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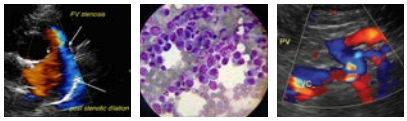
IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

6/3/22

PATIENT

Lucy Barry

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

5/27/14

WEIGHT

77 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Oliveri

INVOICE

38373

PRESENTING CLINICAL SIGNS

Seen at ER 5/26/22 for "coughing. lethargy. dx with anemia, questionable abd rads. Owner declined treatment was told to bring to regular vet directly. 5/31/22 ER "follow up" exam. No longer coughing but still lethargic and not eating. Blood work similar to ER results (anemia) but albumin 1.9. Declined rads. Recommended further testing.
Scheduled Bile acid, Cpli, fecal and UA/UPC for following day. All NR.
Recommend abd US. Dog had BW in8/13/202 Hct was 34.9, Alb 2.1 then. Owner describes "periodic" GI issues.

Current Medications: Cerenia 60mg Sid for 4 days started 6/1/22.
Lab Results: Lymphocytosis, elevated white count 21,000, BUN 32, Crea 1.8, USG 1.019
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

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 **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. The right kidney measured 6.2 cm. The left kidney measured 6.19 cm. Idiopathic hyperechoic medullary rim sign noted.

Adrenal Glands

The **left adrenal gland** was flattened and isoechoic, measuring 1.79 cm x 0.22 cm at the caudal pole and 0.34 cm at the cranial pole. The **right adrenal gland** was not visualized.

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Passive congestion pattern noted with dilated vena cava at 1.57 cm. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

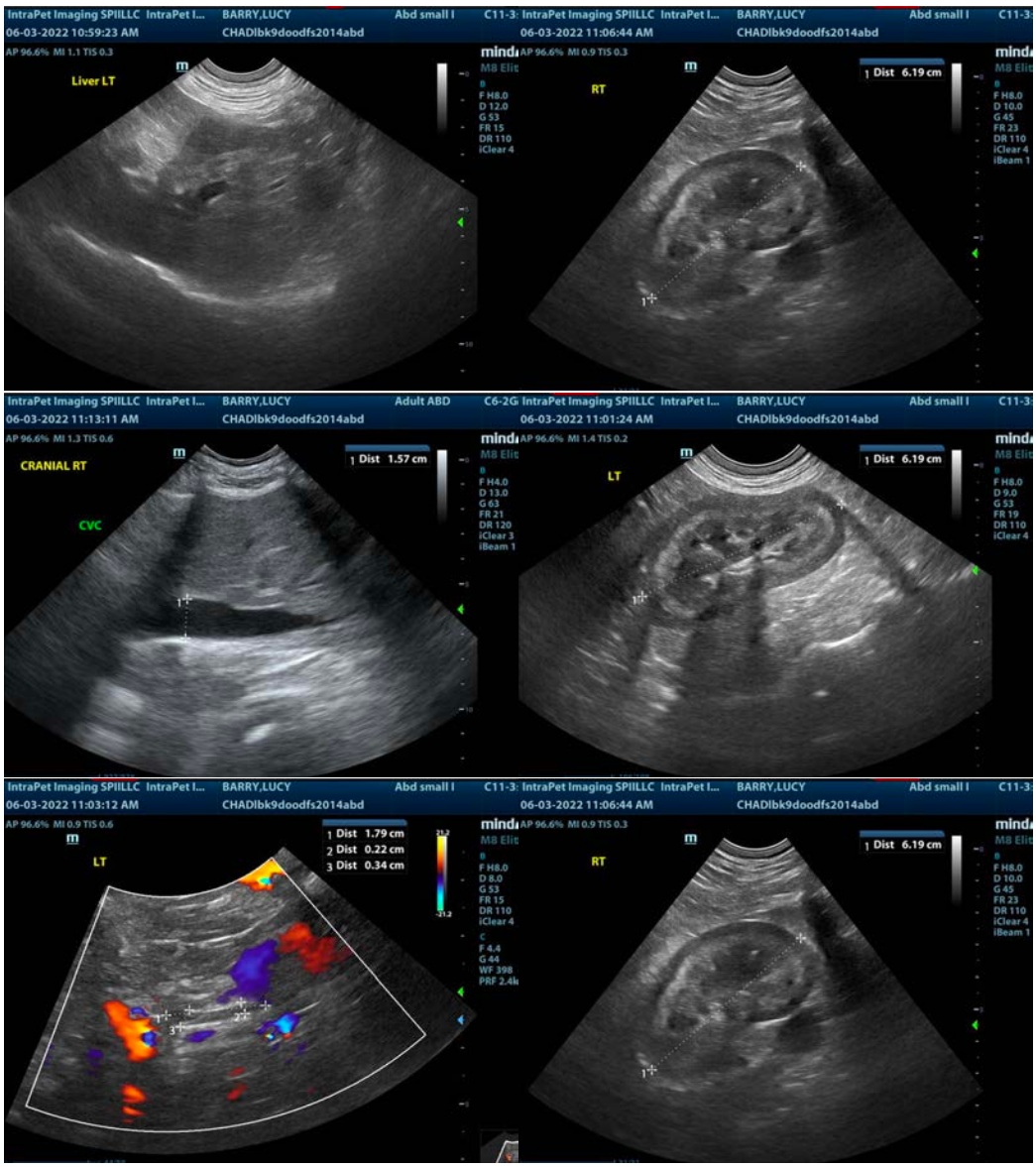
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern
- Structurally unremarkable kidneys with flattened adrenals

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for primary cardiac disease warranted, as emerging right-sided failure is an issue. ACTH stimulation warranted and/or baseline cortisol indicated to rule out occult Addison's.



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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