



PATIENT

Willow Atkinson

SPECIES

Canine

BREED

Pittie Mix

SEX

Spayed female

AGE

2 years

WEIGHT

58.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Watson

INVOICE

69531

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: P presented for lethargy, vomiting, not eating, BUN 239, CREA, Phos High usg 1.014, protein Lepto negative no known toxins in house

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 were noted. Ureteral papillae were normal.

The left **kidney** revealed pyelectasia with severe disrupted architecture and thickened irregular cortices. The left kidney measured 5.54 cm. The right kidney revealed severe disrupted architecture and measured 4.7 cm with thickened irregular cortices with lack of corticomedullary structure. Occasional cortical cyst was noted in the kidneys. Blood flow is subnormal to both kidneys.

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 3.04 x 0.48 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.53 cm x 0.55 cm at the caudal pole and 0.64 cm at the cranial 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 were noted.

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



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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

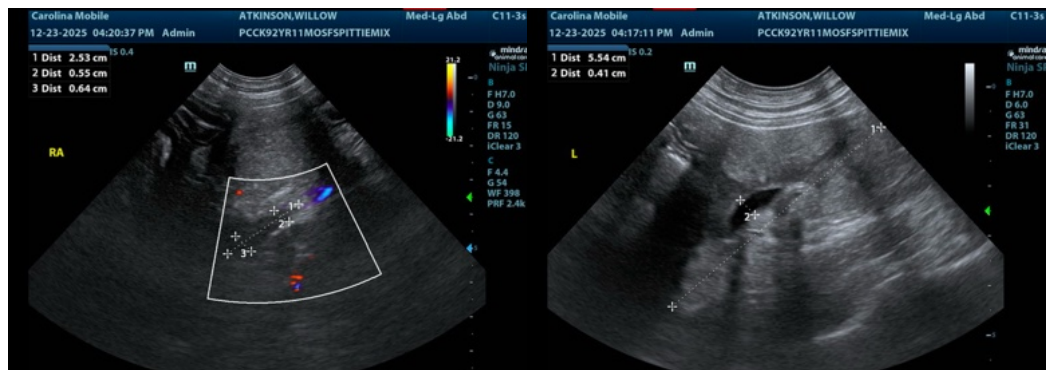
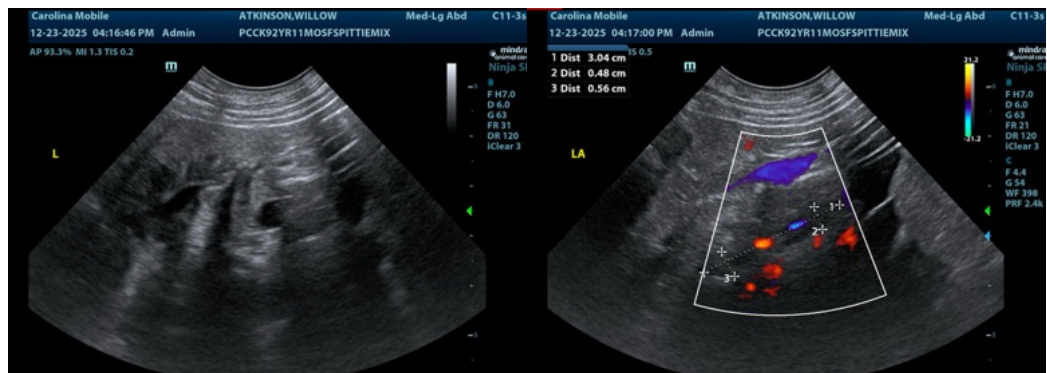
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Primary renal dysplasia pattern with end stage degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy is necessary for confirmation. However, the complete lack of primary structure suggest primary dysplasia. The genetic line should be evaluated. Prognosis is poor.





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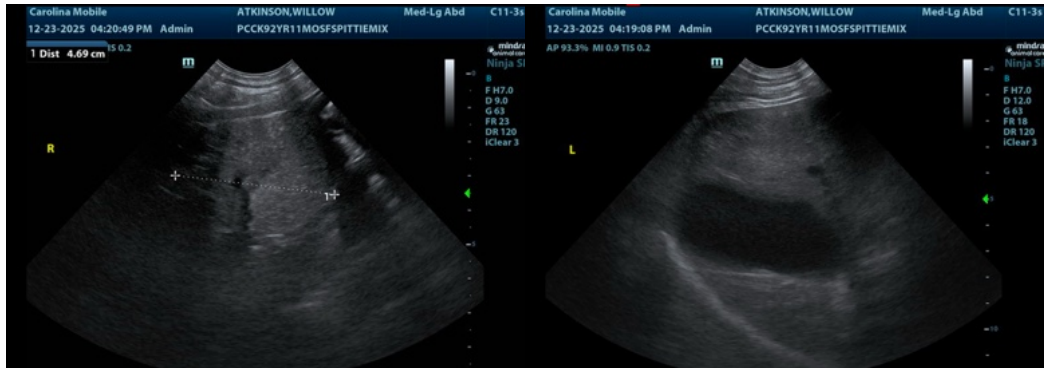
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com