


DATE
 1/14/22

PRESENTING CLINICAL SIGNS
PATIENT

Ruby McClearly

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

2/2/09

WEIGHT

11.36 Lbs.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS
HOSPITAL NAME
Animal Emergency
Hospital
REFERRING VET

Dr. Thompson

INVOICE

13436

History: Presenting Complaint: Lethargic; Not Eating. Date: 01-12-2022 Notes: Ruby is a 12 y/o who presents for lethargy and not eating - during the spring time Ruby's had a distended abdomen and was diagnosed with elevated LE - she was started on Denamarin - LE improved, patient started having side effects of the medication and the medication was stopped - Eating slightly less during the last week, today was not interested in eating - lethargic, and not acting herself - O finally got her to eat some yogurt which she then vomited up - Two episodes of diarrhea starting today, some blood in feces within the last week - Kidney values high normal on last BW at RDVM Medications: - Fligel one dose today - no other medications - no preventatives.

Assessment: anorexia, vomiting, diarrhea - progression of underlying liver disease vs other metabolic disease (kidney, endocrine) vs neoplasia vs other. Plan: Recommended hospitalization, full BW, UA, and AXR. Owner declined UA and elects to move forward with full BW, AXR and hospitalization.

Current Medications: Cerenia, Potassium Chloride, Metoclopramide, Pantoprazole, Buprenex.

Lab Results: Attached separately.

Radiographs: Lat and V/D abdomen- severe hepatomegaly with pylorus pushed caudally, decreased serosal detail, loose stool in colon with colon wall thickening, stomach wall very thick, small intestine generally fluid dilated, 2 small stones in bladder. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder** revealed 2.15 cm of sand accumulation.

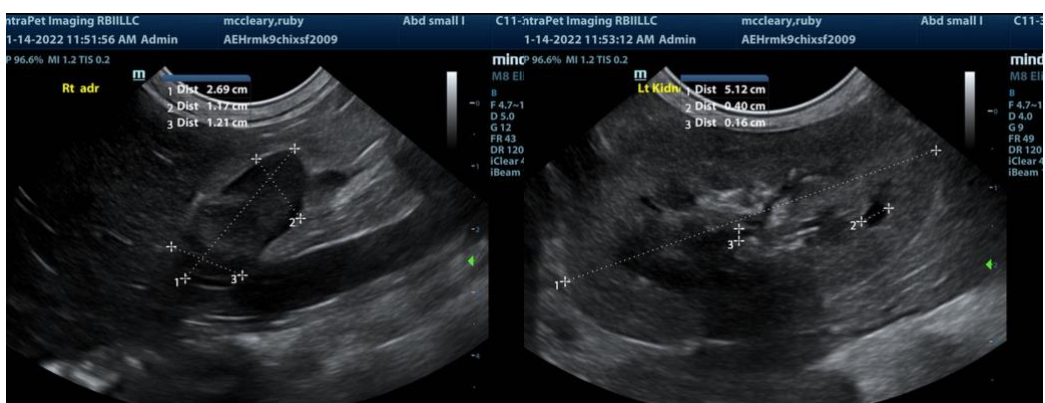
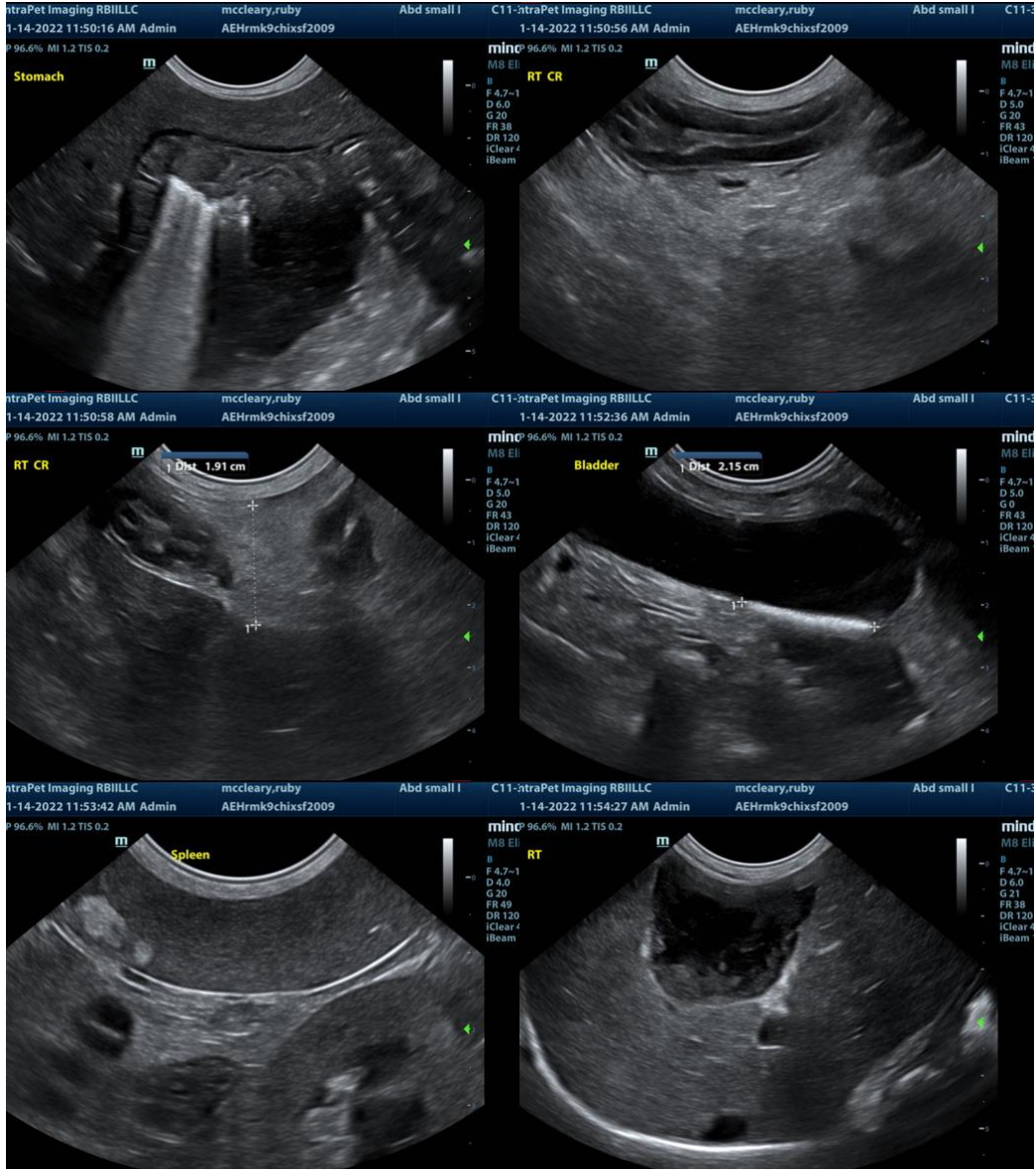
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight mineralization noted. Slight pyelectasia was noted. Occasional minor cortical cysts noted. The left kidney measured 5.12 cm. The right kidney measured 5.52 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a moderate hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.5 cm x 0.88 cm at the caudal pole and 0.93 cm at the cranial pole. The right adrenal gland measured 2.69 cm x 1.17 cm at the caudal pole and 1.21 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Hyperechoic lipogranulomatous changes were noted.





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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