



DATE PRESENTING CLINICAL SIGNS

3/13/23

First seizure sept 2021- was on keppra BID. unable to do TID. TID made p urinate excessively- discontinued. As of mid feb- seizures have been becoming more frequent. P had two seizures in a week.

PATIENT

Scarlett Orr

Current Medications: Started p on phenobarbital (2/16/23) -30 mg, 1 tablet by mouth every 12 hours. On 2/23/23- P was lacking coordination. Medication was decreased to 1/2 tablet at every dose for 7 days. Then is instructed after 1 week to resume 1 tablet at every dose to see if p tolerates.

SPECIES

Canine

Lab Results: Mild increase in amylase, Moderate increase in lipase, CPII negative
Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Mix

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.

SEX

Spayed female

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 6.59 cm. The left kidney measured 4.75 cm.

AGE

4/4/15

WEIGHT

21.7 lbs

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 right adrenal gland measured 2.21 x 0.51 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 2.09 x 0.57 cm at the caudal pole and 0.55 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Warm and Fuzzy VC

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.

REFERRING VET

Dr. Ullman

Liver

INVOICE

43262

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

Minor excessive upper **gastrointestinal** gas was noted, yet structurally unremarkable. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Mucosal speckling was noted and clinically benign. 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

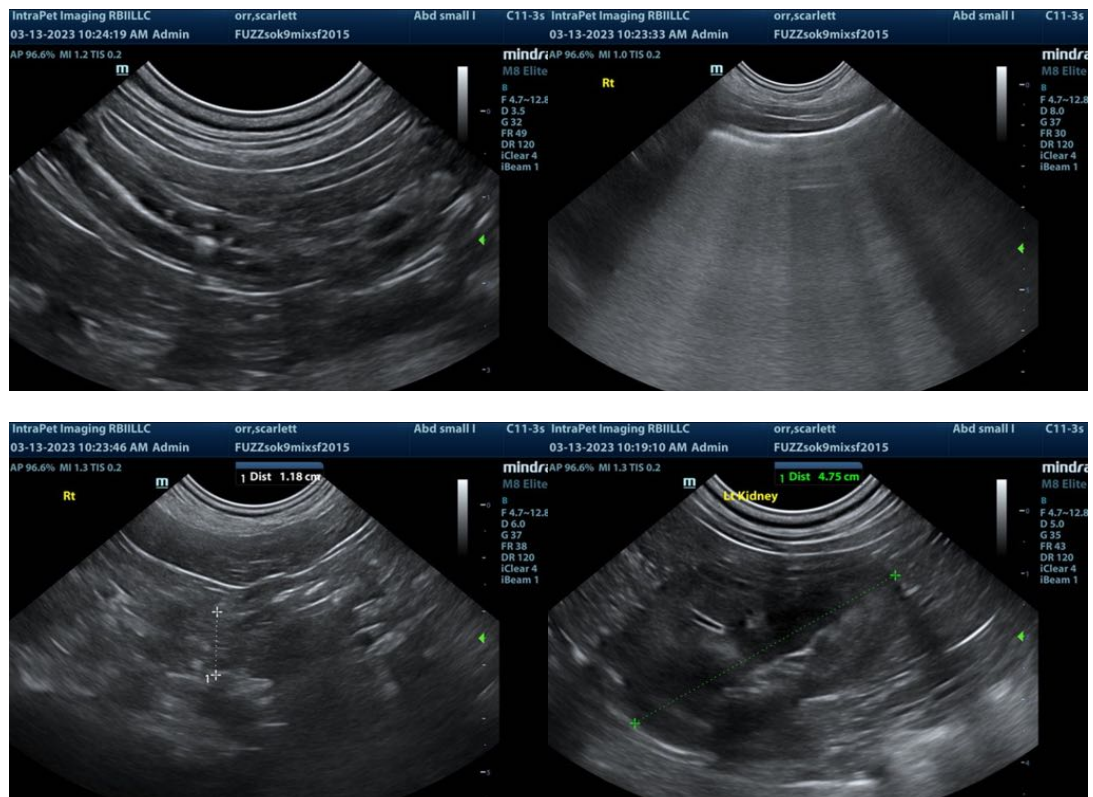
The **pancreas** was slightly heterogenous primarily in the left limb measuring 1.18 cm.

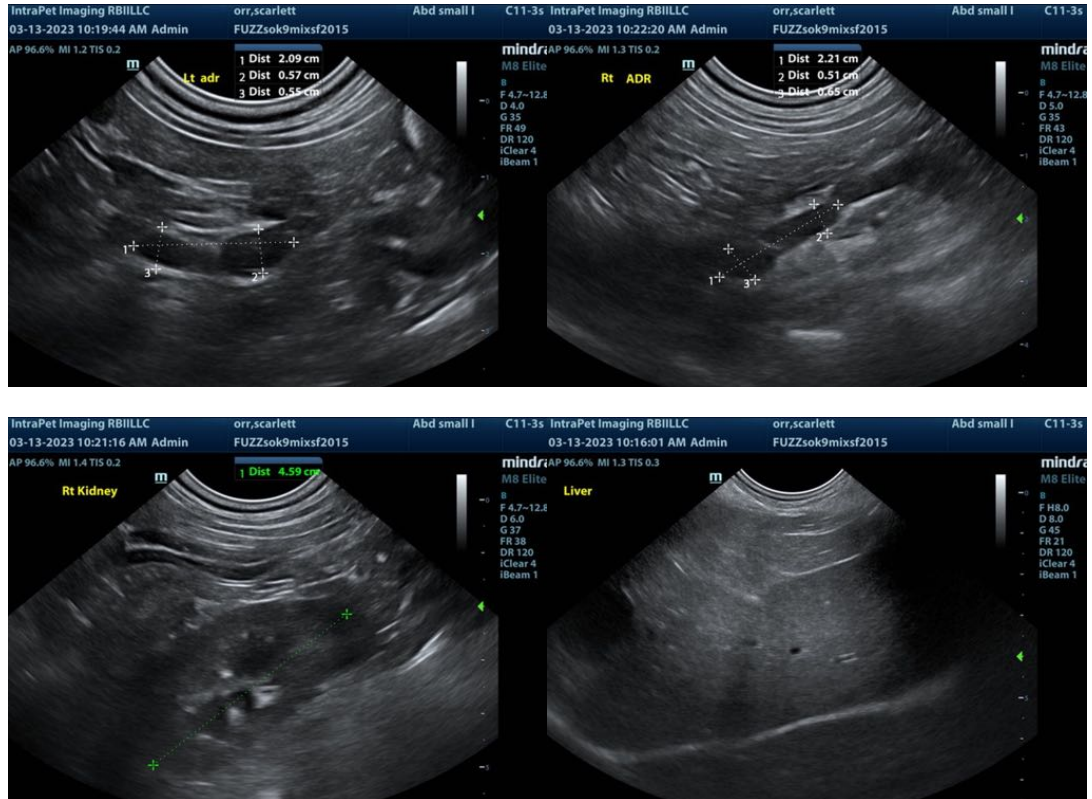
ULTRASONOGRAPHIC FINDINGS

Benign abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant disease other than minor pancreatic remodeling. The patient likely has a history of pancreatitis. Level of active inflammation is unclear. There was no evidence of abdominal disease related to the seizure activity. CT with contrast is recommended as well as skull CT with contrast is indicated.





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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