



**PATIENT**

Kiara Giuliani

**SPECIES**

Canine

**BREED**

Cane Corso

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

116.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Giuliani

**HOSPITAL NAME**

The Pet Hospital  
of Stratford

**REFERRING VET**

Dr. Giuliani

**INVOICE**

38655

**DATE**

6/10/22

**PRESENTING CLINICAL SIGNS**

Hx of TPLO 6 weeks ago. Was on Rimadyl for post-op pain control, had increased ALT. Discontinued Rimadyl 3 weeks ago. ALT went back to normal, but pt became progressively anemic. Pt is acting normal, gained 2lbs after initial weight loss for sx. U/A pending, 4dx neg. Path review confirmed mild anemia, no other abnormalities.

**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 left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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**

Minimal **liver** was visualized owing to the size of the patient.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend further imaging of the liver in this patient from a ventral intercostal approach, through the sternebra, SDEP 9, 10, 12, and 13. Screening for Addison's warranted in this patient. A clinical trial of the GI protectant protocol could be considered, in case GI blood loss is an issue. However, structurally the GI tract appeared unremarkable.

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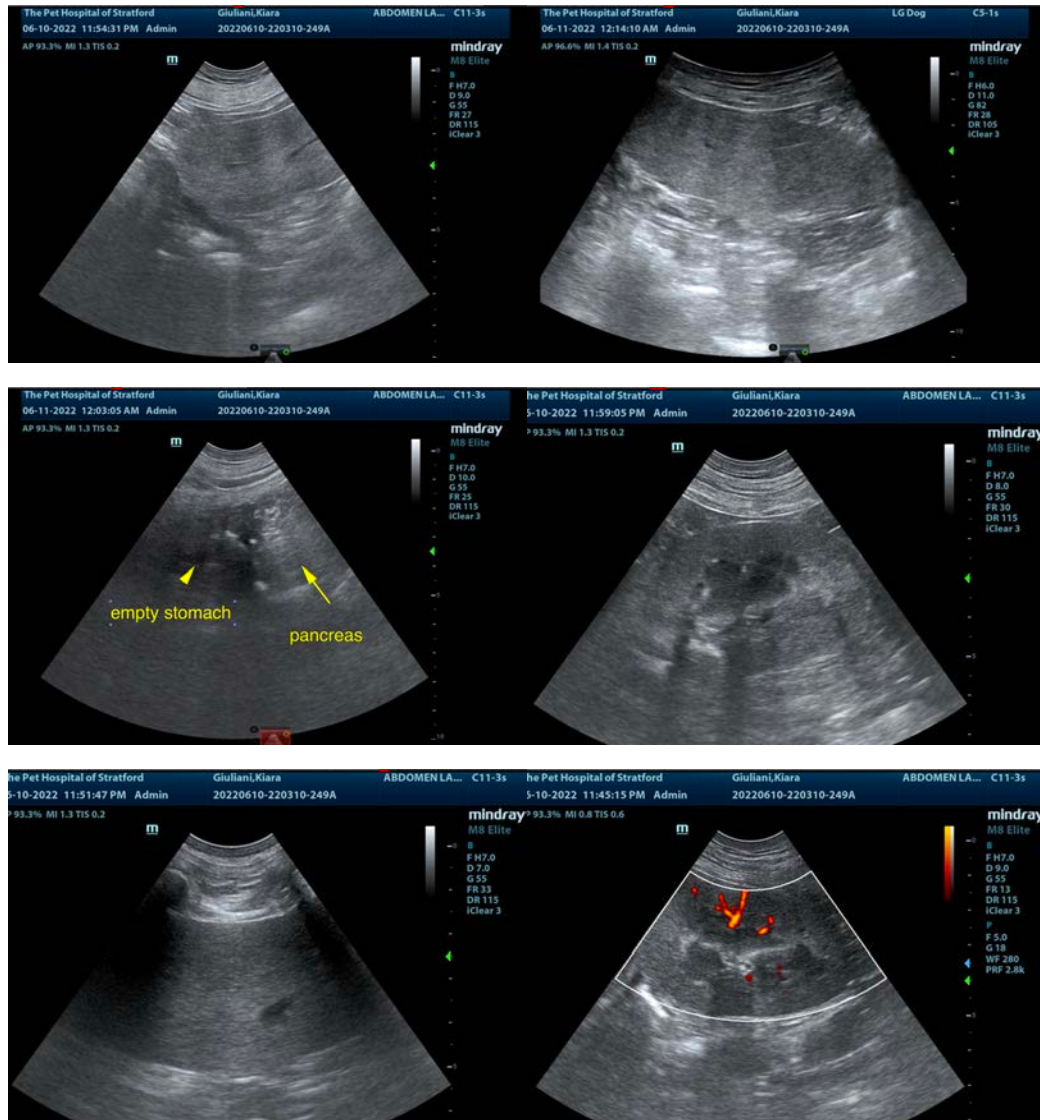
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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