



PATIENT

Peanut Halden

SPECIES

Canine

BREED

Minature Dachshund

SEX

Spayed Female

AGE

15 years

WEIGHT

8.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Freedman

INVOICE

31345

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Patient presents for weight loss and decreased appetite. Current meds: pred., zycortal, hydrocodone, and amoxicillin.
Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 577, BUN 173, creat. 2.0, phos. 8.1, WBC 42.1, neuts 39574. USG: 1.014, C & S (neg).

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. Bladder calculus was noted and measured 1.27 x 0.52 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were subnormal in size with mild irregular contour with corticomedullary, non-obstructive nephrolithiasis. There was some loss of corticomedullary definition and degenerative changes. The right kidney measured 3.14 cm. An anechoic cyst was noted in the caudal pole of the left kidney measuring 0.49 cm. The left kidney measured 3.13 cm.

Adrenal Glands

Both **adrenal glands** appeared subjectively subnormal in size. The left adrenal gland measured 0.92 x 0.29 cm at the caudal pole and 0.28 cm at the cranial pole. The right adrenal gland measured 0.78 x 0.24 cm at the caudal pole and 0.16 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 was noted.

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. Hyperechoic lipogranulomatous type nodule was noted in the right cranial liver. 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.



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The **stomach** presented a prominent mucosa. This is likely owing to uremic gastritis. The pylorus was free of evident pathology. The small intestines and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Bladder calculus.

Acute on chronic renal failure.

AGE

15 years

Subnormal adrenal size.

Uremic gastritis pattern.

WEIGHT

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Pancreatic and hepatic remodeling, subjectively benign.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recent passage of calculi, toxin exposure and underlying occult Addison's are all potentials. Infectious agent such as Leptospirosis is a potential. Even though the patient is elderly in age I recommend ruling out underlying Addison's given the small adrenal size, which can contribute to azotemia. Leptospirosis titers are warranted as well as 72-hour IV fluid protocol, GI protectants as well as broad spectrum antibiotics as well as blood pressure measurements. Reassessment is recommended after 3 days of intensive care treatment. Eventual cystotomy would be appropriate. The patient may have recently passed a calculus causing the azotemia crisis. There is no evidence or suspicion of neoplasia.

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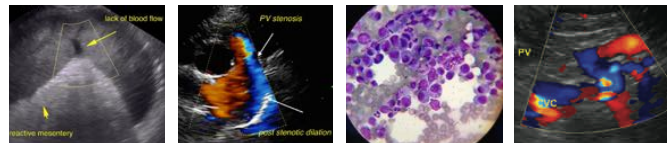
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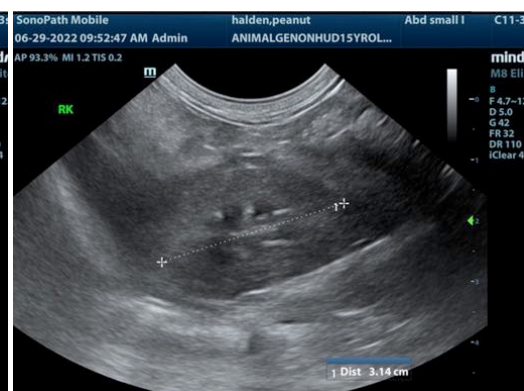
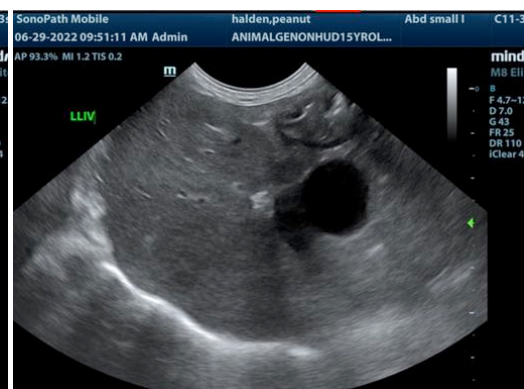
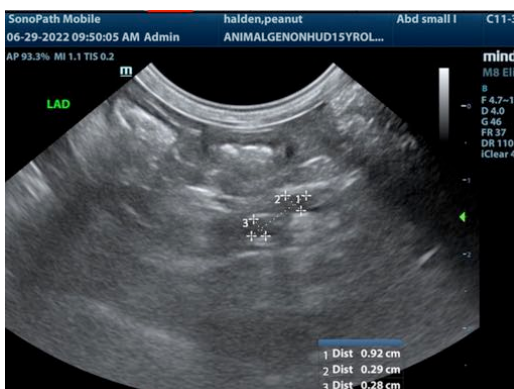
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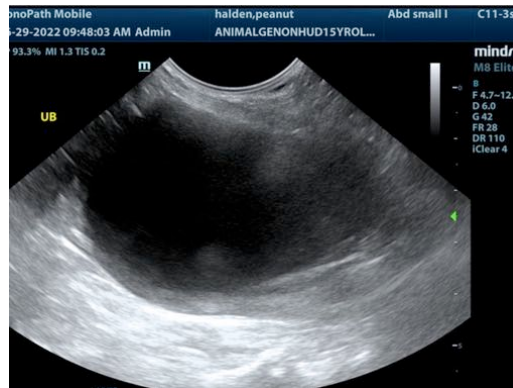
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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