DATE

01/17/26

PATIENT

Senna Kincer

SPECIES

Canine

BREED

Cane Corso

SEX

Spayed Female

AGE

07/13/21

WEIGHT

41 kg

INTERPRETED BY

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

HOSPITAL NAME

Mason Dixon Animal Emergency

REFERRING VET

Dr. Moser

INVOICE

13204

PRESENTING CLINICAL SIGNS

Patient History: Acute onset cluster seizures starting 1/16 AM, no previous concerns per owner, PE on presentation generally unremarkable

Current Medications: N/A
Labwork Results: Labwork submitted. Reported as EPOC - 7.341, Creat 3.67, HCT 59
Chem - Creat 1, TP 8, Alb 4.4, Chol 338, ALT 186, GGT 53, Tbili 2.4 CBC - HCT 69.1, Retic 128.5
4DX - neg Ammonia - normal T4 - normal
BP - 114
Rads- stomach full, no obvious foreign material or masses etc.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Phenobard & Kepra.
Stat Report: DVM requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.0 cm in length. The right kidney measured 7.38 cm in length.

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 2.3 cm x 0.60 cm width at the cranial pole and 0.71 cm width at the caudal pole. The right adrenal gland measured 2.68 cm x 0.70 cm width at the cranial pole and 0.58 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.

Gastrointestinal

The **stomach** revealed a minor amount of ingesta and a slight progressively shadowing material. This may be ingesta or potentially soft foreign matter. The small intestine and colon were unremarkable.

Pancreas

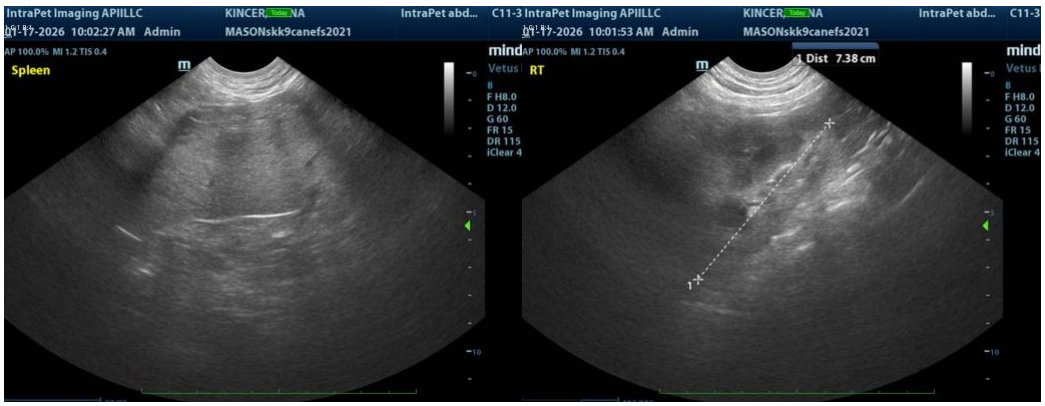
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

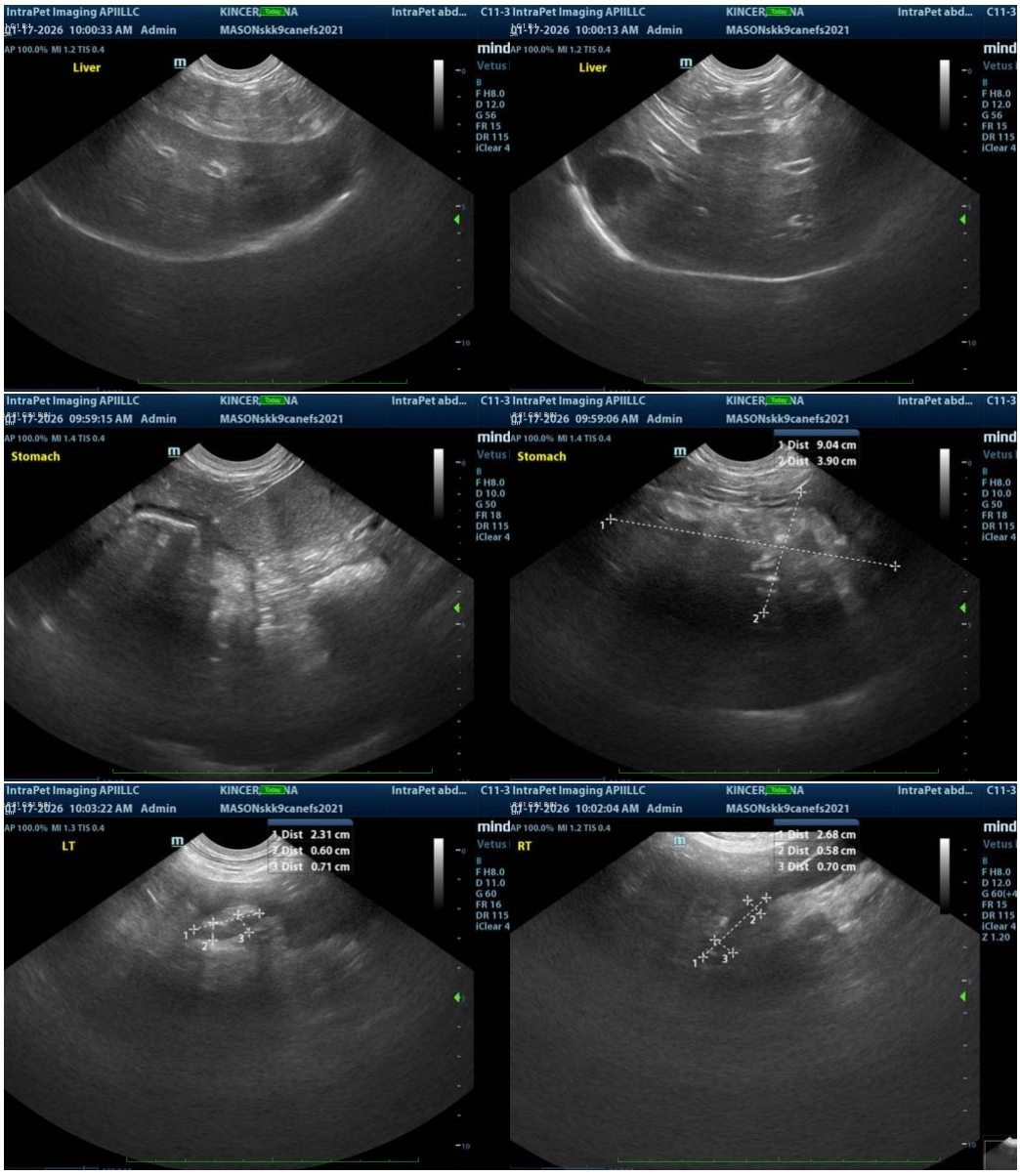
ULTRASONOGRAPHIC FINDINGS

- Retention of ingesta or possible soft foreign matter- these findings should be paired with postprandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology directly related to the seizure activity unless some toxic material is present within the stomach. Skull CT with contrast is recommended.





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.

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