



PATIENT

Mia Puckett

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Female

AGE

1.5 Years

WEIGHT

55 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Vet Clinic

REFERRING VET

Dr. Mack

INVOICE

37168

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Heart murmur 4/6 since 8 weeks old Owner declined to see Cardiologist Intermittent anorexia and to decreased appetite for 4 weeks. Past TX's consist of flagyl, panacur, Pepcid, cerenia, and penicillin, dexamethasone. No vomiting No Diarrhea
Abnormal PE/Chem/CBC/UA Results: Unremarkable

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 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 kidneys measured 7.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged, typical for the breed. Subtle micronodular changes noted without disruption of architecture.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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 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.

Other

A cystic ovary was present in this patient, measuring approximately 1.8 cm. However, it could not be assessed whether this was the right or left ovary.



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Rapid view of the heart revealed significant cardiac muscular hypertrophy. This may be playing a role in the anorexia.

ULTRASONOGRAPHIC FINDINGS

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- Unremarkable abdomen with minor micronodular splenic pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of significant pathology. Dexamethasone may be suppressing a more significant presentation. Full echocardiogram recommended. Screening for Addison's warranted, given that the adrenal glands were not overtly evident.

SEX

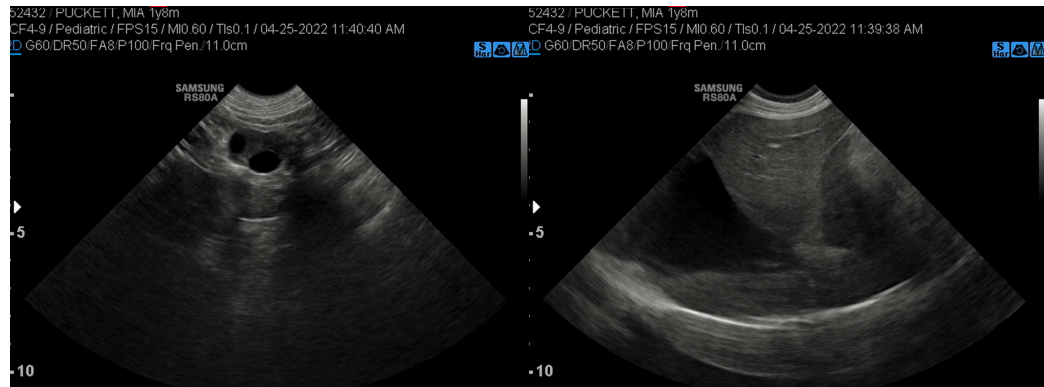
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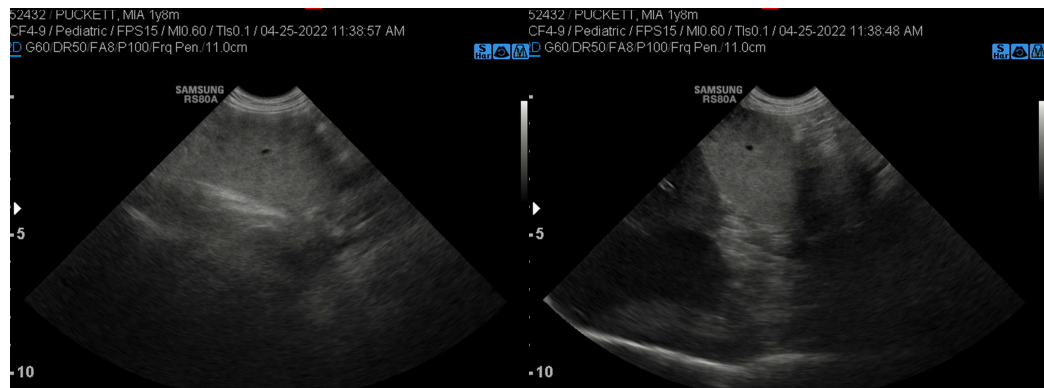
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

info@SonoPath.com

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