



**PATIENT**

Halyard Road Demikoff

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

63.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

Dr. Ridel

**INVOICE**

42428

**DATE**

1/30/23

**PRESENTING CLINICAL SIGNS**

History: Mildly azotemic, proteinuria (on UPCR)  
4DX (-), SDMA elevated, Creatine elevated, BUN elevated, Albumin decreased. UA: Protein 4+, SG  
1.039

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.72 cm. The left kidney measured 4.7 cm.

**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 1.76 x 0.44 cm at the cranial pole and 0.3 cm at the caudal pole. The right adrenal gland measured 2.55 x 0.6 cm at the cranial pole and 0.41 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged and folded upon itself with subtle, heterogenous parenchymal changes and micronodular changes 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**

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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**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative renal changes.

**AGE**

8 years

Splenic enlargement with micronodular changes.

**WEIGHT**

63.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If weight loss is an issue then FNA is indicated. The cause of acute on chronic renal failure should be assessed. Lyme and Lepto titers are indicated. 72-hour IV fluid protocol and blood pressure measurements are warranted. Baseline cortisol is warranted to rule out Addison's even though the adrenal glands appear structurally unremarkable. Given that the urine specific gravity is well concentrated then prerenal insult is likely. However, renal failure may be emerging as the degenerative changes in the kidneys appear to be moderate. Urine culture and IV fluid support to treat for azotemia, ACTH stimulation to rule out Addison's disease as well as blood pressure measurements are indicated as well as Leptospirosis and Lyme titers. Doxycycline trial can also be considered.

**INTERPRETED BY**

Eric Lindquist, DMV  
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Valeria Shumskaya

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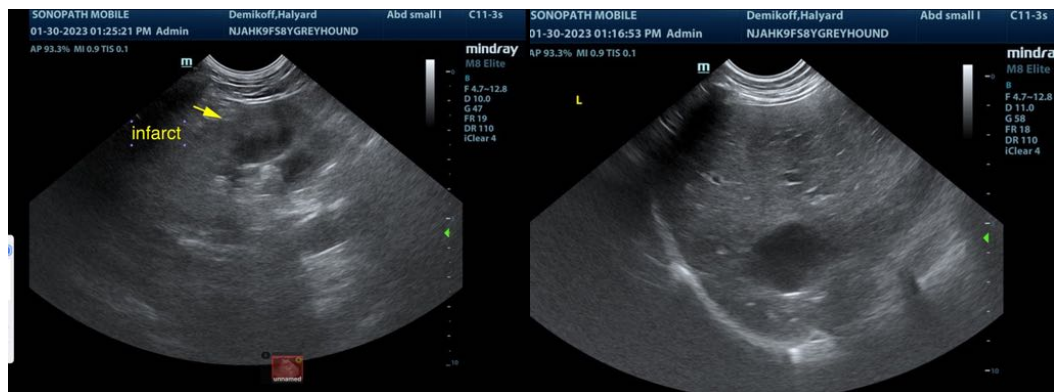
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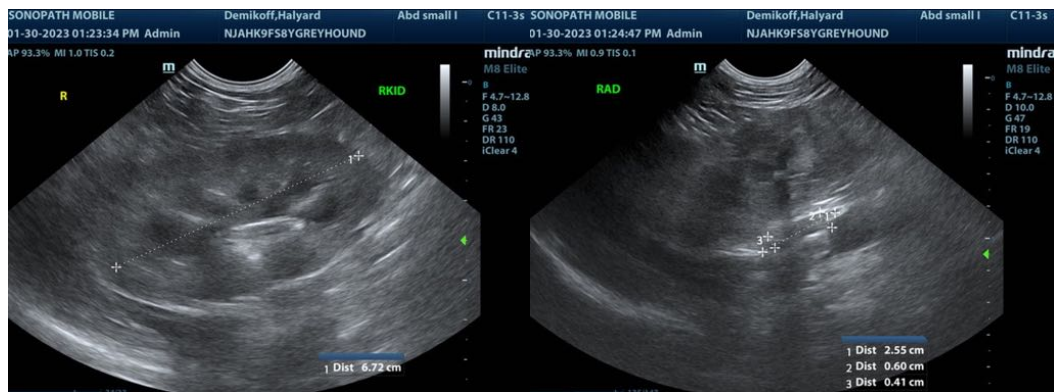
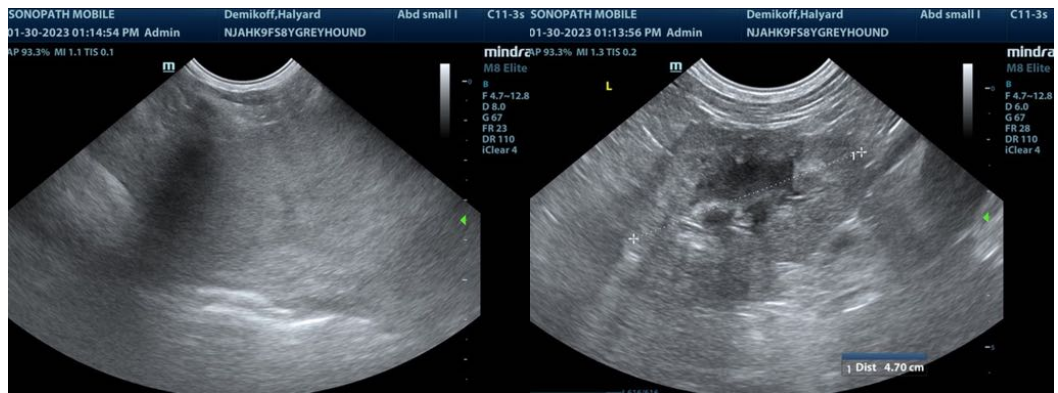
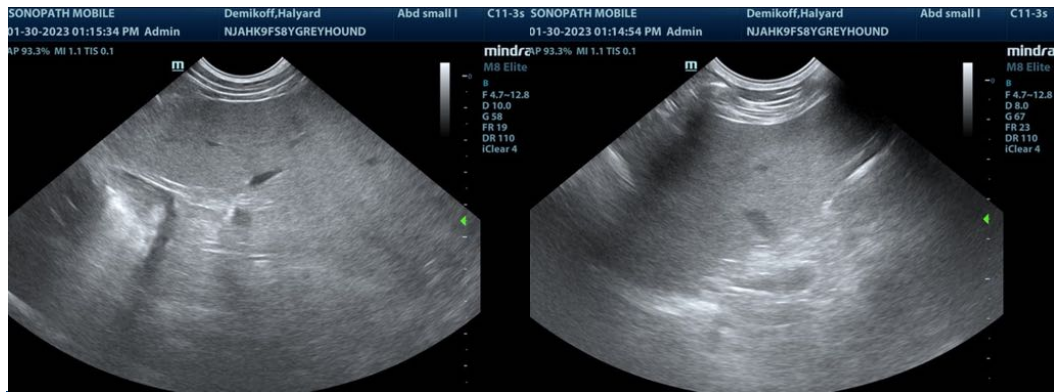
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

**BREED**

Greyhound

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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