

**DATE**

10/5/21

PRESENTING CLINICAL SIGNS

Diarrhea, Not Eating, & Vomiting

History: Date: 10-03-2021 Notes: Lethargic x 3d Intermittent soft stools - ranging from normal to liquid, sometimes with mucus. Always picky, started a new food a few weeks ago and she seemed to like it until 3d ago stopped eating. Still eats a few treats. Today ate some canned food and then V+. No known dietary indiscretion, although she did get recently and for 45 mins was running around the neighborhood. Does have history of eating rabbit feces.

Current Medications: Amoxicillin Capsules 250mg, Metronidazole Tablets 500mg, Denamarin Tablets 425mg, Vitamin B Complex Injection (Per mL), Entyce soln. 30mg (per ml), Gabapentin Capsules 300mg, Doxycycline Capsules 100mg

Lab Results: Attached

Radiographs: Abdomen 2 View- some gas within the small intestinal loops and colon, no obvious obstruction.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

PATIENT

Darby Transparenti

SPECIES

Canine

BREED

Black Mouth Cur

SEX

Spayed Female

AGE

2012

WEIGHT

89.1 lbs

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 was noted. Ureteral papillae were normal.

The **kidneys** were both swollen with peri-renal/retroperitoneal accumulation. This is likely owing to acute insult. This is strongly suggestive for Leptospirosis. The right kidney measured 6.72 cm. The left kidney measured 6.7 cm.

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 2.5 x 0.76 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 3.21 x 0.84 cm at the caudal pole and 0.92 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Jones

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 was noted.

INVOICE

92189

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

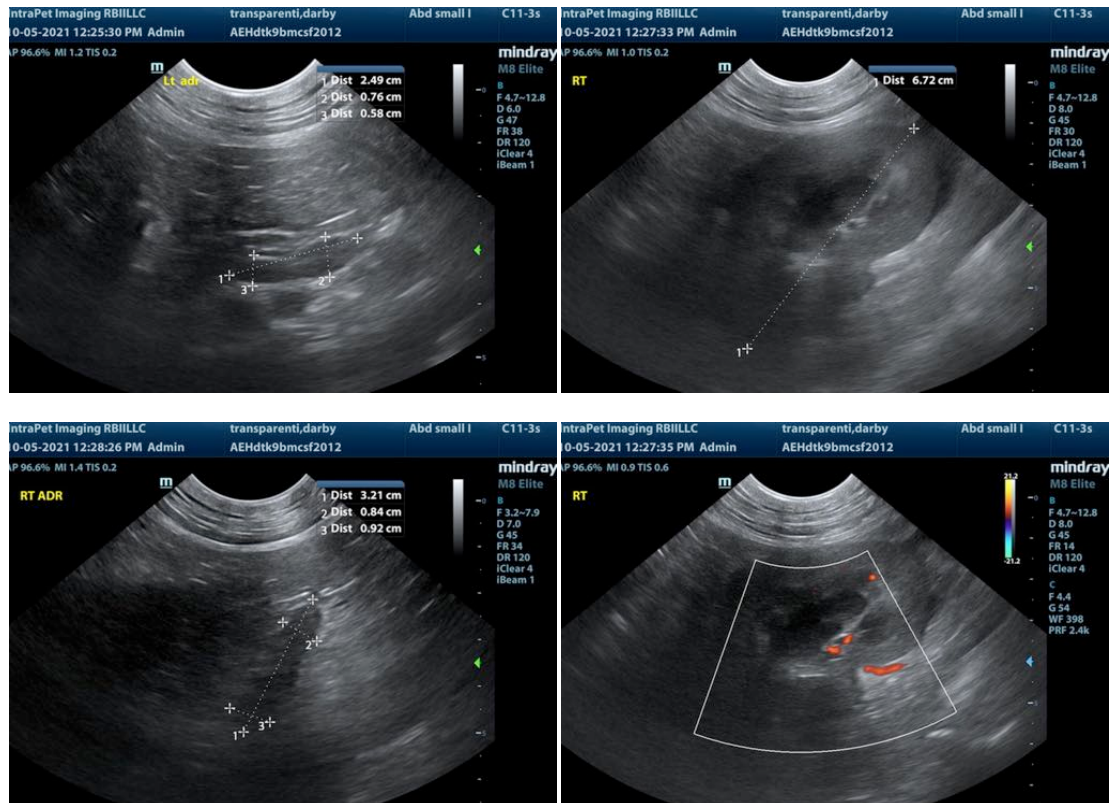
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

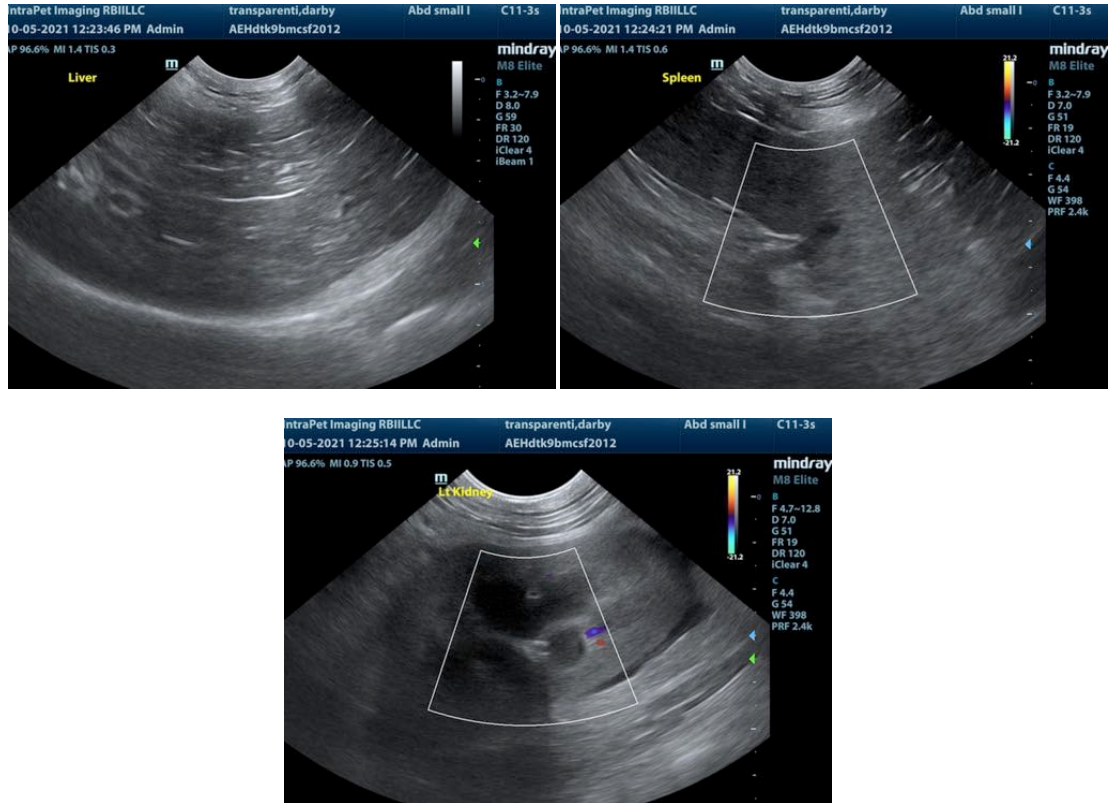
ULTRASONOGRAPHIC FINDINGS

Strong concern for Leptospirosis with renal fluid and structurally unremarkable liver despite the aggressive liver enzyme profile.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver, Leptospirosis titers, IV Ampicillin and plasma expanders are all indicated as well as reassessment of the clinical status. Recheck sonogram is recommended in 48-72 hours to ensure that the renal fluid is resolving. Other acute renal insult can also present in this fashion.





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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