



**PATIENT PRESENTING CLINICAL SIGNS**

Charley Voris

Charley presented on 11/26/21 for a single seizure that occurred shortly after Thanksgiving. He has not had a seizure before or since. His exam that day was unremarkable. He has been doing well at home. Elevated kidney values were detected on screening bloodwork, and have remained persistently elevated on a recheck.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Most recent Chem/UA - CRE (1.9); BUN (31); USG 1.018, negative protein and quiet sediment; first morning USG has consistently been about 1.018 to 1.020.

**BREED**

Labrador

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered male

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.

**AGE**

3 years

The residual prostate measured 1.0 cm.

The **kidneys** in this patient revealed irregular structure and diffuse hyperechogenicity. There was loss of corticomedullary definition. The left kidney measured 5.71 cm. The right kidney measured 7.79 cm. Blood flow was subnormal to the renal cortices.

**WEIGHT**

96.5 lbs

**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 2.9 x 0.48 cm at the cranial pole and 0.31 cm at the caudal pole. The right adrenal gland was not visualized.

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**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.

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Sundholm

**Liver**

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

**DATE**

12/22/21

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**PATIENT**

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Charley Voris

**Gastrointestinal**

**SPECIES**

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.

Canine

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Labrador

**Pancreas**

**SEX**

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.

Neutered male

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

3 years

I suspect some level of primary renal dysplasia with secondary interstitial nephrosis pattern. Acute on chronic insult is suspected.

**WEIGHT**

96.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Screening for Addison's is warranted. Renal biopsy would be necessary for a definitive diagnosis. Leptospirosis titers are also indicated. 72 hour IV fluid protocol is warranted with reassessment of the renal profile as well as blood pressure measurements.

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

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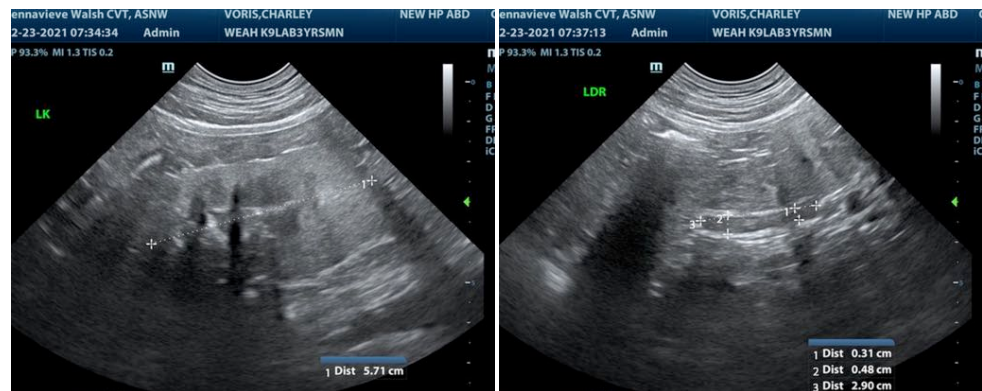
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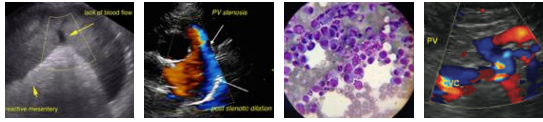
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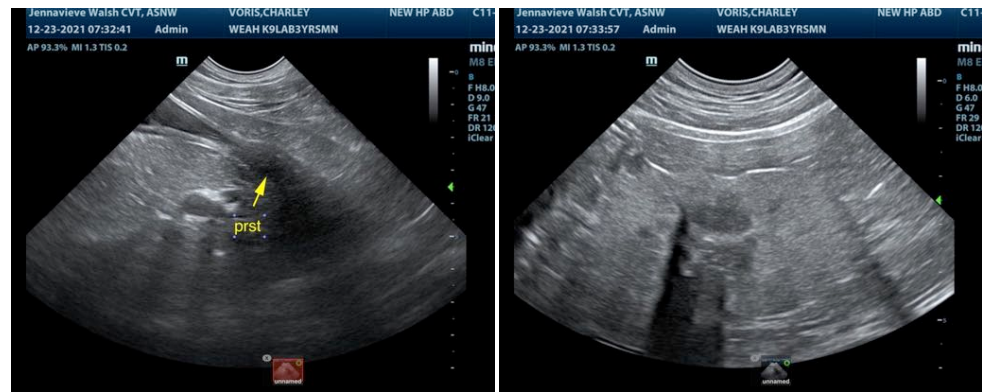
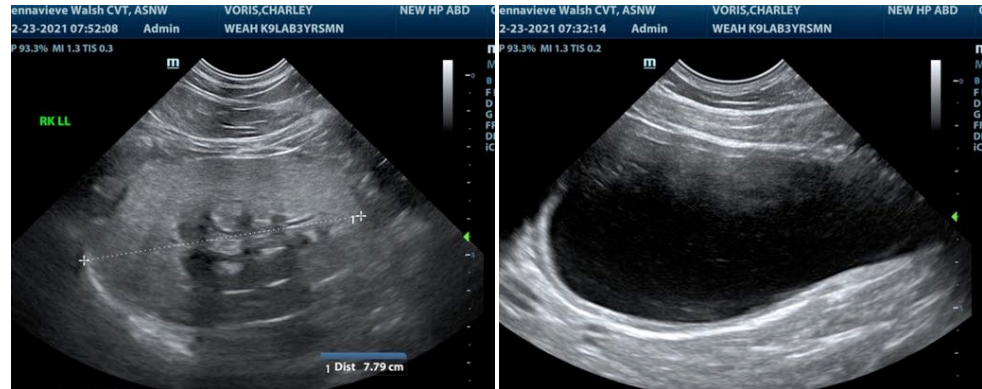
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



**PATIENT**

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