



PATIENT

Penny Barnett

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

6 Years

WEIGHT

11.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

33817

DATE

12/29/21

PRESENTING CLINICAL SIGNS

Presented at our hospital as a transfer from rDVM. P ingested flour with CBD (and possibly THC) in addition to Lamotrigine (o's daughters antiseizure medication) on Monday night (12/27). O states that there were about 1-3 pills in that bottle but they were unable to locate them. Later that night p urinated on herself and vomited. O took p to Mason Dixon where they did bw and hospitalized. P then went to their regular vet (Dillsburg) and was hospitalized on IVF for the day and transferred here for overnight care. Previous Health Concerns: none Current Medications: proviable Appetite/When did they eat last: decreased, last ate 12/28

Abnormal PE/Chem/CBC/UA Results: Rdvm labs: WBC 18.65; NEU 17.3; EOS 0.01; RBC 9.28; HGB 23.4; HCT 65.8; BUN 56.1; CREA 2.4; Pi >15.0; TP 4.9; ALB 1.5; Chol >450; Na 137 Lepto PCR and UR culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric thickening with a minimal amount of urine present. Urine production should be evaluated.

The **kidneys** were swollen with thickened cortices. The right kidney measured 6.48 cm. The left kidney measured 6.0 cm. Hyperechoic idiopathic medullary rim sign noted in both kidneys. A 1.0 cm anechoic cyst was noted at the cranial pole of the left kidney, not a clinical issue. No evidence of debris.

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 1.84 cm x 0.46 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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** was mildly swollen with slight irregular contour. The gallbladder and common bile duct were unremarkable.

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.



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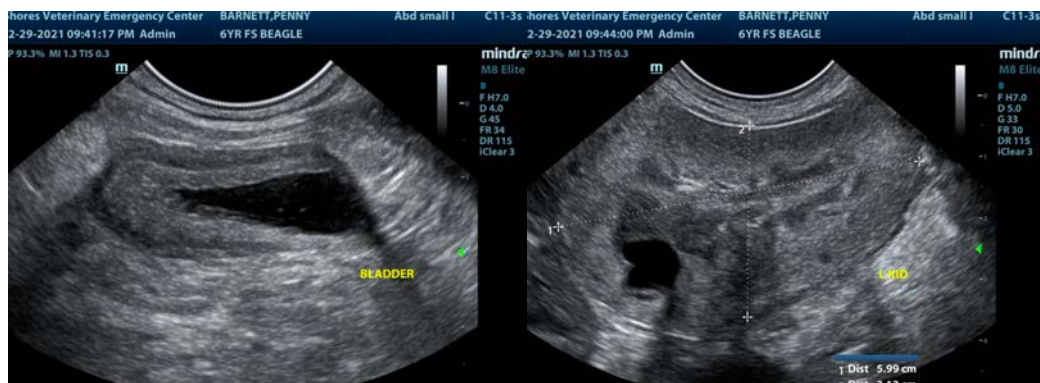
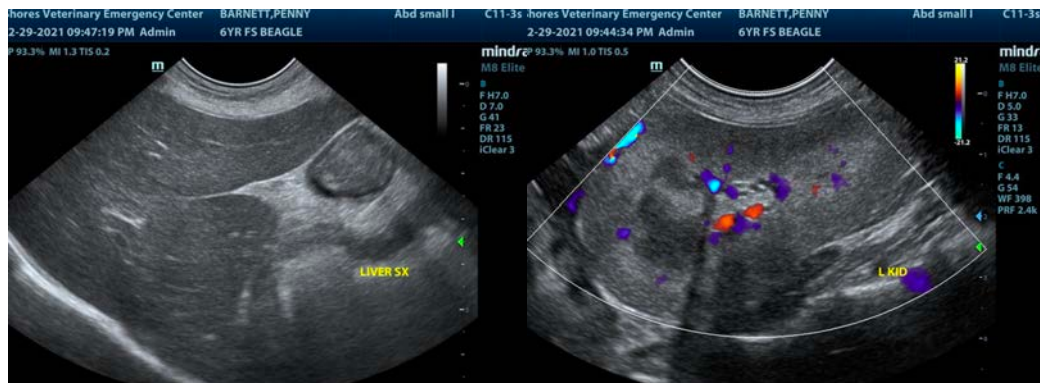
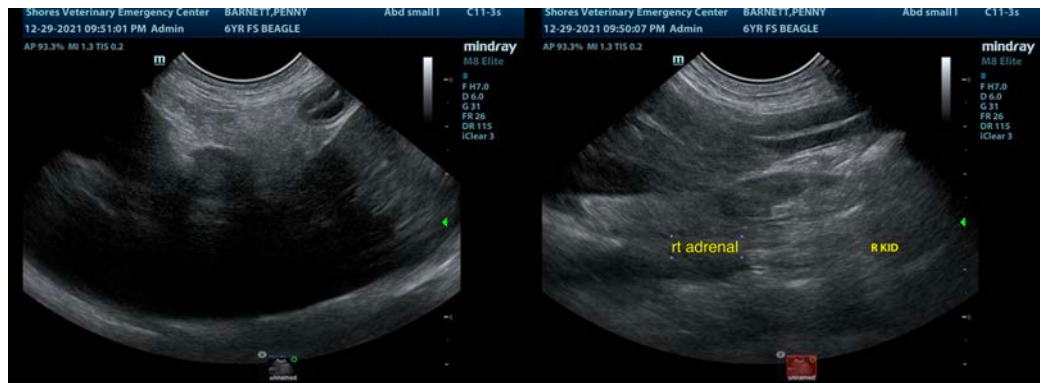
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ULTRASONOGRAPHIC FINDINGS

- Acute on chronic nephritis pattern, non-specific
- Concentric bladder thickening
- Mildly swollen liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite clinical history, Leptospirosis titers are indicated. Treatment for acute renal failure, monitoring of urine production, and urine culture and sensitivity if any inflammatory sediment is present, blood pressure measurements, 72-hour IV fluid protocol recommended and reassessment of the clinical status.





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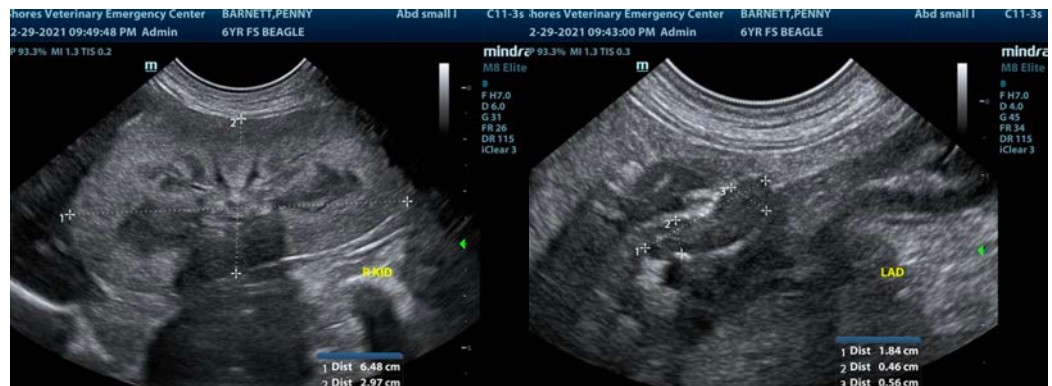
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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