**DATE**

12/13/21

PRESENTING CLINICAL SIGNS

Elevated pancreas and kidney values.

Lab Results: Chem: increased SDMA 17, high normal creat 1.4, low alb 2.5, low chol 95, increased amylase 1693 CBC: low HGB 12.2, low HCT 37.5, low retic hgb 21.9

PATIENT

Kennadee Citro

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Oral Gabapentin and Trazodone.

Stat Report: Not requested.

SPECIES

Canine

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.

BREED

Boxer Mix

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 right kidney measured 5.88 cm. The left kidney measured 5.88 cm.

SEX

Spayed Female

AGE

11/5/14

Adrenal Glands

The left **adrenal gland** was flattened and isoechoic measuring 2.12 x 0.3 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland was flattened and isoechoic measuring 0.4 cm at the cranial pole and 0.3 cm at the caudal pole.

WEIGHT

54.4 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

IMAGING PERFORMED BYStephanie Pearce
RDMS, RVT**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.

HOSPITAL NAME

Happy Tails VH

REFERRING VET

Dr. Calpeno

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.

INVOICE

94533

Pancreas

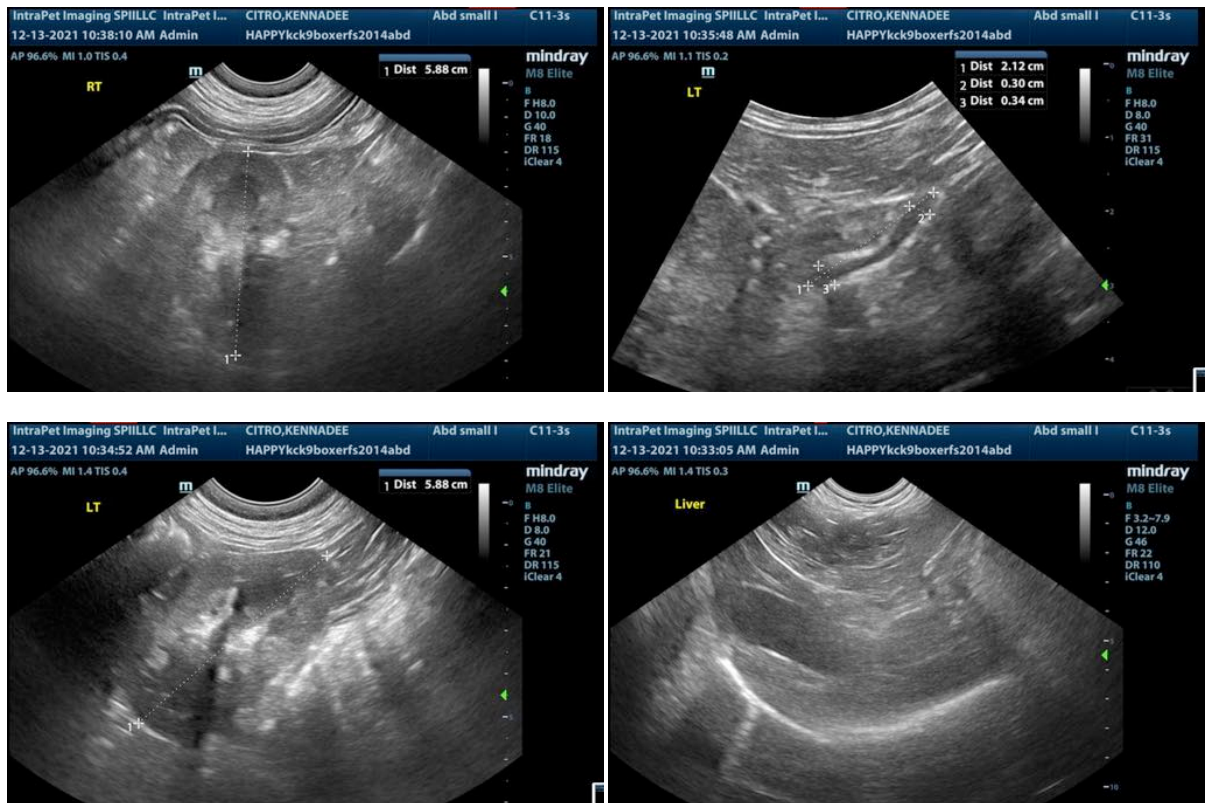
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

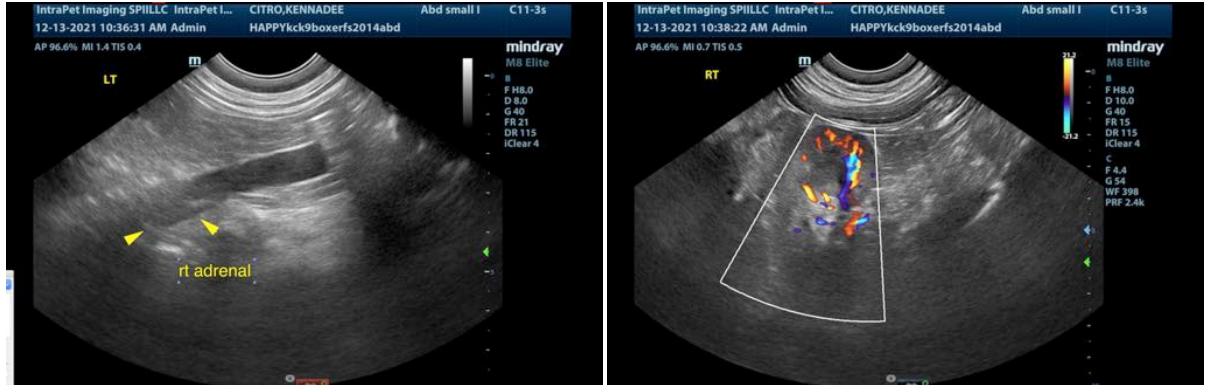
ULTRASONOGRAPHIC FINDINGS

Flattened adrenal glands.
Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Otherwise, ACTH stimulation is recommended to assess for potential underlying Addison's disease. Blood flow to the kidneys appeared to be adequate. SDMA elevation may be artifactual or related to underlying prerenal disease such as Addison's. Assessment for urinalysis for proteinuria is recommended given the low albumin of 2.5.





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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