



PATIENT

Charger McCamish

SPECIES

Canine

BREED

Eskimo Dog

SEX

Neutered male

AGE

14 years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schneck

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Schneck

INVOICE

39553

DATE

9/23/22

PRESENTING CLINICAL SIGNS

History: v 4 times over the last 2 weeks. Heaving and retching. Doesn't want to eat dog food. Diarrhea 9/20 & 9/21. Occasionally would eat turkey but would not eat whole bowl. He did eat boiled chicken and rice in last 2 days.

Abnormal PE/Chem/CBC/UA Results: PE - QAR, sweet boy, dehydrated 7%, EENT: NSOU, wnl AU, dental calculus and gingivitis 3/4, LN: wnl, CV/R: NSR, 1-2/6 left parastolic murmur,, mm pi & tacky to dry crt 3 s, FPSS, lungs clear, D: Abdomen soft to mild tense, GU: NSF, M/NS: ambulatory x 4, appropriate mentation and cranial nerves, I: several SQ masses, MS/NS: ambulatory x 4, appropriate mentation and cranial nerves grade 4/4 dental disease. Cortisol 2.1, hypercalcemia (11.5), azotemia - BUN 170, creatinine 9.6), hyperphosphatemia (17.1). CBC: Hct 31%, thrombocytosis (517), normal wbc 8.6; UA USG 1.015, 1+ protein, quiet sediment.

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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 0.67 cm.

The **kidneys** were subnormal in size with increased cortical echogenicity and irregular contour. The kidneys revealed pyelectasia with slight areas of mineralization, non-obstructive at the time of the sonogram. Subjectively near end stage degenerative renal disease. The left kidney measured 3.7 cm with pinpoint mineralization.

Adrenal Glands

The left **adrenal gland** was 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 0.35 cm. The right adrenal gland was 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 was noted.

Liver

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



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Subjectively near end stage renal disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol, GI protectants and blood pressure measurements are recommended. The prognosis is guarded.

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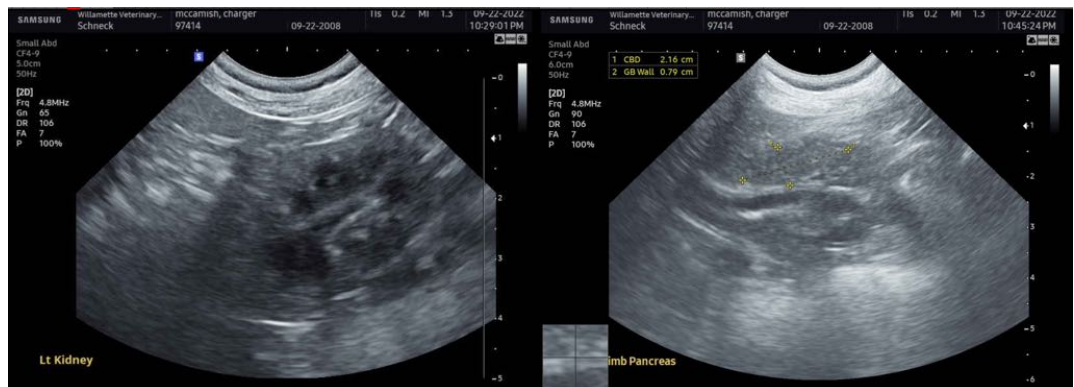
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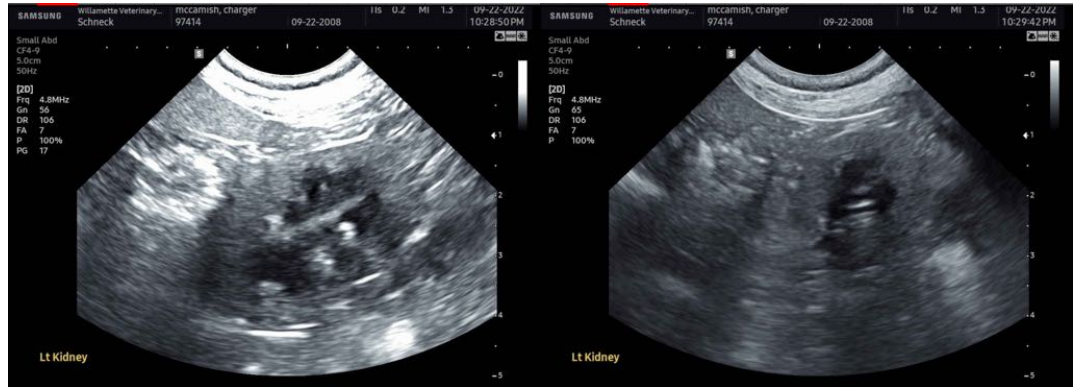
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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