

**DATE PRESENTING CLINICAL SIGNS**

6/19/23

PATIENT

Louise King

History: P has been healthy until recently diagnosed with hip arthritis. P has been on Carprofen and Gabapentin for the arthritis. P was struggling to do stairs so about 2 weeks ago RDVM increased the GABA frequency. P has seemed to be lethargic and weak for about a week. P seemed significantly worse the past 24hrs P is pale and jaundice on presentation

SPECIES

Canine

BREED

Chow Chow Mix

SEX

Spayed Female

AGE

4/29/09

WEIGHT

55.3 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. King

INVOICE

22997

Current Medications: Diphenhydramine, Cerenia, Famotidine, Mycophenolate.

Lab Results: See attached.

Radiographs: No obvious mets in chest heart, a little plump, but is overweight, no heart murmur, no metallic fb possible ingesta vs mass effect by the stomach?

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The right kidney measured 6.41 cm. The left kidney measured 6.45 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 right adrenal gland measured 2.36 cm x 1.02 cm at the cranial pole and 0.93 cm at the caudal pole. The left adrenal gland measured 2.58 cm x 0.77 cm at the caudal pole and 0.67 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 were noted. Caudal folding of the spleen was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle,

mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. This is a moderate change. Minor gallbladder polyps were noted.

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 rapid view of the **heart** revealed no evident pathology and subjectively normal structure, volume and function. No pericardial, pleural effusion or masses were noted.

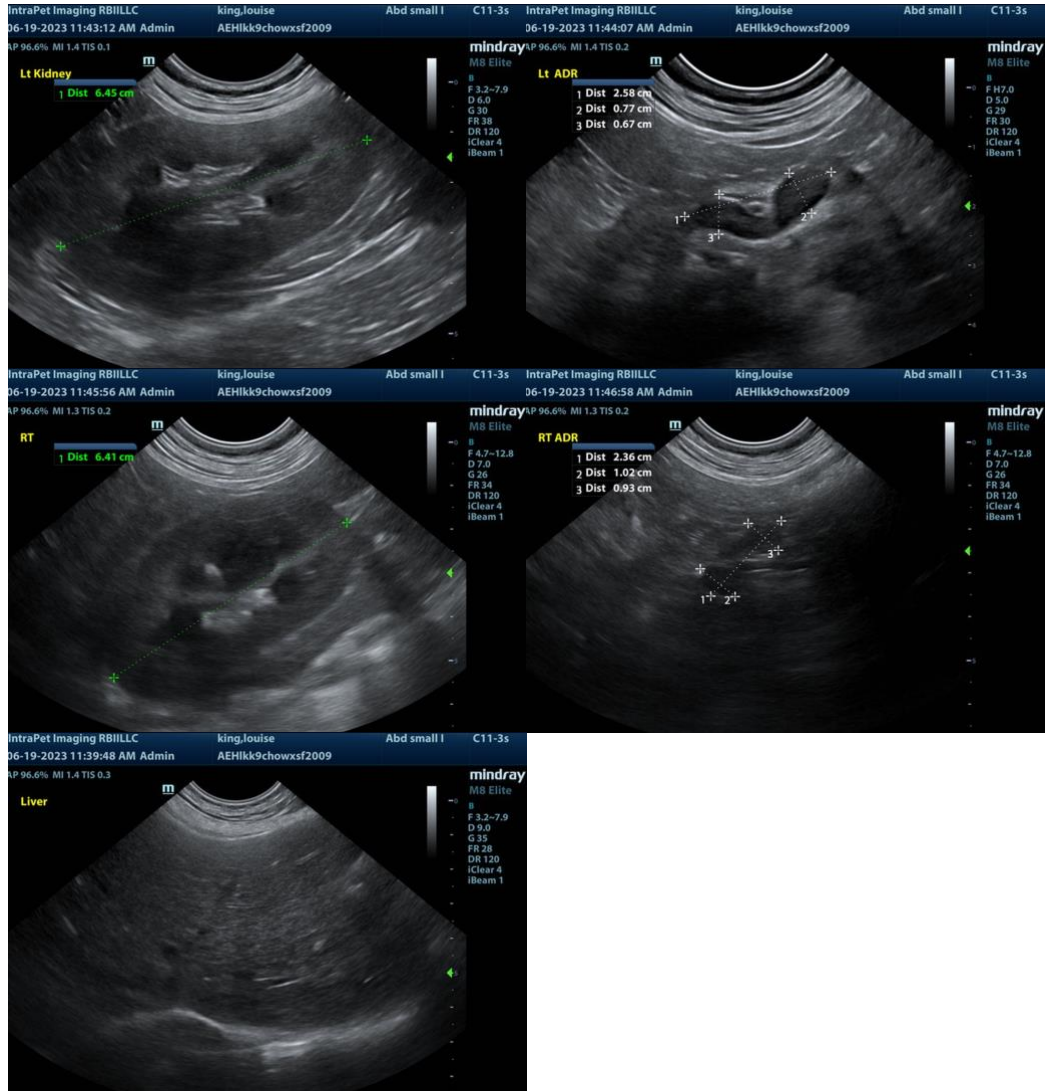
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy and minor gallbladder polyps
- Largely age-related abdominal changes
- No evidence of significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemolytic anemia is suspected. CBC path review +/- bone marrow aspirate is indicated. Infectious disease screening is indicated.





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.

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