

**DATE PRESENTING CLINICAL SIGNS**

8/13/21

History: Acute onset significant changes in behavior. Vomited once 8/3. Defecation in house. O also found what appeared to be feces on dogs' neck. Pet acting restless, anxious and very nervous on walks. Woke owner in middle of the night and panting and licking owner for hours. Pet very anxious in DVM office.

PATIENT

Lincoln Battey

Current Medications: Cerenia 80mg PO SID, Gabapentin 300mg PO BID

SPECIES

Canine

Lab Results: pending.

Radiographs: Not provided by the veterinarian.

BREED

Labrador Retriever

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

SEX

Male Neutered

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2/14/14

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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.

WEIGHT

81 lbs.

The prostate is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney is normal size (7.19 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.33 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 hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Timonium Animal
 Hospital

Adrenal Glands

The left adrenal gland is normal size (0.78 cm at cranial pole) (0.77 cm at caudal pole) (2.47 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.

REFERRING VET

Dr. McMichael

The right adrenal gland is normal size (0.86 cm at cranial pole) (0.62 cm at caudal pole) (2.36 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.

INVOICE

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Spleen

The spleen is normal in size (3.03 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 normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall and pylorus are normal in thickness with a normal layering pattern. The gastric luminal contents are most consistent with ingesta. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no obvious 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. A 0.94 x 0.74 cm sublumbar lymph node is visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

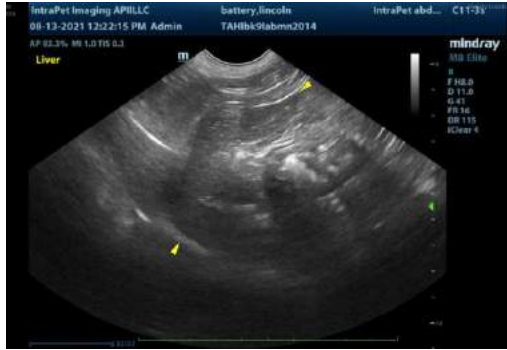
ULTRASONOGRAPHIC FINDINGS

- Questionable microhepatica.
- Minor, age-related renal pathology.
- The prominent sublumbar lymph node is most likely reactive.
- The mild urinary debris is likely a benign, incidental finding.

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include underlying microscopic gastrointestinal disease, neurologic disease, orthopedic disease/pain, and other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
2. Thorough neurologic and orthopedic evaluations are also recommended.
3. Depending on the patient's lab work, pre- and post-prandial serum bile acids +/- a blood ammonia level can be considered to assess for hepatic encephalopathy.
4. Also consider a baseline blood pressure measurement to assess for systemic hypertension.





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.

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