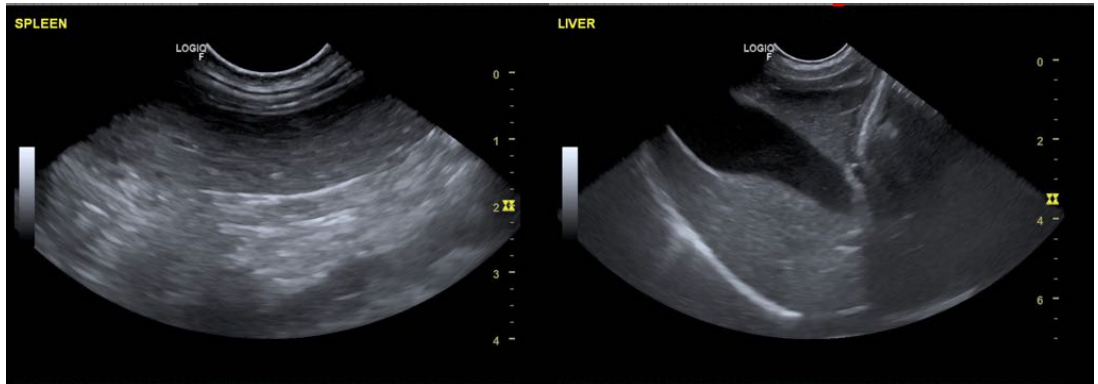
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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