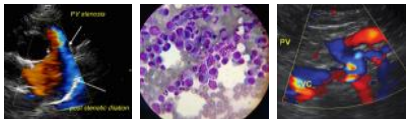
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
6/10/22

PATIENT
Ginger Guderjohn

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
6/18/19

WEIGHT
60.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency H

REFERRING VET
Dr. Martonoli

INVOICE
15995

PRESENTING CLINICAL SIGNS

History: 06-08-2022 Notes: ATO: itching neck started about 2-3 days ago. Ears looked dirty at first, then became thick, she could not sleep, itching and digging at ears, very thick and sensitive. Went to rdvm this morning and got benadryl injection as well as steroid. O gave benadryl last night and this morning. O gave prednisolone at 5pm (20 mg). Ate dinner. At rdvm got 104.5 temp. At rdvm L ear infected, right ear starting an infection--gave medications. O gave heartgard 3 days ago, (not new). O concerned she maybe got bit by a spider or a snake while in the garden. Only new change is fertilizer in the yard, unlikely she got near it. Eating well, just lethargic, and swollen limbs started this afternoon.

Current Medications: Diphenhydramine, Maropitant Citrate, Prednisone, Pentoxifylline, Entyce, Coxycycline, Famotidine, Ondansetron, Buprenorphine, Potassium Chloride.
Date of Previous IntraPet Ultrasound: No Previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, 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 were noted. Ureteral papillae were normal.

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 6.88 cm. The right kidney measured 7.41 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 2.59 cm x 0.7 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measured 3.66 cm x 0.74 cm at the cranial pole and 0.76 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 **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.

Free Abdomen

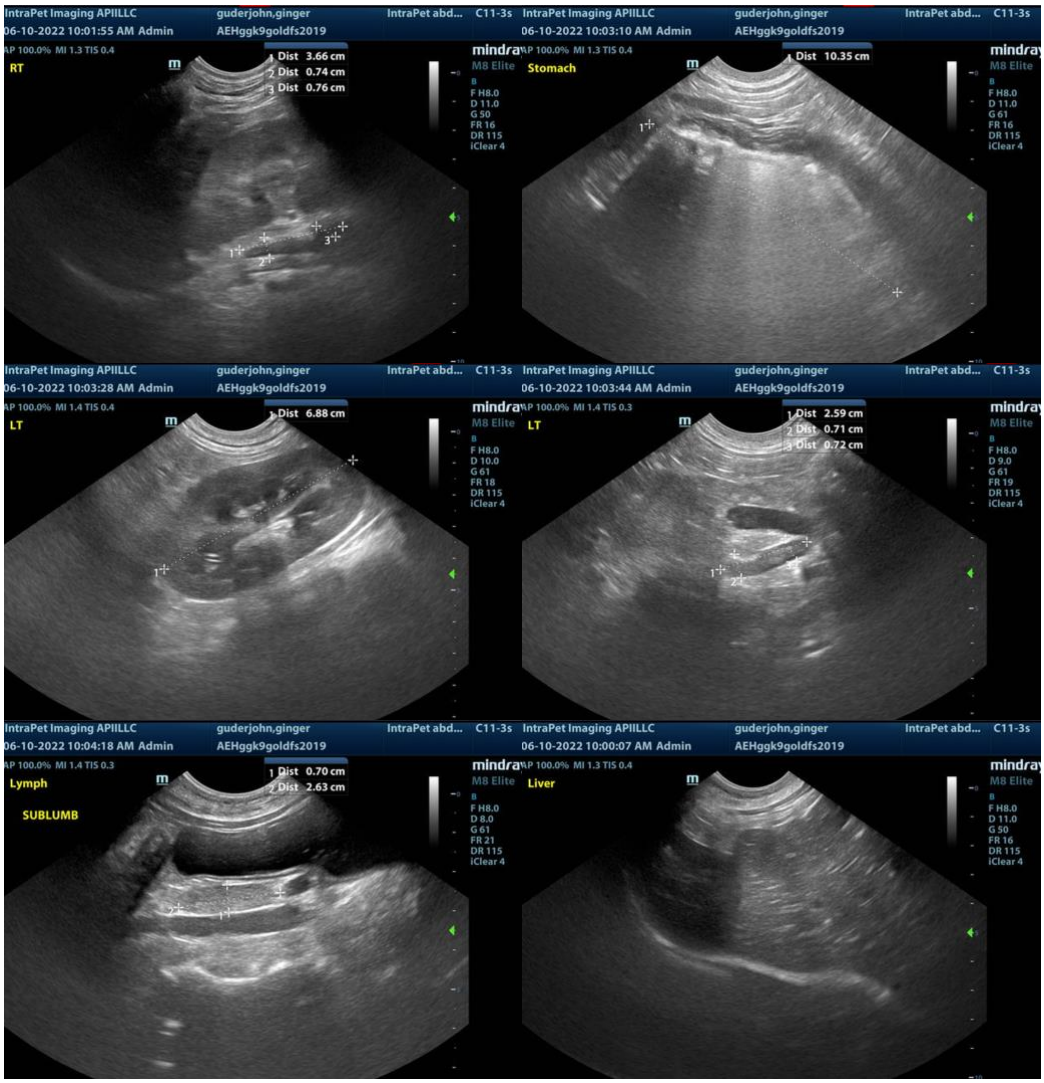
A sublumbar **lymph node** was mildly enlarged and reactive, measuring 2.6 cm x 0.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with full stomach
- Mildly enlarged and reactive sublumbar lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The underlying cause of the coagulopathy, such as rodenticide ingestion should be considered. No evidence of visceral disease responsible for the clinical signs. Regarding the gastric presentation, If NPO at the time of the sonogram, this is likely owing to metabolic ileus.



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
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