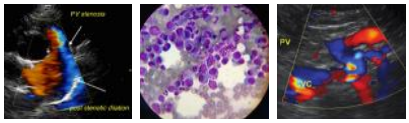
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
7/1/22

PATIENT
Coda Malstrom

SPECIES
Canine

BREED
Labrador Retriever

SEX
Intact Female

AGE
3/1/21

WEIGHT
51 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Burk

INVOICE
16460

PRESENTING CLINICAL SIGNS

History: 6/24/22 presented for OHE, pre op bloodwork showed azotemia- creat 2.9, bun 49 and anemia: hct 34.1%; urinalysis showed sg 1.016 negative protein, BAR, BCS 4.5-5/9.

Current Medications: doxycycline 150mg BID
Lab Results: creat 3.3, bun 53, cortisol resting 1.1, acth stim pre 2.7, post 9.2, lepto pcr pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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.

Slight increased cortical echogenicity was noted in the **kidneys**, yet structurally unremarkable from a sonographic perspective. The left kidney measured 5.03 cm. The right kidney measured 5.08 cm. Blood flow to the kidneys appeared to be adequate on color flow 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 2.38 cm x 0.61 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.17 cm x 0.67 cm at the caudal pole and 0.63 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** 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

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

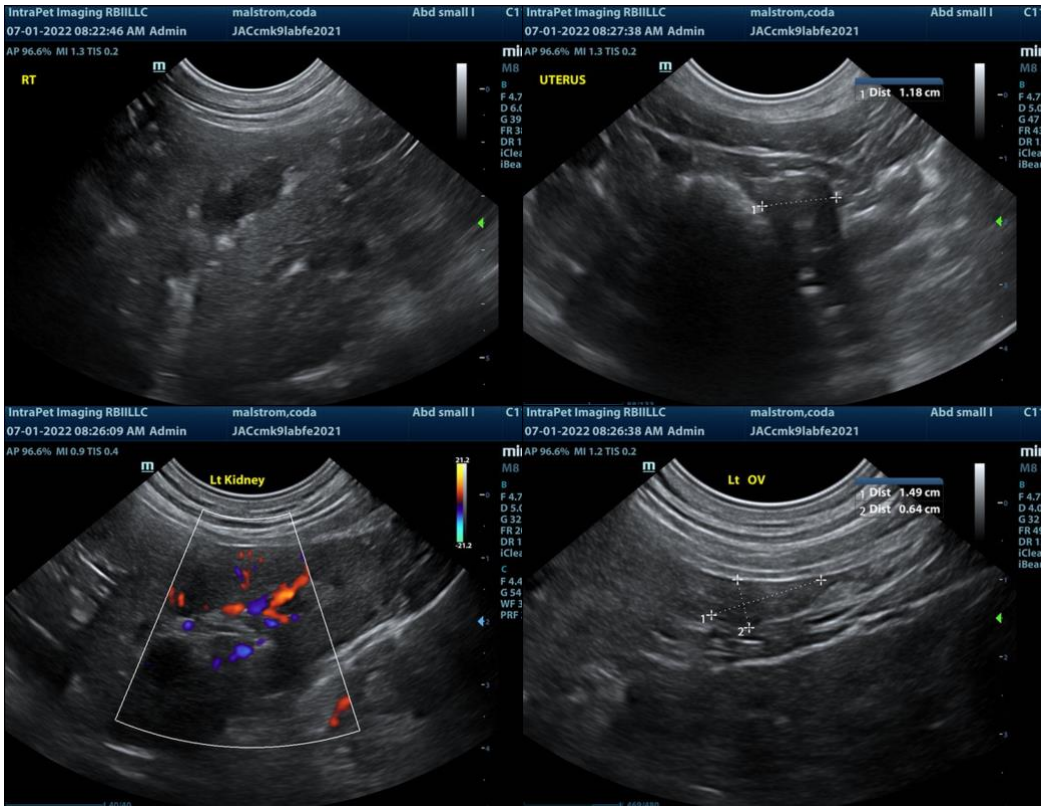
The **ovaries** were uniform. The right ovary measured 1.4 cm x 0.8 cm. The left ovary measured 1.5 cm x 0.64 cm. The **uterus** was unremarkable, measuring 1.18 cm.

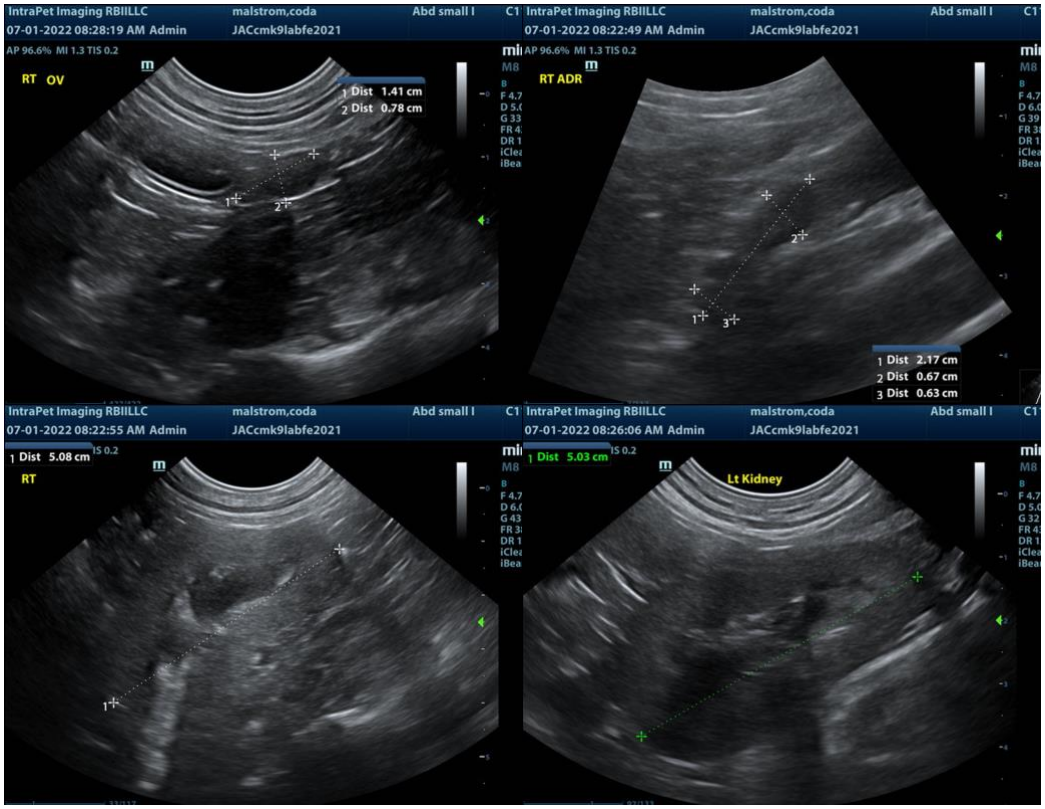
ULTRASONOGRAPHIC FINDINGS

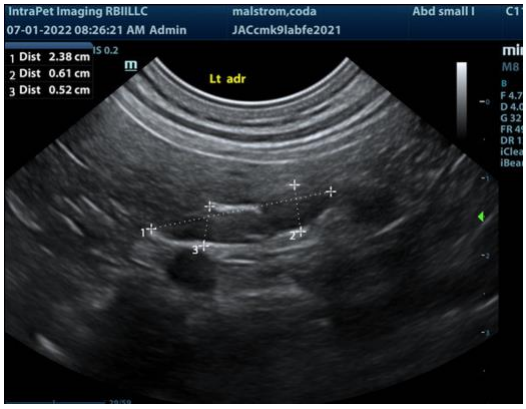
- Structurally unremarkable kidneys with slight increased cortical echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted and assessment for toxin exposure. 72-hour IV fluid protocol and an attempt at normalization of the azotemia with GI protectants.Once stable, then ovariohysterectomy could be considered with renal biopsy to assess for underlying disease that is not sonographically evident. Primary renal dysplasia is technically possible; however, this is not a typical structural presentation for renal dysplasia.







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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