



PATIENT

Caicos Smith

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

2 Years 5 Months

WEIGHT

56.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

23018

DATE

6/23/23

PRESENTING CLINICAL SIGNS

Adopted 2021 in Turks and Caicos. Last month began urinating in sleep and urine was dilute. Creatinine and SDMA were elevated. She acted fine. Urine culture was negative. Mom remembered recently there was an incident of possible NSAID ingestion (found a bottle chewed up). Scan to make sure no other issues noted.

Abnormal PE/Chem/CBC/UA Results: Exam: WNL Urine Culture: 6/10/23: no growth 5/27/23 CBC Normal, SDMA 17 ug/dL, Creatinine 2.0 mg/dL, USG 1.010 and clear.

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 3.0 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 7.38 cm. The right kidney measured 6.8 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

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 2.9 cm x 0.56 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 3.29 cm x 0.92 cm at the cranial pole and 0.73 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



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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.

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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.

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Other

A rapid view of the **heart** revealed bradycardia.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Bradycardia- EKG and cardiac exam are indicated.

AGE

2 Years 5 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs is not evident from a visceral standpoint. Toxin exposure or other causes of acute renal insult should be considered. 72hr IV fluid protocol, blood pressure measurements and leptospirosis titers (if present in your region) are all recommended, yet structurally and visceraally, the abdomen and urinary tract are unremarkable. Screening for Addisons is warranted, even though the adrenal glands measure normal.

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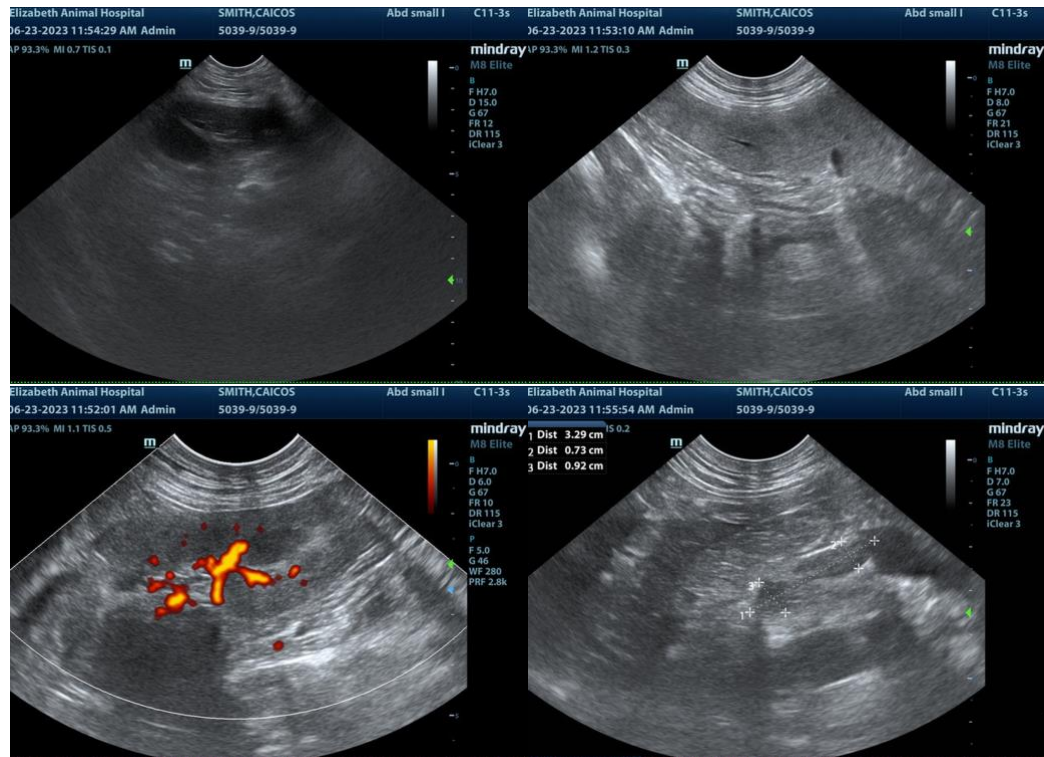
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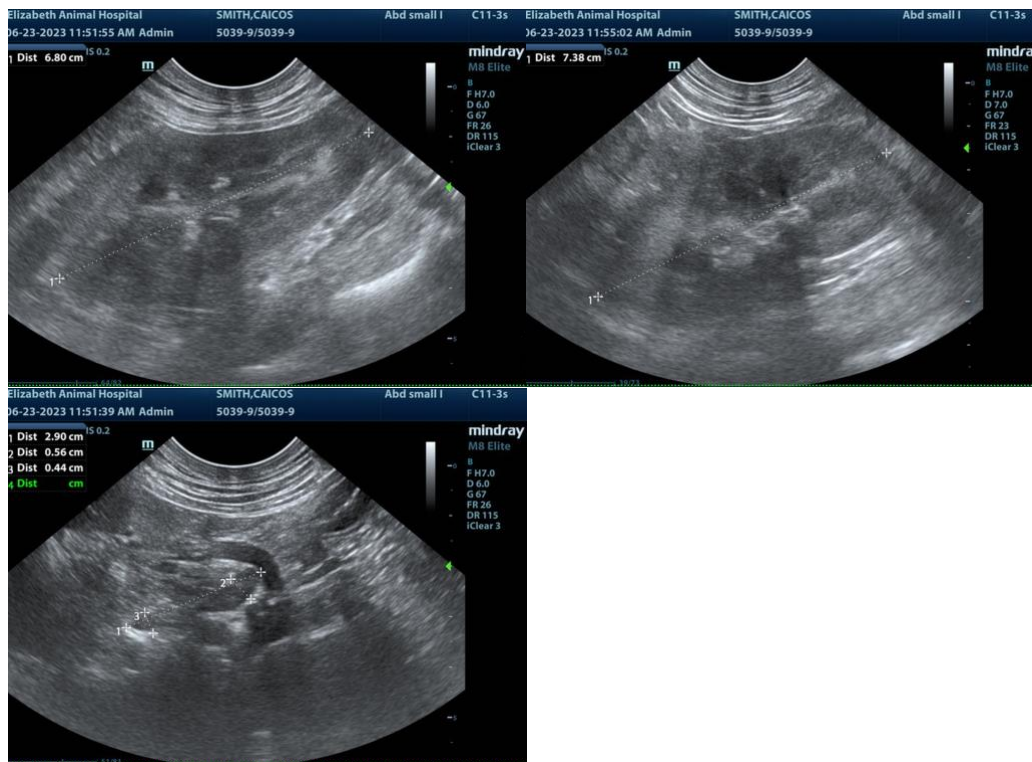
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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