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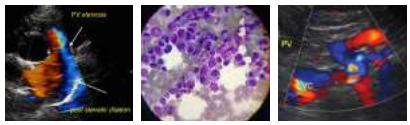
IntraPet.com



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DATE

9/30/21

PATIENT

PeeWee Steelman

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Intact

AGE

9/29/14

WEIGHT

113 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

11932kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Lethargic; Not Eating. Date: 09-29-2021. Notes: Owner got home this evening - Noted PeeWee not acting herself, lethargic and not wanting to eat. Last heat cycle owner thinks was 3-4 months ago, does lactate following heat cycle. No vomiting or diarrhea. No known toxic or foreign ingestions. Owner's dog Brianna recently treated for pyometra. Assessment: Fever, lethargic. Plan: Recommend starting with BW and X-rays.

Current Medications: Trazadone, Ampicillin, Gabapentin, Buprenex, Acepromazine, Cerenia.

Lab Results: ALP is 242. ALT is 145. Specific gravity is 1.012. BUN is borderline elevated.

Radiographs: Xray Abdomen 2 View -Lateral & VD abdomen - medium sized urinary bladder. No visibly dilated uterus. Gas in portions of small intestines and stomach. Loss of detail cranial abdomen – possibly enlarged liver vs dilated pylorus Spondylosis.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin, Trazadone, and Acepromazine administered in hospital. Administered Acepromazine IV.

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. 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 (8.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (9.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.74 cm at caudal pole) (2.55 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 in length with a flattened contour (0.33 cm at caudal pole) (2.45 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 (2.51 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mild to moderately fluid-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. No obstructive disease is noted.

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.

Other

The left uterine horn is visible and is minimally fluid-distended and measures 0.82 cm in width. No obvious pathology is observed.

The ovaries are not visualized.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder debris could be consistent with cells, crystals, and/or exfoliated material.
- The flattened right adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).
- Mild gastric stasis may be present. Alternatively, if the patient drank just prior to the ultrasound, this may explain the fluid within the gastric lumen. Correlation with clinical findings is recommended.

**An obvious cause for the patient's clinical signs is not identified in this study. There is no obvious evidence of pyometra at this time.

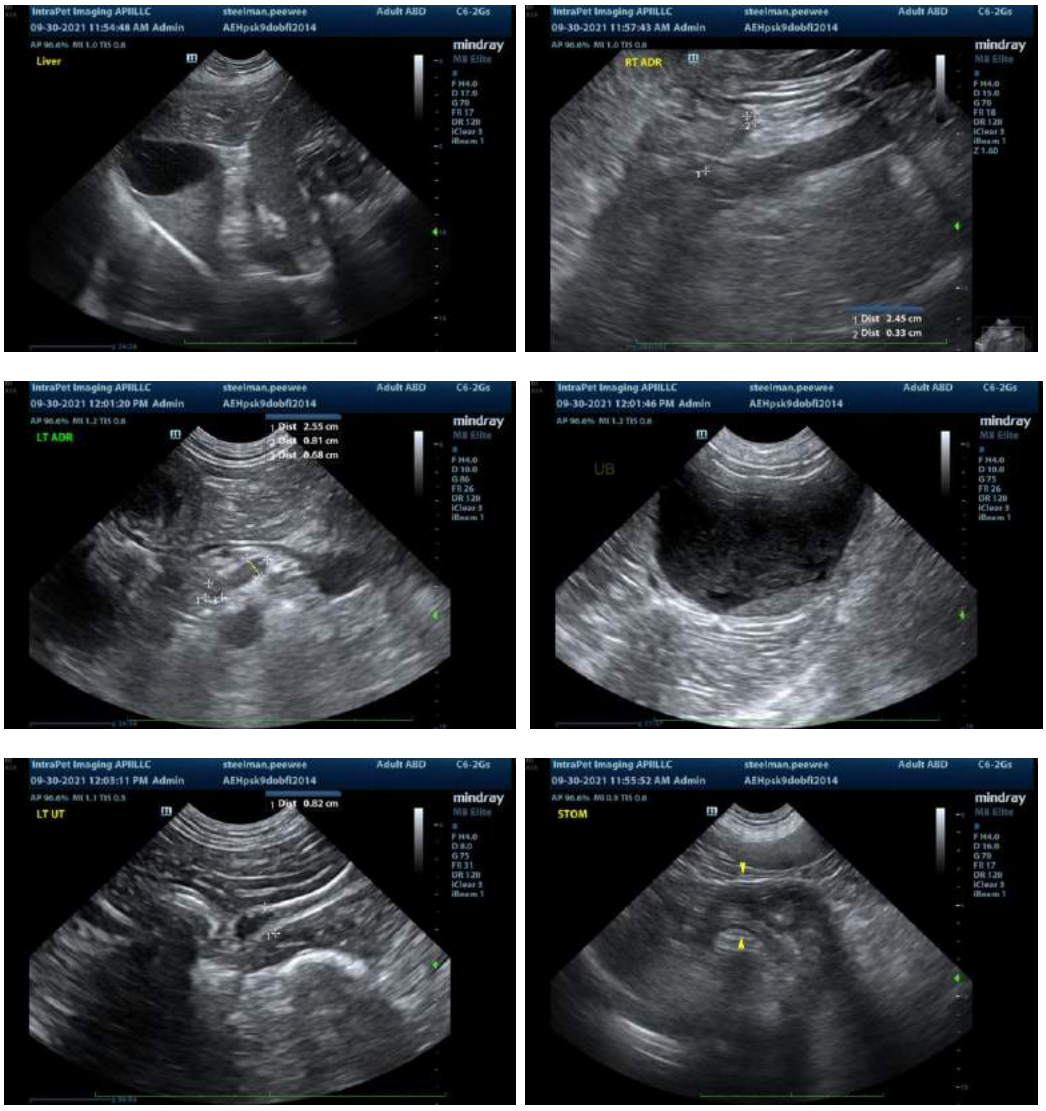
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the urinary bladder debris, consider a urine culture and sensitivity to assess for occult pyelonephritis.
2. Other diagnostic considerations could include the following:
    a. A fecal evaluation for ova/Giardia
    b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

c. Screening for vector-borne and other infectious diseases.

3. If the patient's clinical signs do not improve in the next 48 – 72 hours with supportive care, consider a repeat ultrasound to reassess the uterus, etc.

4. Given the small right adrenal gland, consider performing a resting cortisol level to screen for hypoadrenocorticism; although, this doesn't necessarily fit with the patient's fever, the disease can present in a variety of ways.



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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