

**DATE**

6/21/22

PATIENT

Smoke Marsiglia

SPECIES

Canine

BREEDChesapeake Bay
Retriever**SEX**

Neutered Male

AGE

1/7/18

WEIGHT

92 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUS**IMAGING
PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Saubier

INVOICE

38954

PRESENTING CLINICAL SIGNS

Chronic IMHA - currently on prednisone since May, Liver values off scale, Elevated CREA and PHOS, Hypoglycemia, Dyspnea

Current Medications: Dextrose, Buprenorphine.

Lab Results: See attached.

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** was empty. Urinary catheter was in proper position.

The prostate was uniform at 3.3 cm x 2.0 cm.

The **kidneys** presented uniform parenchyma. Corticomedullary definition maintained, yet mild subjective swelling present. This is a non-specific presentation with largely normal structure. The right kidney measured 7.79 cm. The left kidney measured 8.5 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 3.06 cm x 0.62 cm at the caudal pole and 0.69 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.

Liver

The **liver** presented uniform parenchyma and mild attenuating sound beam. Benign uniform swelling present. Gallbladder debris and sand present without overdistention.

Gastrointestinal

The **stomach** revealed a shadowing 2.5 cm foreign body with acoustic shadow. Gastric stasis also noted. Minor intestinal dilation noted, likely owing to sectorial ileus. Reactive mesenteric lymph nodes noted, measuring 5.0 cm x 0.52 cm.

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

Residual remodeled testicular tissue noted, not pathological.

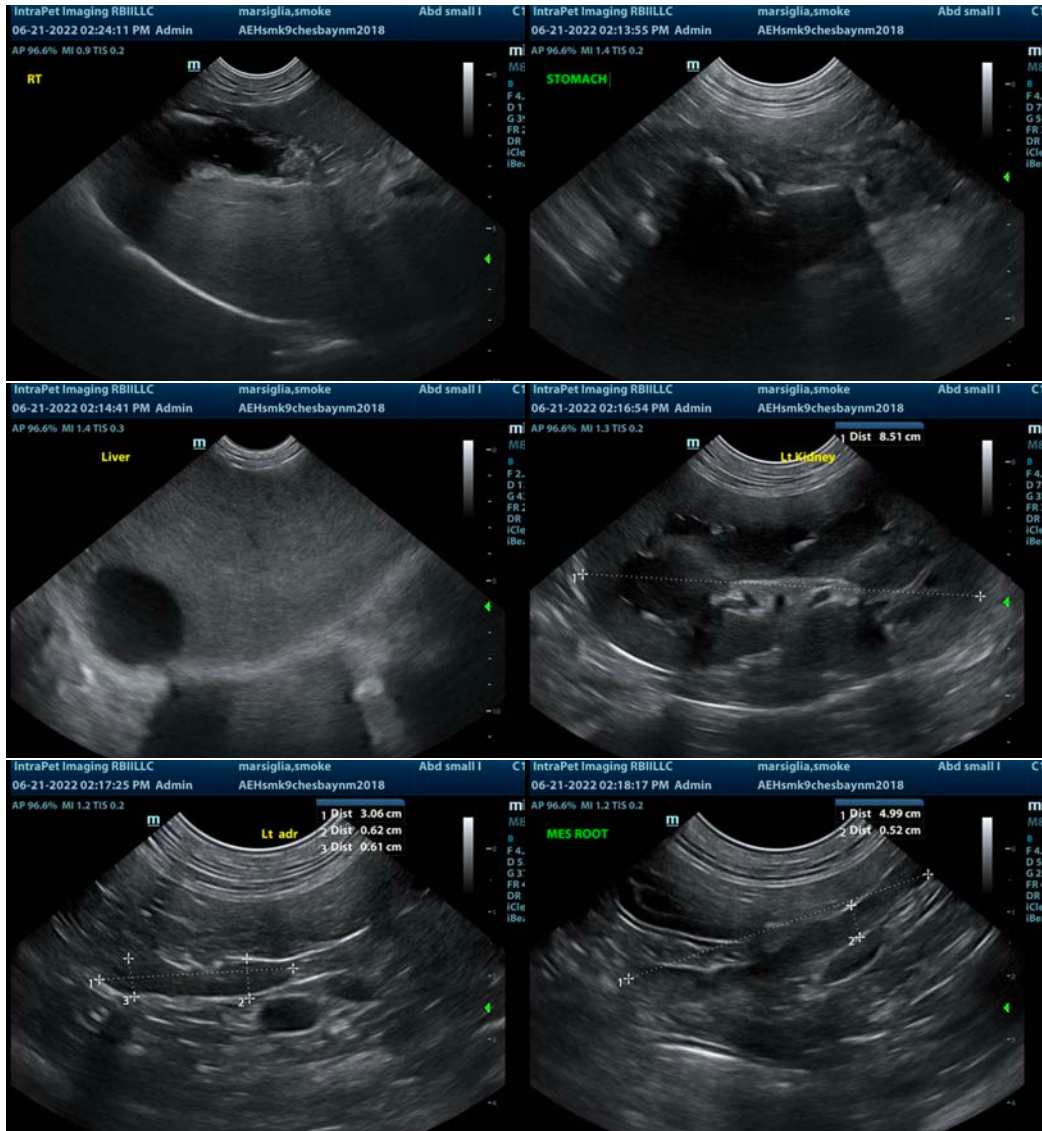
Rapid view of the heart revealed poor contractility, suggestive for shock.

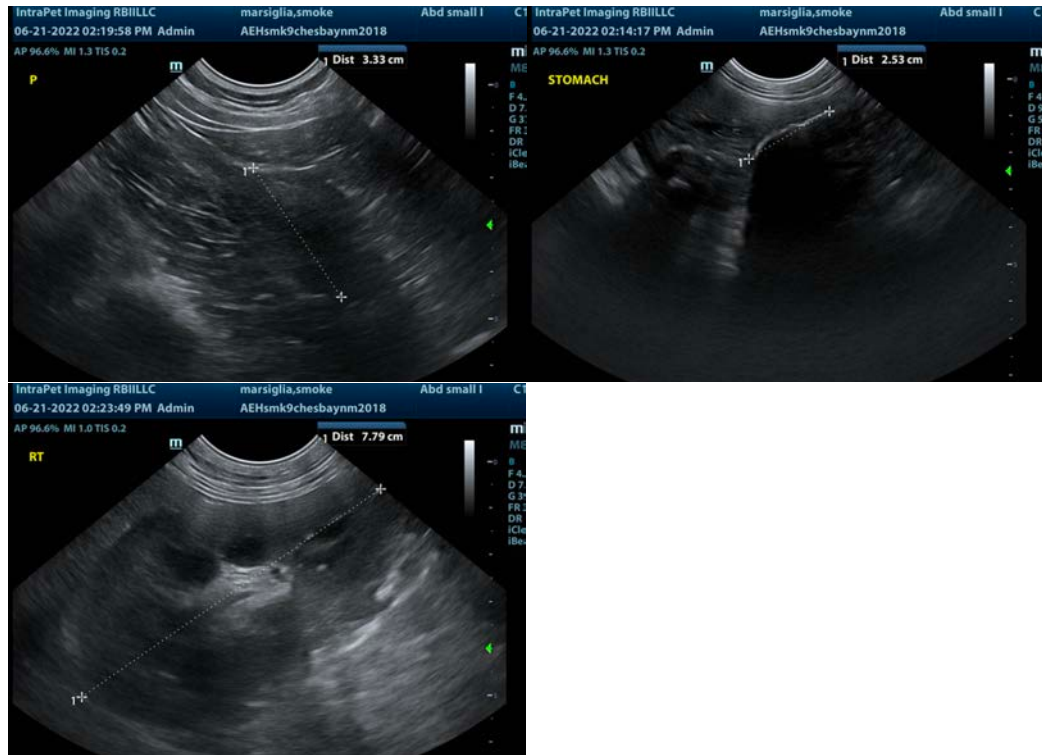
ULTRASONOGRAPHIC FINDINGS

- Acute renal and hepatic insult – sepsis likely, given the hypoglycemia.
- Comorbidity of gastric foreign body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Toxin exposure should be treated in this patient, or possible infectious disease. Leptospirosis titers warranted. Once stable, eventual gastrotomy or endoscopy could be considered. The gastric foreign body does not appear to be the primary issue, even though some sectorial ileus is present within the small intestine. Guarded prognosis. Coagulation panel and hepatic FNA indicated. Hypoglycemia panel warranted. Assessment for xylitol toxicity also indicated.





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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