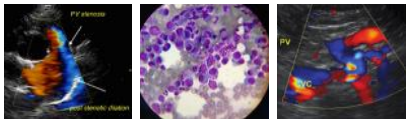
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
4/11/22

PATIENT
Casey Laudeman

SPECIES
Canine

BREED
Portugese Water Dog

SEX
Neutered Male

AGE
4/19/08

WEIGHT
48 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Charm City VH

REFERRING VET
Dr. Karbonik

INVOICE
14716

PRESENTING CLINICAL SIGNS

History: For the past few months, P has been having intermittent diarrhea (every ~10days); resolves with Metronidazole. P is otherwise fine during those times (good appetite, no vomiting).

Current Medications: Metronidazole 500mg BID x 7 days.
Lab Results: Fecal- no parasites seen.
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.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a trace amount of sand, measuring up to 1.0 cm as a grouping.

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 left kidney measured 6.07 cm. The right kidney measured 6.56 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a mild hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.52 cm x 1.0 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland measured 2.15 cm x 0.91 cm at the cranial pole and 0.86 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.

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** revealed minor mucosal hypertrophy with empty lumen. The small intestine and colon were unremarkable.

Pancreas

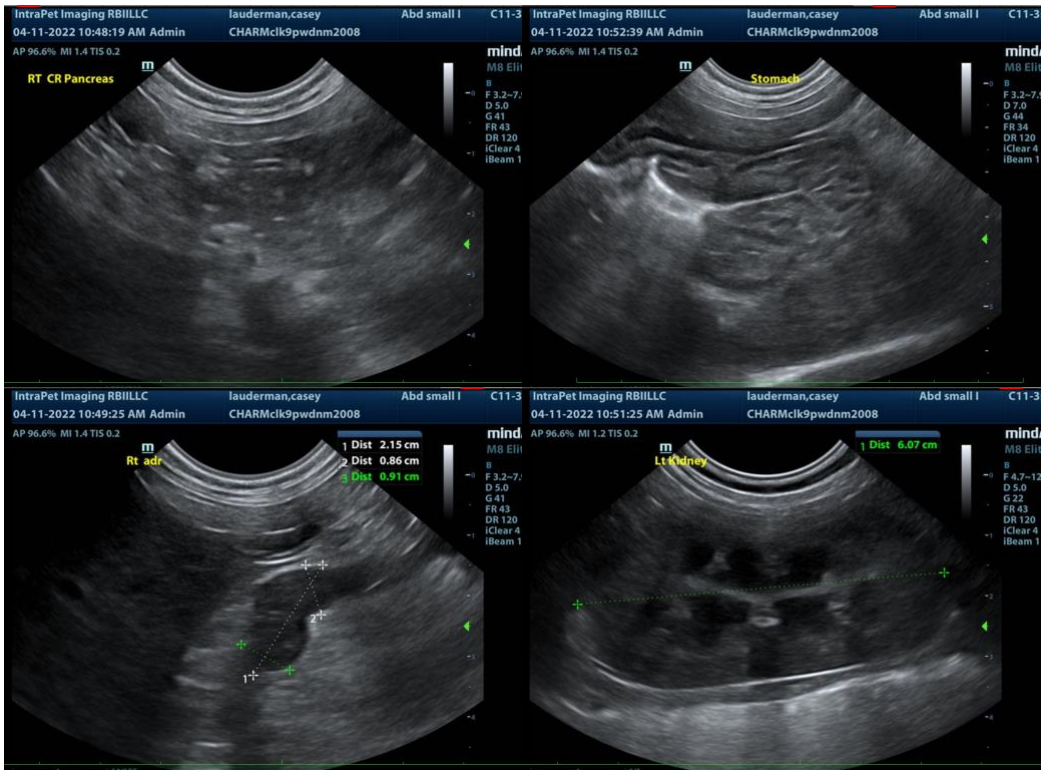
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

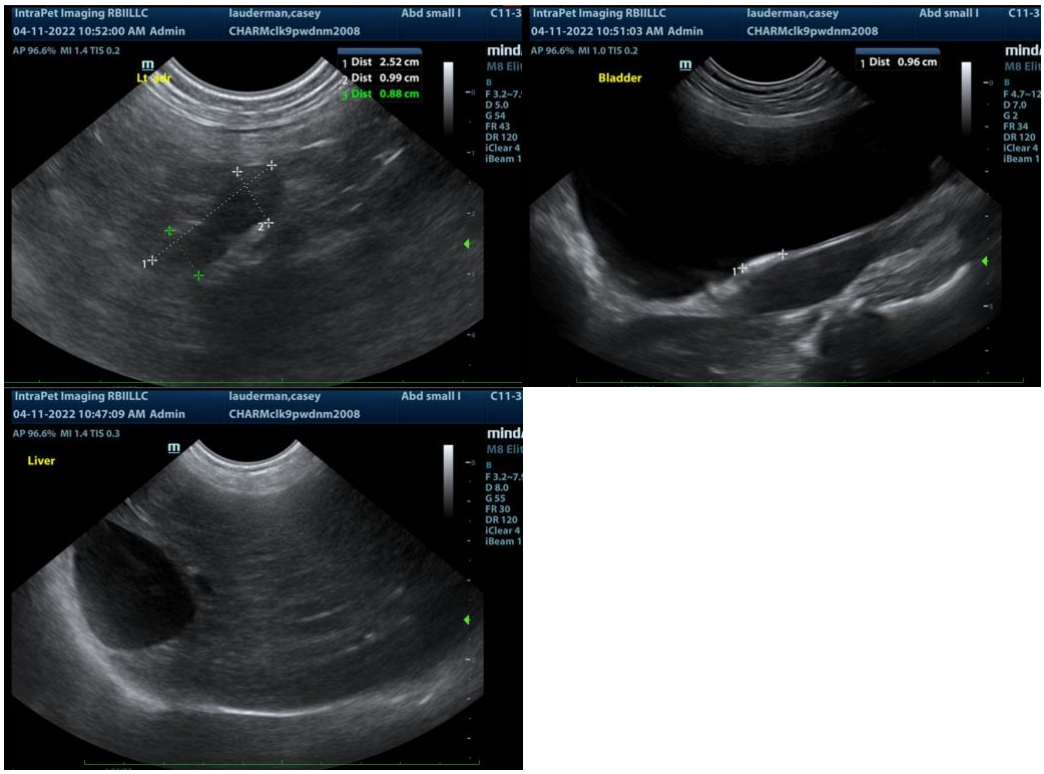
ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sand
- Bilateral adrenal hypertrophy. Potential emerging Cushings/PDH
- Age-related abdominal changes elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid and urine specific gravity is persistently <1.020, work up for PDH is indicated. The cause of the GI signs is not evident other than minor gastric mucosal hypertrophy, yet this is very subjective. Dietary intolerance, occult parasitism possible. 14-days of Metronidazole and hydrolyzed geriatric diet recommended and reassessment of the clinical signs regarding the GI issues.





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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