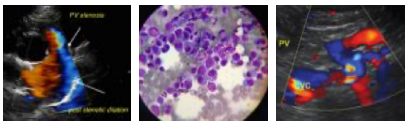
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
1/17/23

PATIENT
Kimber Carter

SPECIES
Canine

BREED
Great Dane

SEX
Female, spayed

AGE
9/23/2013

WEIGHT
113.9 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Madonna VC

REFERRING VET
Dr. Brockett

INVOICE
14456

PRESENTING CLINICAL SIGNS

Patient ADR, fever of unknown origin, and no appetite for over 30 days. Mildly elevated white count on CBC, GHP within normal limits. NSF on radiographs of chest and abdomen.

Current Medications: Enrofloxacin 136 mg -2 tablets po daily., carprofen 100 mg 1 tablet po twice daily.
Lab Results: Mild elevation of white count.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated Dexdomitor.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (8.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few foci of mineralization are observed. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.67 cm at caudal pole) (3.37 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.80 cm at caudal pole) (2.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.10 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering

pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Minor, age-related renal changes with right non-obstructive nephrocalcinosis.

*An obvious cause for the patient's fever is not identified in this study. General considerations include infectious/inflammatory disease, occult neoplasia and autoimmune disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further workup for fever of unknown origin could include the following:

1. Urine culture and sensitivity, preferably on a pre-antibiotic sample.
2. cPLI to assess for mild pancreatitis.
3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/.
4. Echocardiogram to evaluate for valvular endocarditis.
5. Orthopedic and neurologic examinations.
6. +/- arthrocentesis with submission of joint fluid for cytology and culture.
7. +/- CSF tap to evaluate for meningitis.

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com