



**PATIENT**

Sophie Krietz

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

11.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

VCA Westmoreland  
AH

**REFERRING VET**

Dr. Sullivan

**DATE**

5/2/22

**Invoice**  
30068

**PRESENTING CLINICAL SIGNS**

4/25: P presented for progression of clinical signs: polyphagia, PU/PD, distended abdomen, panting. P also seems confused at times. P has been excessively panting and now the tongue is turning purple at times. P is anxious and has a grade 2/6, systolic, left sided heart murmur. Today it is muffled. P is very painful in the abdomen and the abdomen is distended and pendulous but also very taught. LDDS was inconclusive for Cushings disease. Elevated liver enzymes, platelets and dilute urine. PE 4/20: Abdominal pain, Pendulous abdomen, Polyuria and polydipsia, Seborrhea, Overweight, Weight gain, Hepatomegaly, heart murmur 2/6, Nuclear sclerosis, Chronic dental disease, subdermal mass right shoulder, Anal gland disease (historical), Otitis externa, Aural debris, Comedones  
Abnormal PE/Chem/CBC/UA Results: BP- 143/405/114 Attached Chemistry- globulin-3.7, ALKP-849, BUN/CREAT RATIO 41, CALCIUM 11.7, TRIGLYCERIDE 296, AMYLASE 1126, PrecisionPSL 254  
Dex suppression- normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed minor apical wall thickening. A minor amount of sand was noted and non-obstructive at the time of the sonogram. A trace amount of sand was noted in the urethra. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** had multi-focal, corticomedullary and pelvic calculi were noted and were non-obstructive at the time of the sonogram. Cortical remodeling and variable areas of infarcts and cortical collapse was noted. This is likely owing to periodic obstructive disease. The right kidney measured 4.21 cm. The left kidney measured 4.07 cm. Subjectively the kidneys appear to have moderate degenerative changes.

**Adrenal Glands**

Both **adrenal glands** were in the upper limits of normal in size with minor, subjective swelling and minor heterogenous changes particularly in the right adrenal gland. The left adrenal gland measured 2.04 x 0.65 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 2.21 x 0.88 cm at the cranial pole and 0.62 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.



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**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 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.

**Gastrointestinal**

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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

Moderate, degenerative renal changes with calculi, infarcts and cortical collapse.

Bladder sand and small calculus.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient is likely passing calculi periodically from the kidneys to the bladder, yet no obstructive disease was noted at the time of the sonogram. I am concerned for end stage renal disease in this patient exacerbated by periodic passage of calculi. Embedded UTI is likely a chronic issue with chronic bladder and renal changes. However, embedded infection within the calculi themselves is also possible. If the azotemia is able to be stabilized then eventual cystotomy, stone analysis and culture would be indicated. However, this patient will likely continue to pass calculi from the kidneys to the bladder periodically. 72 hour IV fluid protocol is warranted as well as treatment for UTI or 4-6 week period of dissolution protocol can also be considered. The calculi are likely oxalate calculi.



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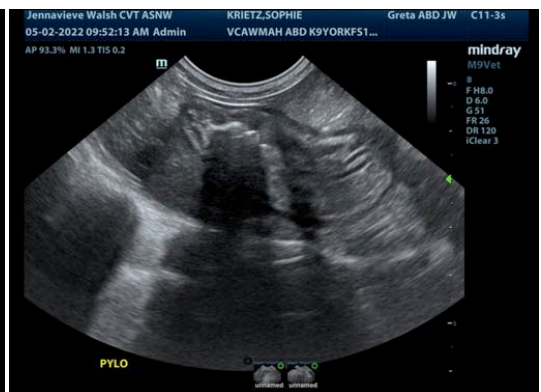
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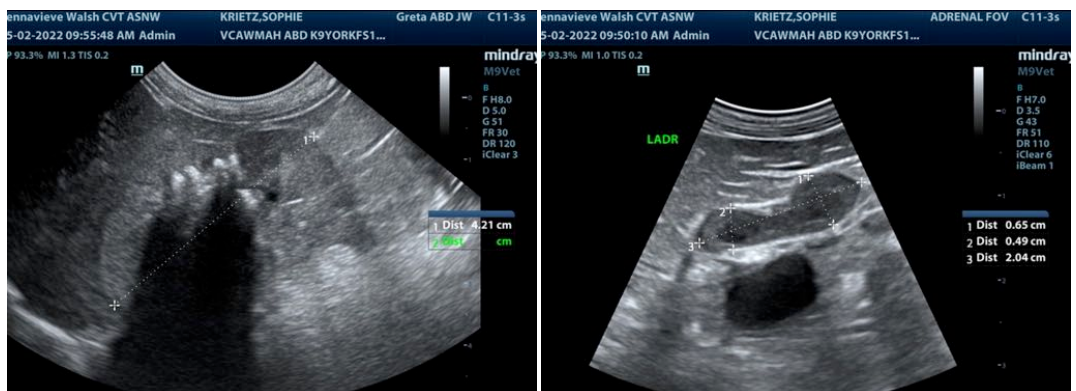
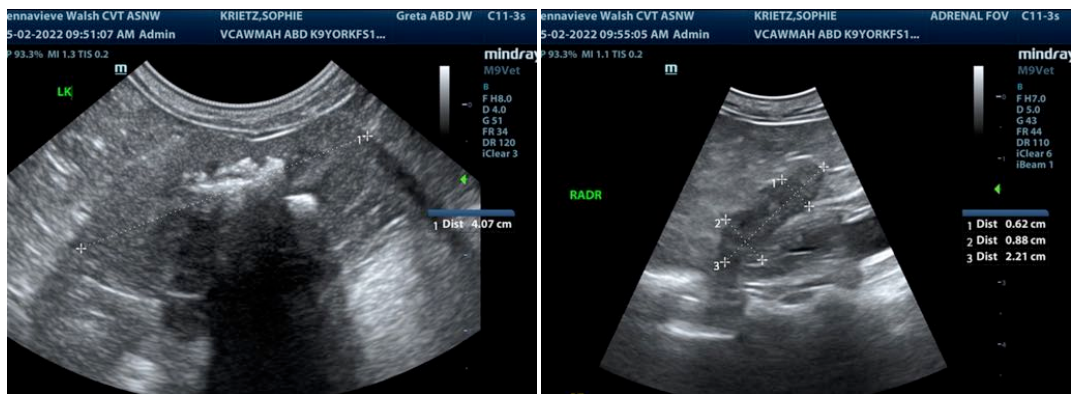
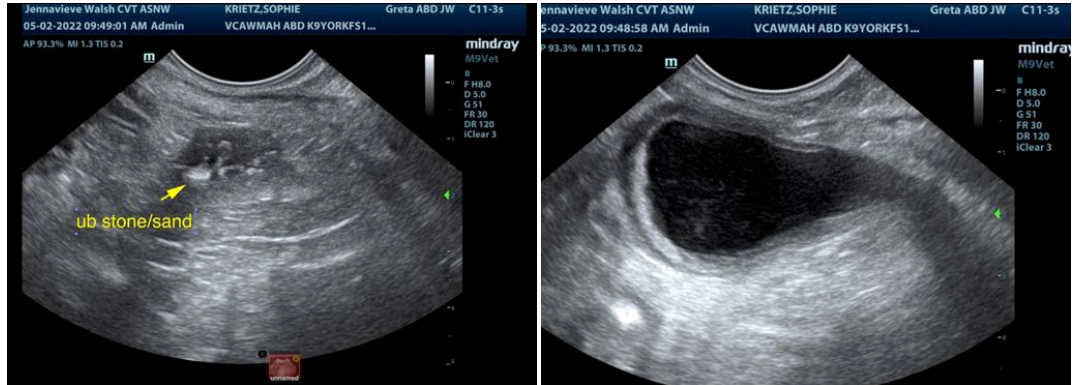
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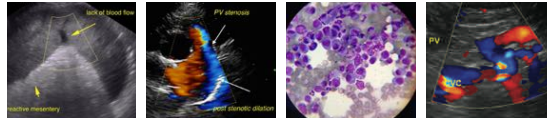
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

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