

**DATE PRESENTING CLINICAL SIGNS**

3/25/22

**PATIENT**

Shadow Outlaw

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

N/A

**AGE**

8/15/10

**WEIGHT**

38.5 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Schaupp

**INVOICE**

14513

History: Black, semi formed stools, depressed, lethargic, no appetite, stands and stares. PE- grade 2 systolic heart murmur, thin, 38.5lbs (was 45lbs 6 months ago), Pale pink mucous membranes, rectal- black stool, abdominal palpation NSF.

Current Medications: Sucralfate 1gm TID, Omeprazole 20mg SID, Clavamox 250mg BID, Cerenia 60mg SID, Thyroxine 0.2mg BID.

Lab Results: Hematocrit 34.6%, Albumin 2.4, Na-141, K 3.9, T4 1.1, FT4 0.4 (low).

Radiographs: Thoracic- mild right sided cardiomegaly.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.8 cm. The left kidney measured 5.24 cm.

**Adrenal Glands**

Both **adrenal glands** were flattened and isoechoic. The right adrenal gland measured 1.48 cm x 0.23 cm at the caudal pole and 0.21 cm at the cranial pole. The left adrenal gland measured 1.63 cm x 0.34 cm at the caudal pole and 0.29 cm at the cranial pole.

**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 were noted.

**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***

The **stomach** presented retention of ingesta, some of which was shadowing (up to 2.0 cm). Kibble or medications possible. Foreign matter cannot be ruled out. Transit of chyme into the small intestine appeared to be occurring, therefore, no full obstruction noted. Soft stool was noted in the colon.

### ***Pancreas***

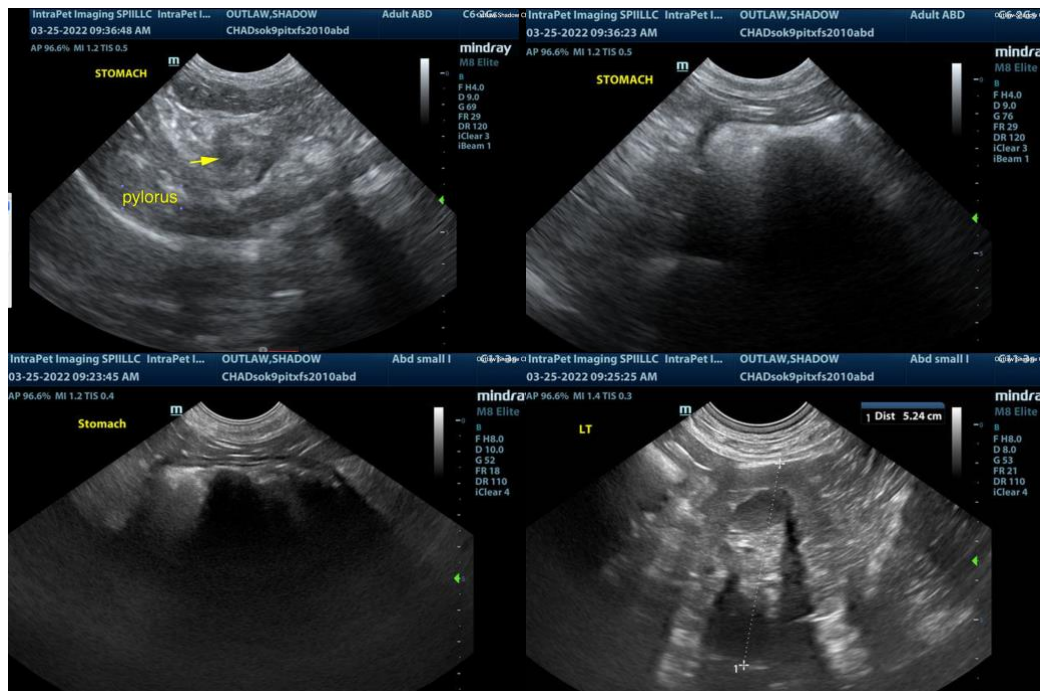
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

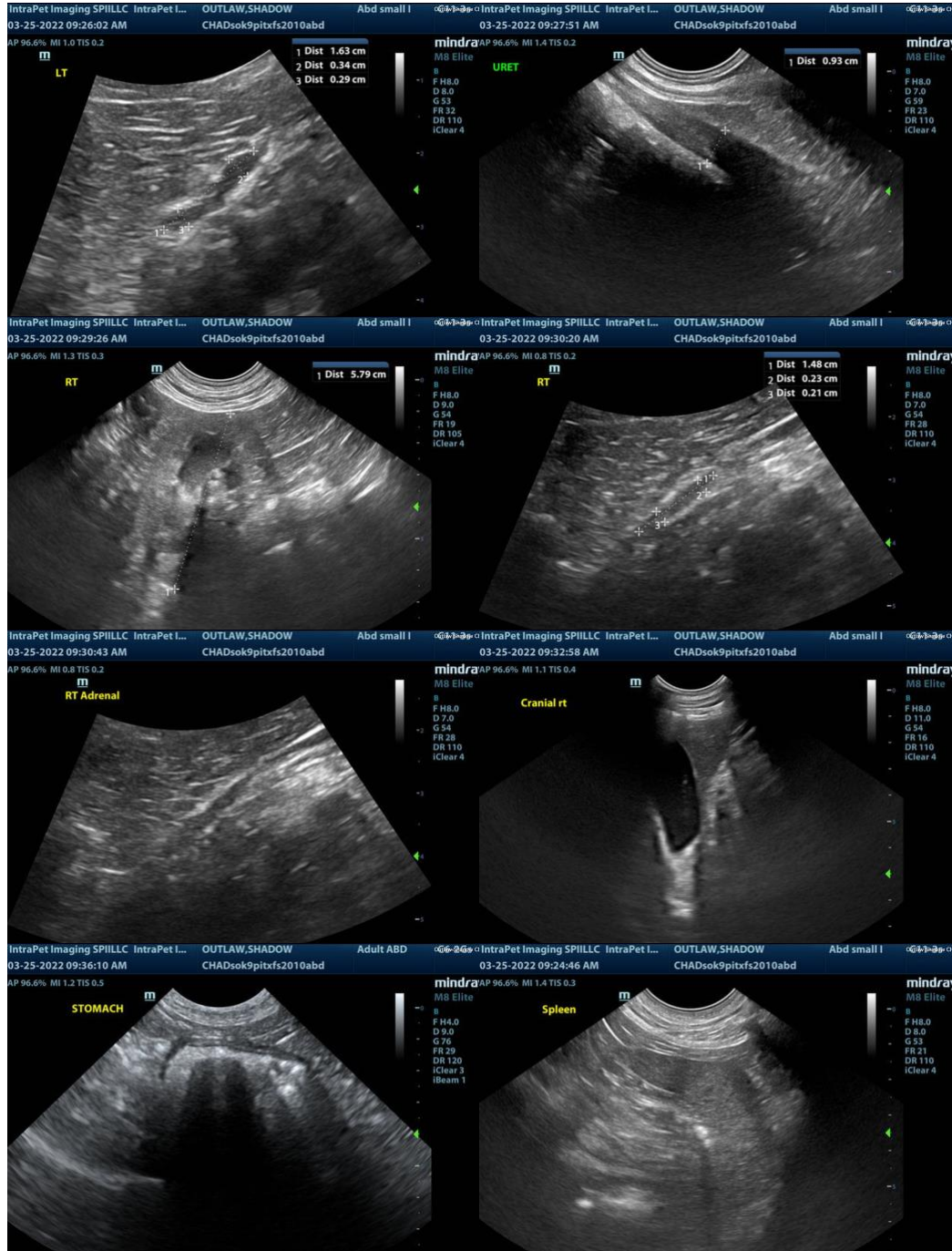
## **ULTRASONOGRAPHIC FINDINGS**

- Full stomach with shadowing material with soft stool in the colon
- Flattened adrenal glands
- Age-related renal changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the low-albumin, minor anemia, volume contracted heart and flattened adrenals, I'm strongly concerned for Addisons. If the patient was NPO at the time of the sonogram, soft shadowing foreign matter should be suspected. ACTH stimulation warranted to assess for Addisons.





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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