



PATIENT

Sneakers Osmond

SPECIES

Canine

BREED

Catahoula

SEX

Female

AGE

1 Year

WEIGHT

17 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hayley Biederbeck

HOSPITAL NAME

Lomsnes Vet Hospital

REFERRING VET

Dr. Hayley Biederbeck

INVOICE

41192

DATE

9/9/22

PRESENTING CLINICAL SIGNS

Ultrasound for neighboring clinic. First presented on August 28th - lethargic, losing weight, not eating. Started on kidney food and kidney complete. Was also on IV fluids for 24 hours and then sent home. Seemed to be doing ok (?). Hasn't been eating anything since Sept 6th. Was at emerg. the last 24 hours (labored breathing and fast heart rate). Was given Cerenia and a pain med (unsure which one) and kept on IV fluids.

Abnormal PE/Chem/CBC/UA Results: BCS 1/9, T-36.5r, mm pale, tacky with muddy pale colour. VERY painful in kidney region bilat, worse on RK area when u/s here. Aug 29th - Moderate anemia with regeneration. Slight lymphopenia - stress. Marked, severe azotemia with unconcentrated urine, marked hyperphosphatemia, mild hypercalcemia, while clinically hydrated Hyperbilirubinemia and hypercholesterolemia - hepatobiliary obstruction, clinically no jaundice. Cortisol normal - unlikely to have Addison's given cortisol, electrolytes, and lymphopenia Lost 1 kg in 1 wk

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 **left kidney** is severely compromised, measuring 4.0 cm. Diffuse hyperechoic thinning cortices noted with pyelectasia, loss of corticomedullary definition, severe dysplastic pattern. The left ureter was also dilated and irregular and appeared to enter erroneously into the urinary bladder.

The **right kidney** was severely mineralized, shadowing, and hardly recognizable, measuring approximately 5.0 cm. Diffuse hyperechoic attenuating cortices. The right ureter appeared to be dilated as well.

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 visible **liver** was unremarkable.

Gastrointestinal

The **stomach** was overdistended. The lumen was fluid filled. Hypertrophied mucosa noted. A large amount of stasis was present in the lumen. The small intestine and colon were unremarkable.

Pancreas

The visible **pancreas** was unremarkable.

ULTRASONOGRAPHIC FINDINGS



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- Likely primary renal dysplasia with secondary degenerative changes and inappropriate ureteral termination. Possibility of toxin exposure, yet less likely.
- Secondary uremic gastritis likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. I do not feel that therapy would be effective in this patient.

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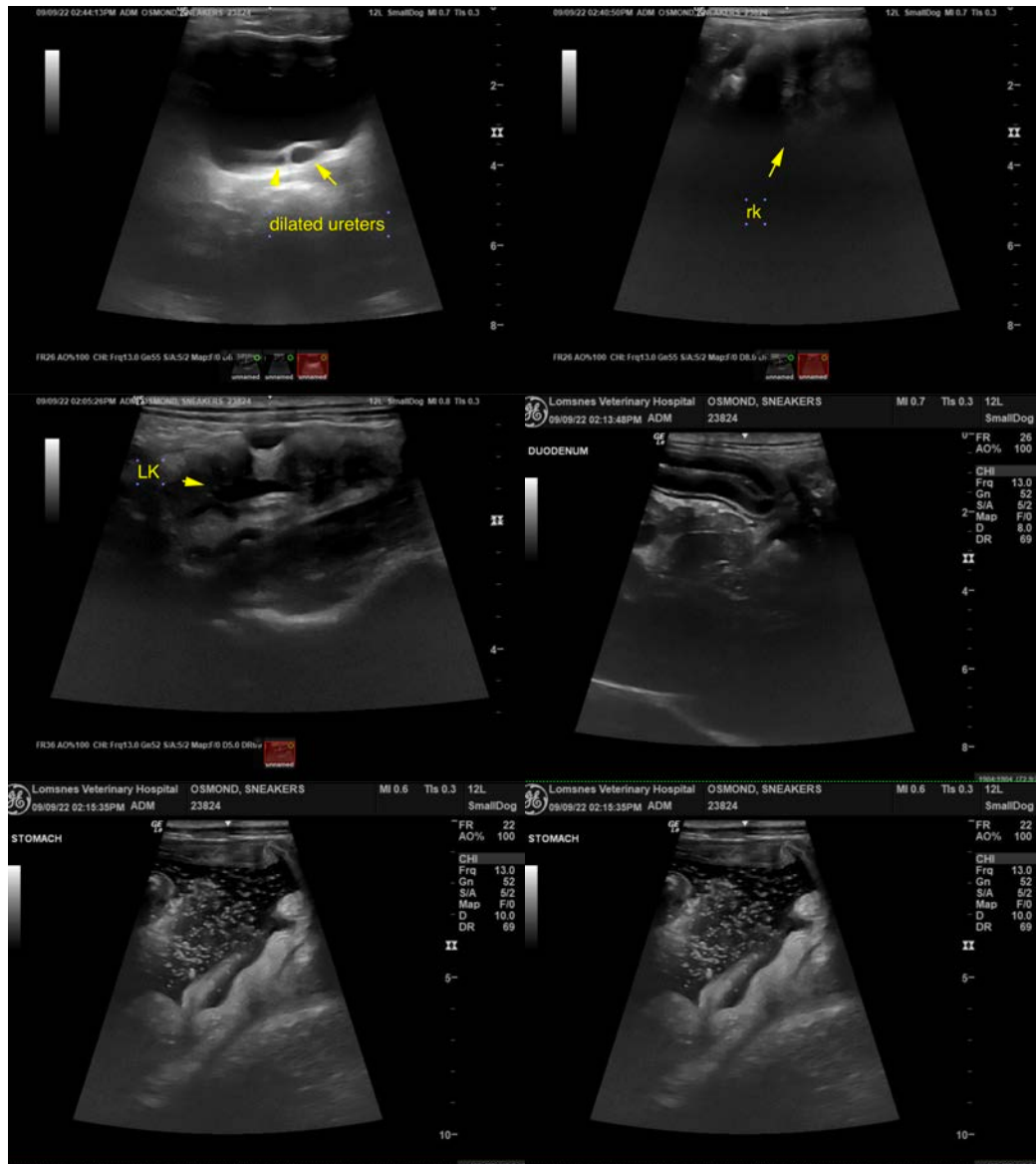
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The information and recommendations provided are based on the images presented by the



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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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