



PATIENT PRESENTING CLINICAL SIGNS

Boom Buldo
History: PU/PD; azotemia and dilute urine. not on any meds.
Abnormal PE/Chem/CBC/UA Results: SDMA 19, crea 1.7, BUN 31, cortisol 2.8, rest nsf. UA: pH 5, otherwise nsf. USPG 1.016

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

3 years

WEIGHT

83.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Wilkes

INVOICE

31364

DATE

6/30/22

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 residual prostate measured 1.2 cm.

The **kidneys** revealed thickened, irregular, cortical cystic changes and disrupted renal pelvises and corticomedullary junction. There is a strong concern for some level of primary renal dysplasia. Echogenic remodeling was noted in both cortices. The right kidney measured 7.07 cm. The left kidney measured 6.62 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 2.38 x 0.5 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 3.25 x 0.5 cm at the caudal pole and 2.24 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** is slightly subnormal in size with coarse architecture. 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.

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node measured 2.61 x 1.16 cm.

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Pancreas

Canine

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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Labrador Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

Primary renal dysplasia pattern with secondary remodeling.

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3 years

A renal biopsy would be necessary for a definitive diagnosis. However, the kidneys are significantly compromised. Leptospirosis titers, UTI, hypertension, dehydration and pre-renal disease should all be ruled out as well as occult Addison's. However, the primary renal structure would justify renal failure in this patient owing to primary dysplasia.

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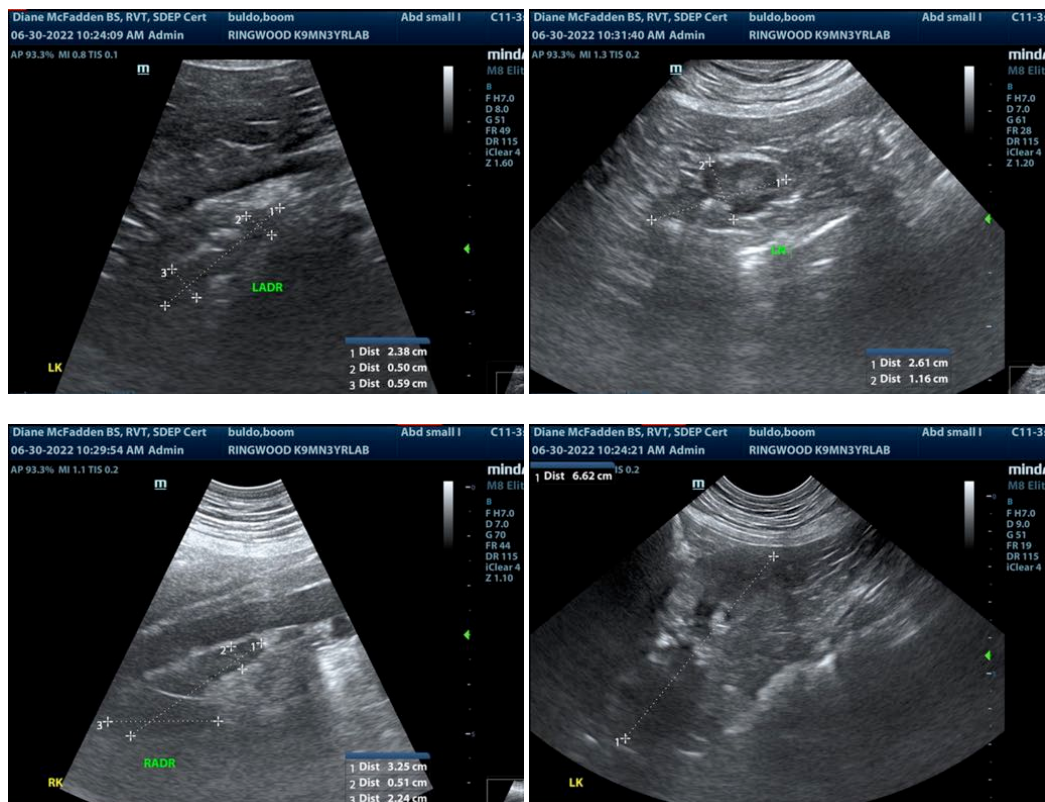
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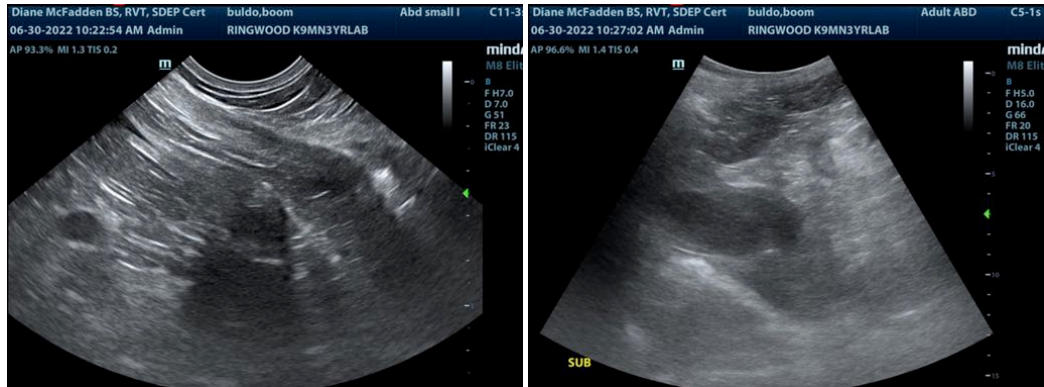
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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