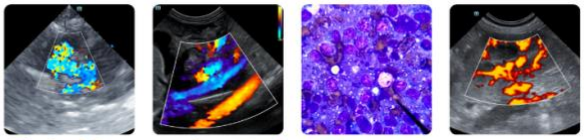

PATIENT

Cricket Powers

SPECIES

Canine

BREED

Tibetian Terrier

SEX

Intact Female

AGE

7 Years 9 Months

WEIGHT

9.05 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Glotzer

INVOICE

15634

DATE

05/01/26

PRESENTING CLINICAL SIGNS

CRICKET Presents for Evaluation of Low Appetite- only eating Puppy canned food, owner also fed her Donuts. Hx of Severe Azotemia, Hypertension. Recent loss of housemate.

Abnormal PE/Chem/CBC/UA Results: Severely elevated BUN and Creat and phosphorus 18, pancreatitis over 2000.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were noted. Ureteral papillae were normal.

The **left kidney** revealed severe dystrophic changes with thickened irregular changes and echogenic cortical remodeling measuring 3.2 cm in length. Pyelectasia was present and measured 1.4 cm x 0.40 cm. Complete loss of mural detail was visualized. The left kidney appears to be end stage or maybe some level of primary renal dysplasia in this patient. Renal biopsy would be necessary for further definition. Blood flow is essentially nonexistent or minimal in the left kidney.

The **right kidney** presented with similar changes to the left kidney with severe disruption of architecture and diffuse hyperechoic cortical changes and remodeling measuring 4.1 cm in length. Anechoic cyst at the caudal pole with calculi was present.

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 0.40 cm width. The right adrenal gland measured 0.60 cm width at the cranial pole and 0.38 cm width at the caudal 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 were 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

Some retention of ingesta was noted in the **stomach** with hyperperistalsis. Minor mural hypertrophy is likely owing to azotemic status. The small intestine and colon were unremarkable.

Pancreas

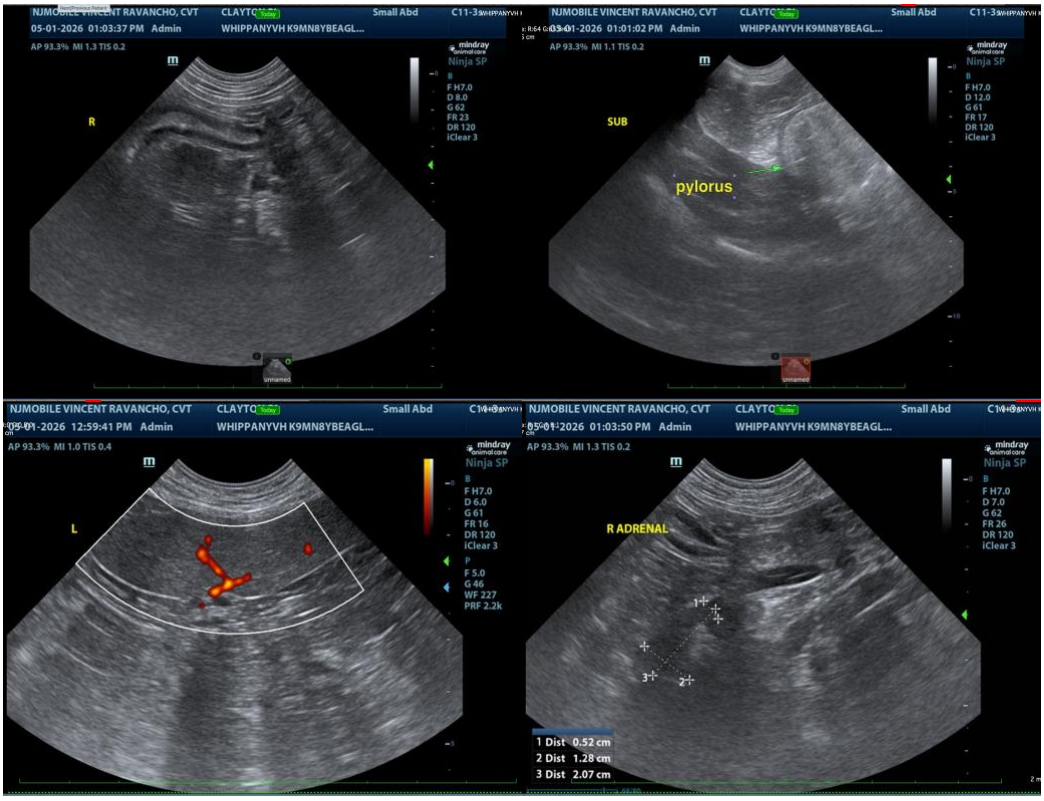
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- End stage degenerative renal disease with right kidney cyst.
- Gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Probable primary renal dysplasia with secondary degenerative changes. Renal biopsy would be necessary for further definition. Prognosis is poor regarding potential recovery from renal failure as the degenerative changes in the kidneys are severe.



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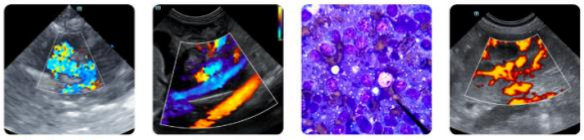

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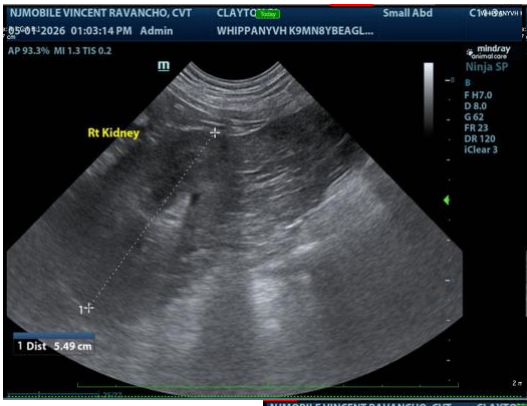

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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