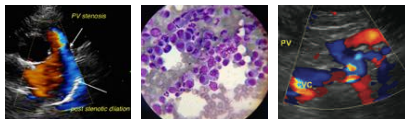
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
4/25/22

PATIENT
Brandi Jenkins

SPECIES
Canine

BREED
Yorkie

SEX
Spayed Female

AGE
6/6/14

WEIGHT
7.4 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Alexander AH

REFERRING VET
Dr. Alexander

INVOICE
99503

PRESENTING CLINICAL SIGNS

Seen Friday- not eating for several days. 1lb weight loss noted. Hx of intermittent GI upset that responds to supportive care. Given SQ fluids and Cerenia. O declines Lepto titers and urine culture. Started on Amoxi and Entyce. SQ fluids and Cerenia repeated.
Current Medications: Amoxi 50mg BID, Entyce 30mg/mL 0.3mL SID.
Lab Results: BW on Sat reveals ALB 2.4, BUN 155, Crea 3.6, Phos 12.5, PSL increased. USG 1.020, protein 3+.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

The **kidneys** were normal in size and contour with some loss of corticomedullary definition and slight pyelectasia. The left kidney measured 4.08 cm with trace pyelectasia that measured 0.19 cm. The right kidney measured 4.71 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 1.79 x 0.52 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.41 x 0.58 cm at the caudal pole and 0.48 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 was 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 **pyloric** wall was mildly thickened. There was some retention of ingesta noted with mildly increased submucosal echogenicity. The small intestine and colon were unremarkable other than minor increased submucosal echogenicity.

Pancreas

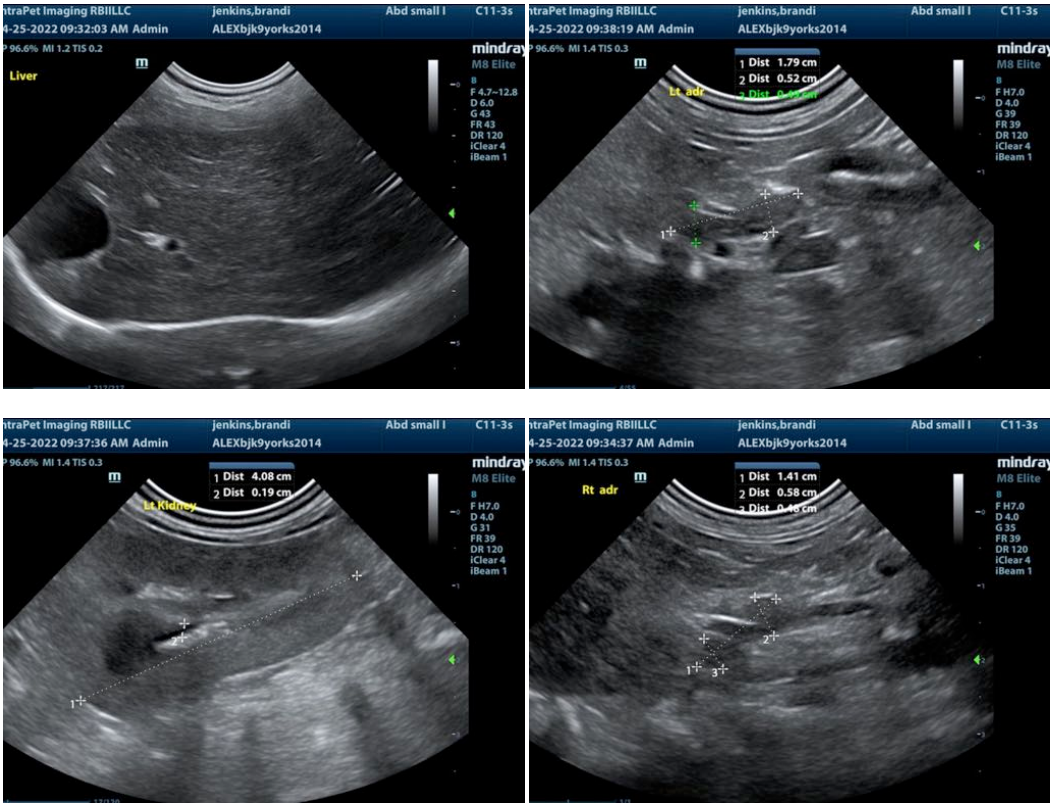
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

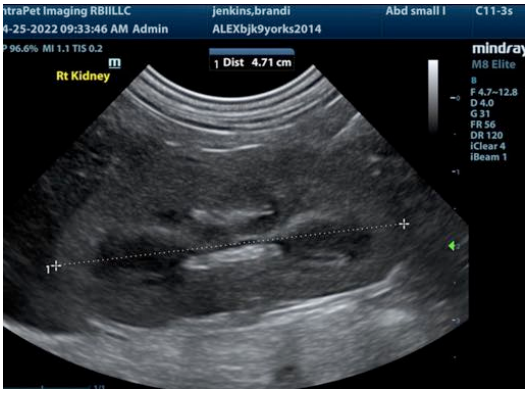
ULTRASONOGRAPHIC FINDINGS

Acute on chronic renal failure.
Mild pyloric and small intestinal thickening with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although structurally the adrenal glands appear normal screening for Addison's is warranted. Leptospirosis titers are warranted. I recommend treatment for enteritis and acute renal failure is warranted with screening for Addison's with baseline cortisol and Leptospirosis titers. Assessment for toxin exposure is also indicated. A recheck sonogram is necessary based on clinical progression. The prognosis is good to guarded depending on response to therapy.





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
Eric.Lindquist@SonoPath.com