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Clinical Sonography & Telecytology

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DATE

6/14/22

PATIENT

Leon Stackpole

SPECIES

Canine

BREED

Leonberger

SEX

Neutered Male

AGE

9/12/09

WEIGHT

119.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

38654

PRESENTING CLINICAL SIGNS

06-09-2022 Notes: ATO: hasn't been feeling well over last 24 hours. Excessive drooling, not feeling well, hind limbs seem like not able to use or not wanting to use. Unsure if vomiting, or lots of drool. Panting, then every 30 seconds seems to have an odd flutter to her breathing, can be seen on the R side. Known to eat rocks. Yesterday--eating, drinking, acting okay. 2 days ago, did get into the trash, unsure if there was anything that he could have gotten into. Went to rdvm, xrays concerning, maybe possible fb?. Defecated on the way here, unsure if diarrhea, but mustard color. From rdvm appt today: - Bw: sdma 19, phos 2.4, alb 2.1, amyl 1555, wbc 2.93, - neuts 1.63, mono 0.05 - Rads: suspicious area at the pylorus, mild gas change, increased radiodensity at L lungs.

Current Medications: Amp/Sulb, Buprenorphine, Pantoprazole.
Lab Results: PCV 40 (37-55), TS 5.6 (5.0-8.0).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented catheter placement with anechoic urine. Minor apical bladder wall thickening, yet likely recoil from minimal urine present.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys. The left kidney measured 7.0 cm. The right kidney measured 7.5 cm. Slight free fluid noted adjacent to the caudal pole of the left kidney.

Adrenal Glands

The **left adrenal gland** was very thin and measured approximately 2.0 mm.

The region of the **right adrenal gland** was imaged, no evident pathology, suspect excessively small size, given no overt visibility.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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 a shadowing 3.4 cm pyloric structure, present in multiple views, non-obstructive. Minimal stasis present. 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. 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.

PRIMARY FINDINGS

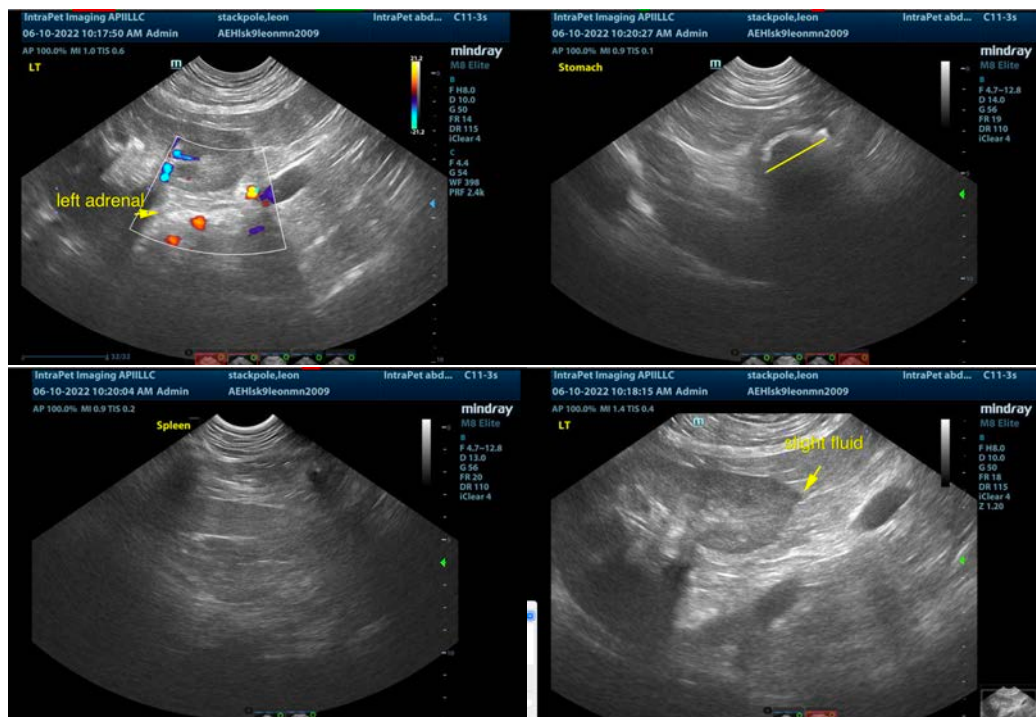
- Flattened adrenal glands – strongly concerning for Addison’s disease
- Concurrent gastric foreign body, non-obstructive at the time of the sonogram

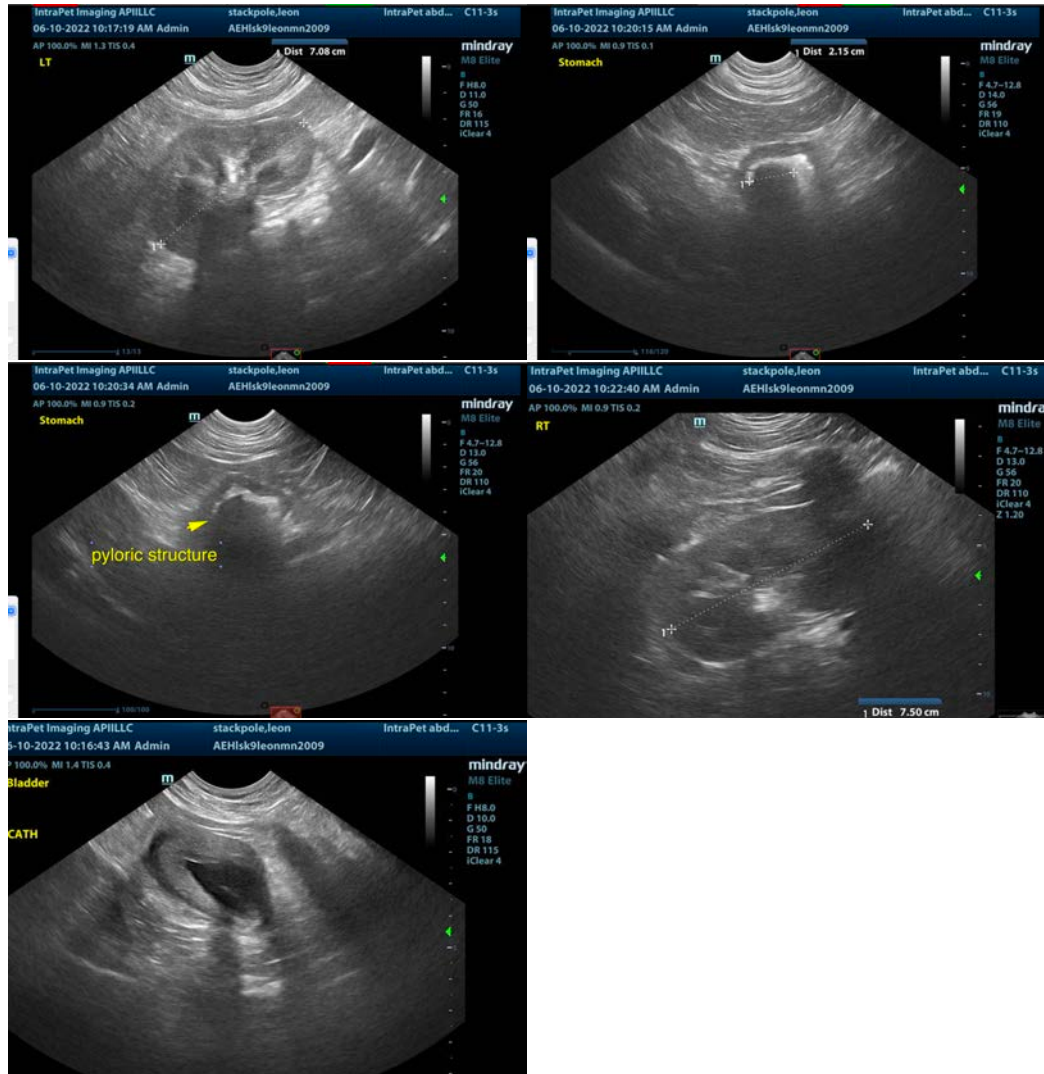
SECONDARY FINDINGS

- Age related renal changes with slight mineralization and trace free fluid adjacent to the left kidney
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the patient, image resolution was not optimal. Screening for Addison’s warranted, given the subnormal adrenal size. If no Addison’s is present, then endoscopy or gastrotomy warranted. Full urinary workup warranted to assess any evidence of inflammatory insult to the kidneys, given the slight free fluid noted adjacent to the left kidney.





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.

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