



**PATIENT**

Cooper Brown

**SPECIES**

Canine

**BREED**

Basenji

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

14.14 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Wood

**DATE**

12/14/21

**Invoice**

94595

**PRESENTING CLINICAL SIGNS**

History: - History of IBD and protein losing nephropathy - Presenting for weight loss despite good appetite - PU/PD - Cachexia appearance on exam  
Abnormal PE/Chem/CBC/UA Results: Following values from 12/11/21 - Normotensive - ALT 146 (12-118 IU/L) - ALP 170 (5-131 IU/L) - GGT 17 (1-12 IU/L) - BUN 91 (6-31 mg/dL) - Creatinine 2.6 (0.5-1.6 mg/dL) - Phosphorus 7.3 (2.5-6 mg/dL) - Amylase 1933 (290-1125 IU/L) - PrecisionPSL 538 (24-140 U/L) - HCT 34 (36-60%) - Platelet Count 708 (170-400 10<sup>3</sup>uL) - T4 4 (0.8-3.5 ug/dL) Following values from August 2021 - UPC 1.7 - USG 1.014, quiet sediment

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 unremarkable and measured 0.5 cm.

The **kidneys** were subnormal in size with hyperechoic cortical remodeling. This is consistent with fibrosis and minor pyelectasia. The right kidney measured 3.34 cm and the left kidney measured 3.22 cm. Blood flow to the kidneys was subjectively subnormal on color flow assessment.

**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 1.52 x 0.7 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 1.4 x 0.34 cm at the cranial pole and 0.57 cm at the caudal pole.

**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 right cranial **liver** revealed a heterogenous parenchymal change. Coalescing nodules were noted and measured 3.5 cm. The nodules were non-disruptive and did not create mass effects upon the diaphragm or gallbladder. The gallbladder presented some dependent debris with essentially normal contour. Minor gallbladder polyps and sand was noted. The cystic and common bile ducts were normal.



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**Gastrointestinal**

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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. 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**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Non-specific, chronic renal failure. Fibrosis pattern with pyelectasia.

**AGE**

16 years

Hepatic remodeling with nodular changes on the right cranial liver.

**WEIGHT**

14.14 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72 hour IV fluid protocol is warranted along with blood pressure measurements +/- urine culture is recommended if inflammatory sediment is present. Guarded long term prognosis.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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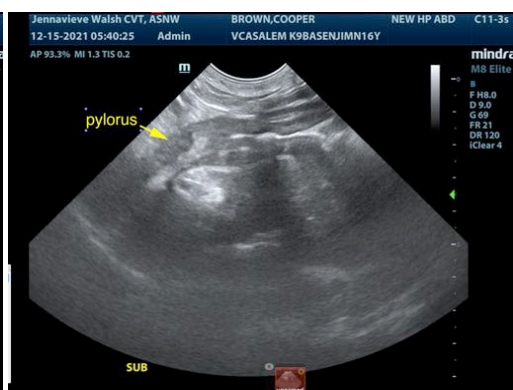
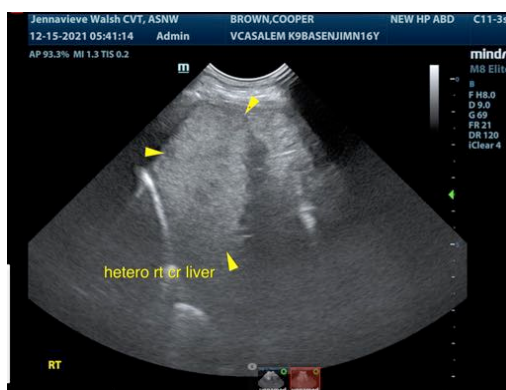
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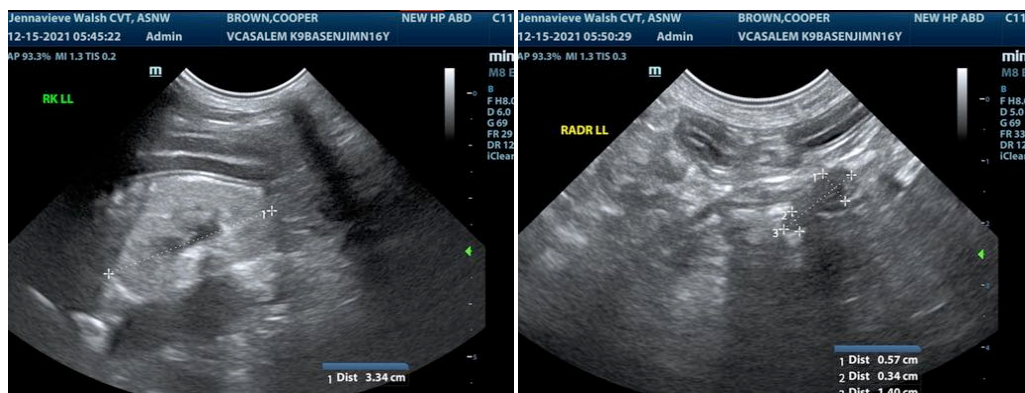
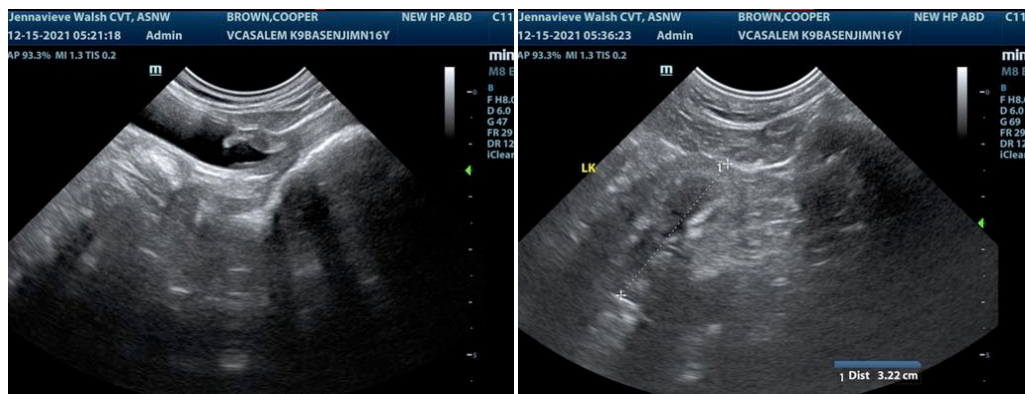
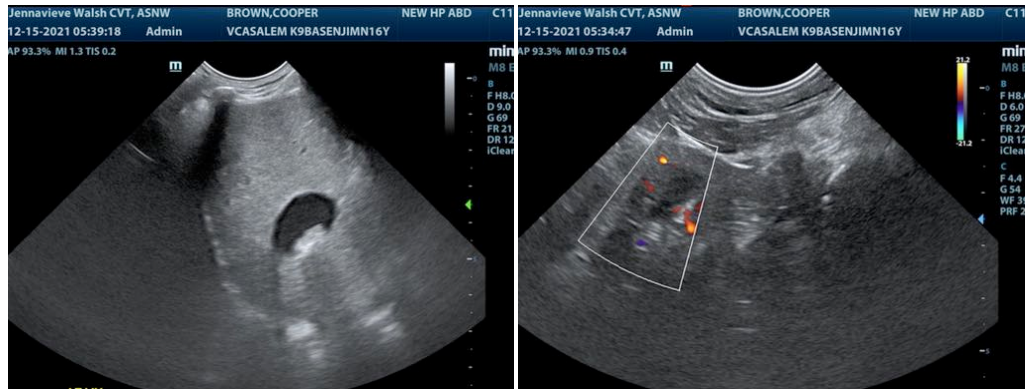
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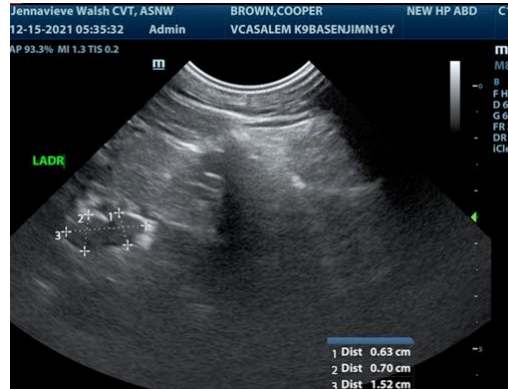
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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