



**PATIENT**

Attie Rudolph

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered male

**AGE**

1 year

**WEIGHT**

25.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Riverdale Integrative  
VC

**REFERRING VET**

Dr. Kuo

**INVOICE**

42348

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

History: Patient presented for aggressive issues at home. Blood work revealed possible early stage renal disease. Splenic enlargement.

Abnormal PE/Chem/CBC/UA Results: SDMA and BUN elevated.

**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 5.12 cm. The left kidney measured 4.82 cm. Blood flow to the kidneys appeared to be adequate.

**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 right adrenal gland measured 1.88 x 0.62 cm at the caudal pole and 0.73 cm at the cranial pole. The left adrenal gland measured 2.09 x 0.28 cm at the caudal pole and 0.37 cm at the cranial pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** was slightly subnormal in size. This is likely a normal variant. . The portal vein to vena cava ratio was 1:1 with no evidence of extrahepatic shunting. The portal vein measured 0.6 cm, vena cava measured 0.6 cm and aorta measured 0.7 cm. 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**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**AGE**

1 year

Spleen folded upon itself.

**WEIGHT**

25.4 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of visceral disease. There was no evidence of intrahepatic or extrahepatic shunting. Given the non-specific elevated BUN and SDMA pre renal disease should be considered. Addison's can be ruled out with baseline cortisol. Although the adrenal glands appear normal, Addison's should be ruled out. Assessment for hydration is recommended. Idiopathic SDMA elevation is possible. There was no evidence of structural disease, congenital or acquired.

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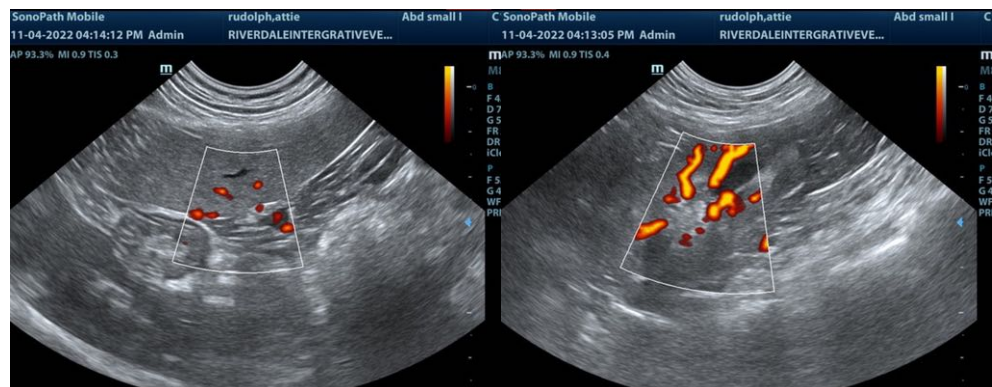
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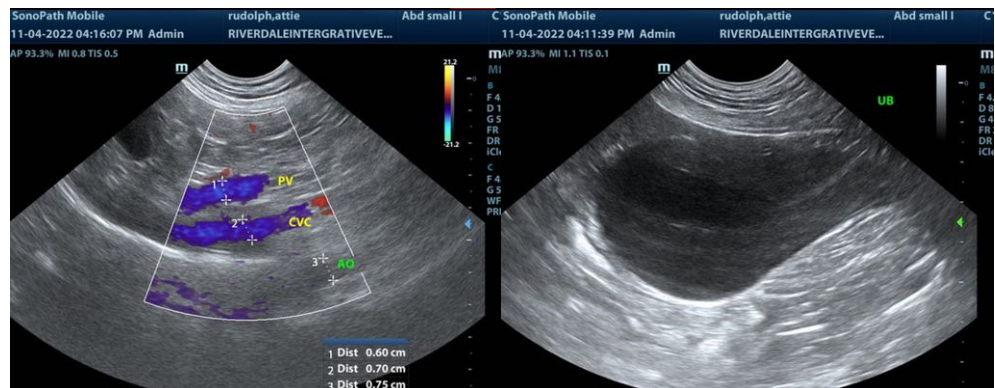
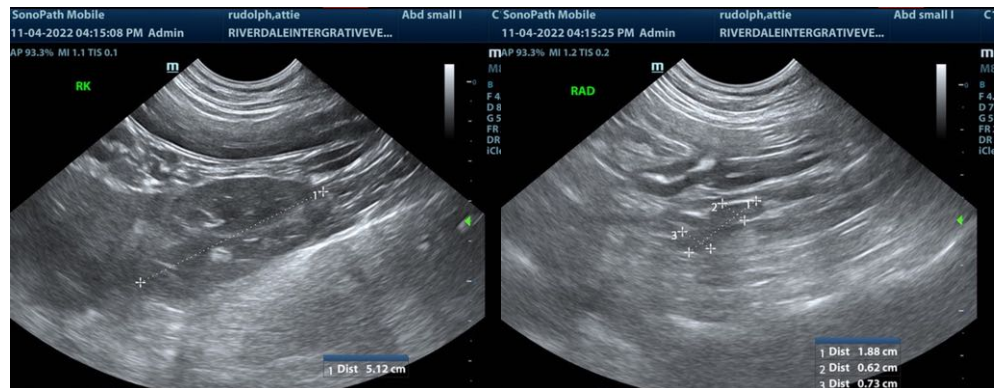
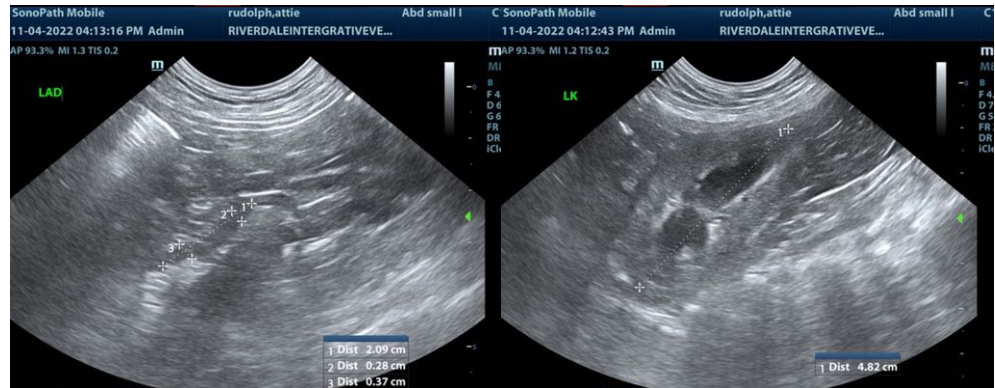
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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