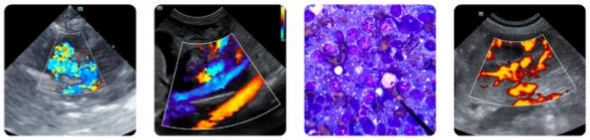

PATIENT

Goose Caputo

SPECIES

Canine

BREED

Corgi

SEX

Intact Male

AGE

8 Months 2 Weeks

WEIGHT

4.36 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing, ER

REFERRING VET

Blue Pearl Wyomissing

INVOICE

36369

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate seizure-like activity at home today, severe elyte abnormalities, mentally inappropriate. Currently in the ER. Lack of stress response on BW. PE- underweight, small. Halitosis, dental tartar vs staining. (Hypochloremic, hypokalemic, hyponatremia)
- P has full set of vaccines and was reportedly normal until this AM when neurologically inappropriate activity started
- No sedation.
- Abnormal PE/Chem/CBC/UA Results: ammonia: 27 (n) - CBC: HCT 36.1 L, Hgb 12.0 L, wbc 12.47-n, lymph 1.65-n (not a stress response), neuts 10.56-n, PLT 293-n, mono 0.14 L - PCV/TS: 36 L/5.4 L, Serum Icteric - Chem: Tcal 8.3 L, cr 0.3, BUN 15.4, Glu 214, glob 1.5 (LOW), alb 3.3 (n), normal liver values, Chol 206-n - EPOC: iCal 1.17-n, BUN 13, creat 0.51, Cl 88 L, Glu 221 H, K 2.6 L, Na 130 L, Lac 3.1, pH 7.46

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 prostate was uniform, measuring 0.65 cm.

The **testicles** were imaged and found to be uniform, no evident pathology.

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. Ther right kidney measured 4.6 cm. The left kidney measured 4.77 cm.

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 1.83 cm x 0.43 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 2.01 cm x 0.49 cm at the cranial pole and 0.4 cm at the caudal 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. The spleen measured 0.72 cm.

Liver

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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. The portal vein to vena cava ratio was 1:1, branching was normal.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24-hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

Pancreas

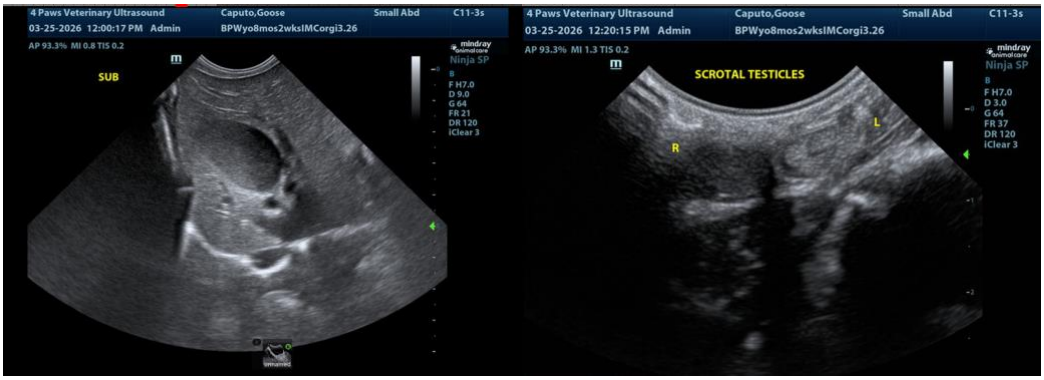
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal liver with normal vascularity- acute insult, such as leptospirosis, is suspected.
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver after coagulation panel is warranted. One approach to Leptospirosis testing is to test PCR both in serum and urine given that IgG presence is detected in the serum in early phase (up to 10 days) of infection and in the urine after 14 days. Paired convalescent titers after 2-3 weeks would be ideal. Urine testing is not affected by vaccination status.



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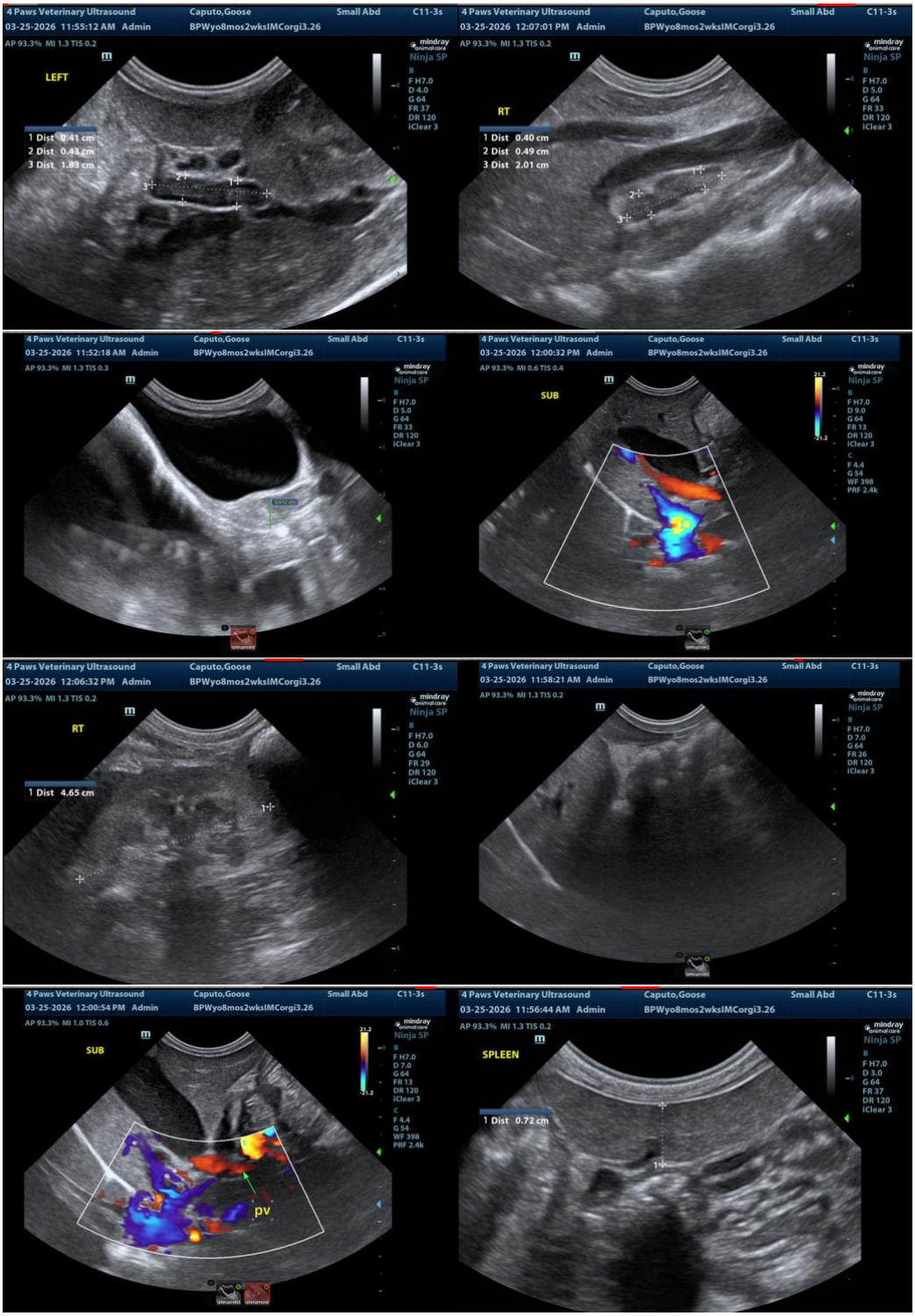

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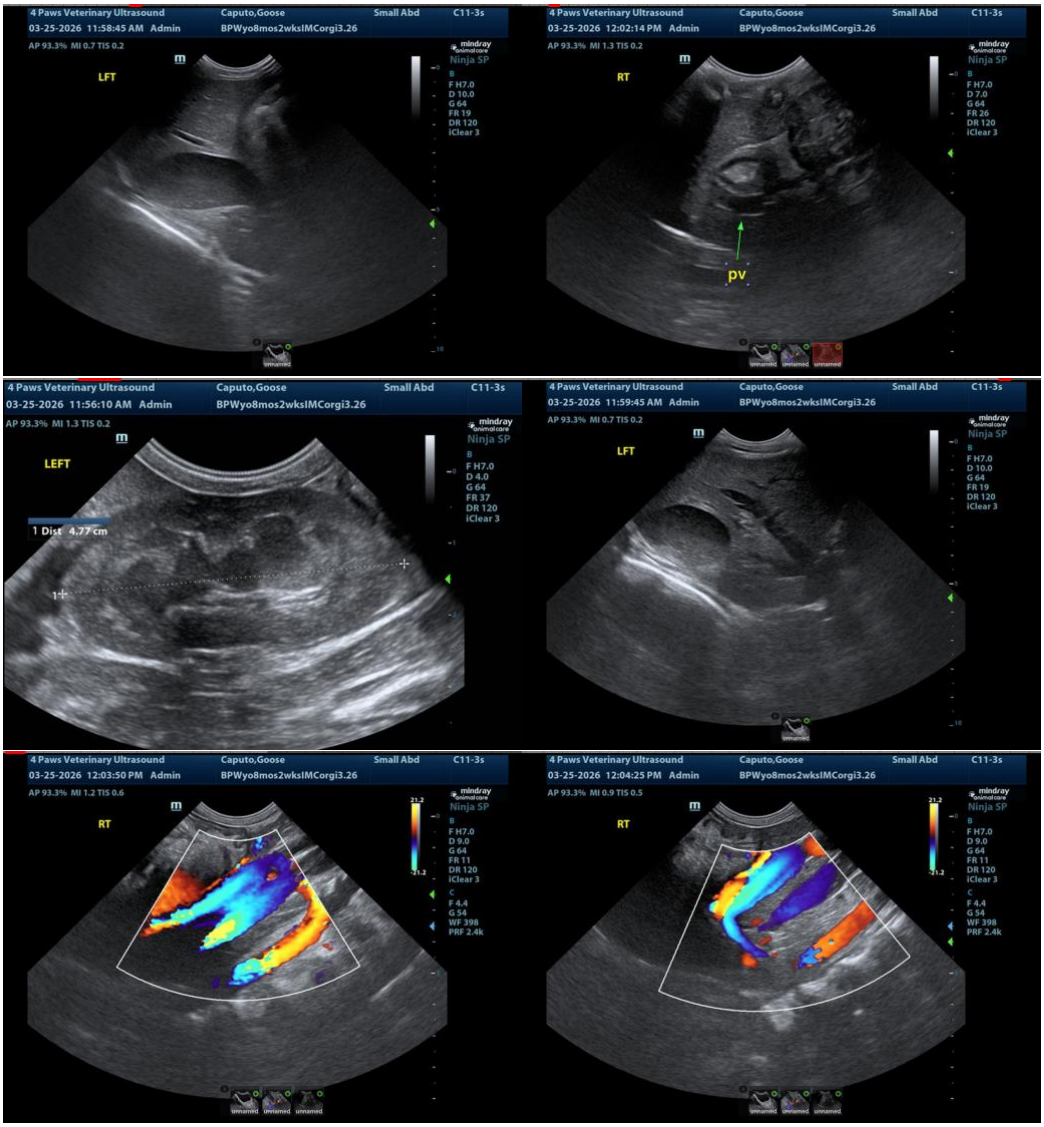

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com