

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stella Sirotkin
History: Very thin and anxious, not gaining weight. History of Azotemia and non Regenerative Anemia. No current meds.

SPECIES

Canine

BREED

German Shepherd

SEX

Intact female

AGE

2 years

WEIGHT

25 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Minor apical **urinary bladder** thickening was noted along with anechoic urine.

The uterus was unremarkable and measured 0.5 cm.

The **kidneys** presented diffuse, hyperechoic cortical nodular changes with loss of corticomedullary definition and pyelectasia. The kidneys were subnormal in size. Cortical infarcts and remodeling are noted. This is strongly consistent with primary renal dysplasia and secondary degenerative changes. The left kidney measured 3.86 cm. The right kidney measured 4.77 cm. Blood flow to the kidneys appeared to have irregular pattern with subnormal flow on power Doppler assessment.

Adrenal Glands

The region of the **adrenal glands** were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Collegeway AH

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.

REFERRING VET

Dr. Hanna

INVOICE

94745

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. There was retention of ingesta noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool

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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

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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.

BREED

German Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

Intact female

Primary renal dysplasia pattern with secondary degenerative changes, subjectively appears end stage. Dysplasia and hypoplasia pattern.

AGE

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

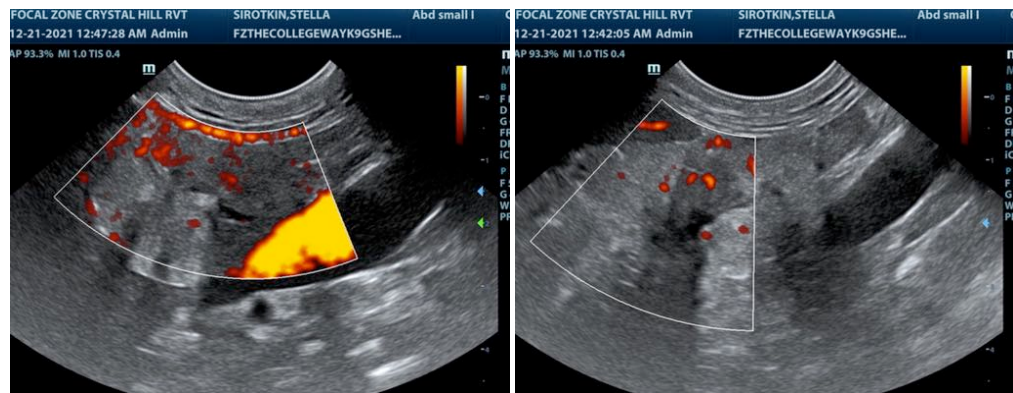
WEIGHT

25 kg

Renal biopsy is necessary for further definition and confirmation. However, the kidneys do not appear to have significant viable structure. Full sedation is necessary to image the adrenal glands given the patient demeanor. The patient should not be bred unless renal histopathology suggests that primary renal dysplasia is not an issue. The breeding line should be evaluated sonographically for similar renal changes that may be present in siblings and parentele.

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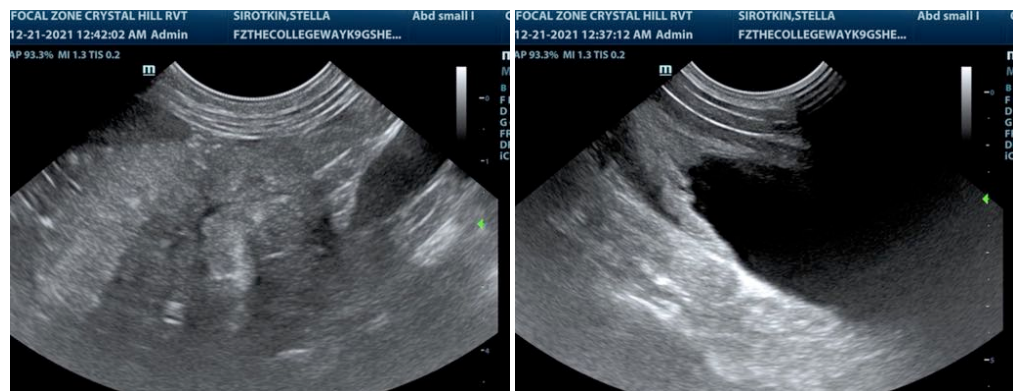


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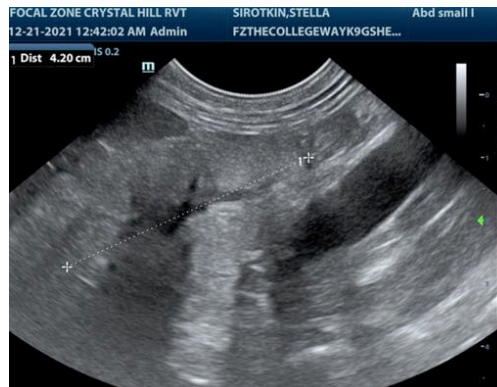
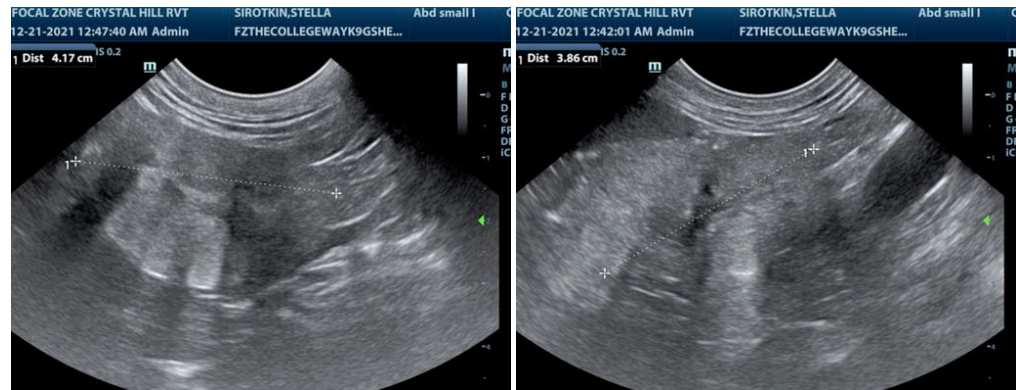
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Crystal Hill

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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