

**DATE**

12/2/22

PRESENTING CLINICAL SIGNS**PATIENT**

Sally Knight

History: ATO P has been vomiting on and off for about 1 week, has decreased appetite and is just picking at her dog food - refused cheese that they hide Zonisamide in - Hasn't has a seizure in over 1 yr, typically takes Zonisamide at 9 am and 9 pm. Referral Info - 5 lbs wt loss since last visit - enlarged spleen on xray - ALT > 1000, ALP 1112, GGT 12, T.bil 1.4 (all elevated) - CBC nsf - Hx of Lepto vaccine, due in Sept

SPECIES

Canine

Current Medications: Ampicillin, Zonisamide, Metronidazole, Denamarin, Cerenia, Entyce.

Lab Results: Urinary tract infection. ALT > 1000, ALP 1112, tBili 1.4, GGT 12

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

BREED

Beagle Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

4/22/17

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. Both kidneys presented pericapsular fluid accumulation and surrounding enhanced mesentery. The left kidney measured 5.97 cm. The right kidney measured 5.97 cm.

WEIGHT

40.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 3.03 cm x 0.76 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 2.73 cm x 0.62 cm at the cranial pole and 0.59 cm at the caudal pole.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen**

The **spleen** was mildly enlarged, uniform.

REFERRING VET

Dr. Hicks

Liver

The **liver** was uniformly enlarged. The gallbladder and common bile duct were unremarkable.

INVOICE

18940

Gastrointestinal

Gastric stasis was noted with fluid filled lumen. Some focal gas artifact was noted in the stomach- no overt obstructive pattern noted. The pylorus was patent-no evident pathology. Hyperperistalsis was note in the upper GI tract consistent with gastroenteritis.

Pancreas

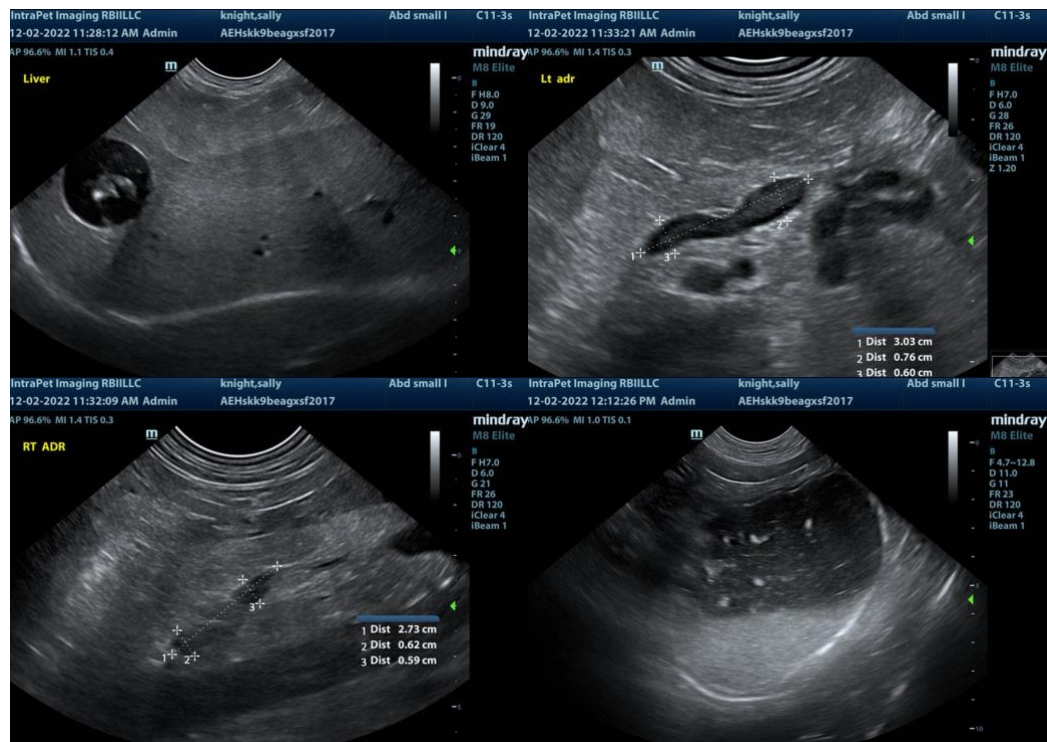
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

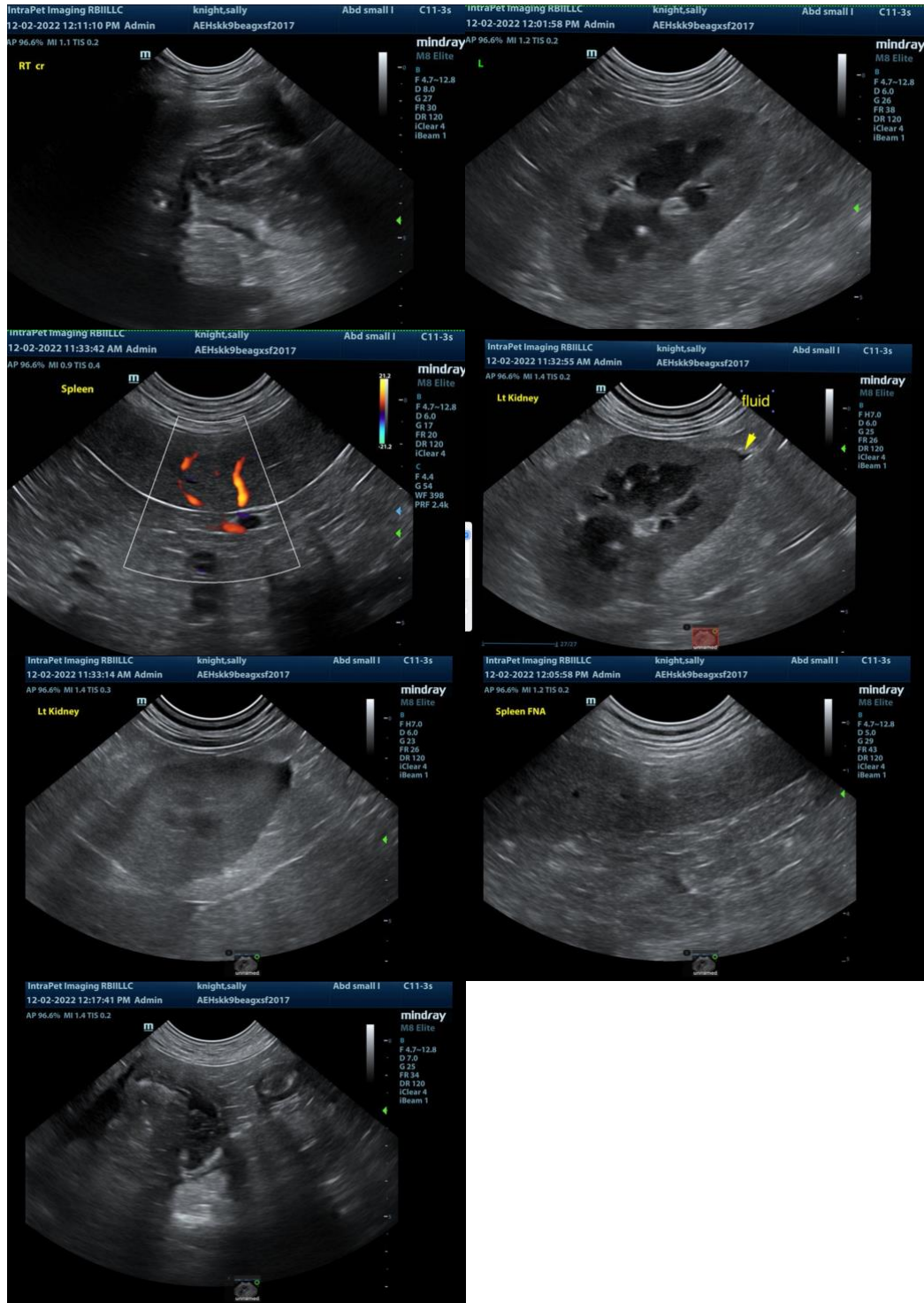
ULTRASONOGRAPHIC FINDINGS

- Acute renal insult
- Mild splenohepatomegaly
- Gastric stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNAs performed in the spleen and liver without complication. Strong concern for leptospirosis or similar insult in this patient. Leptospirosis titers indicated. GI protectant protocol is indicated. Ampicillin should be utilized. Other causes of acute hepatorenal insult should be considered. Hepatorenal support is recommended. Good to guarded prognosis. Full urinalysis work up is indicated if not already performed.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com