

**DATE**

7/12/23

PATIENT

Lacey Sullivan

SPECIES

Canine

BREED

Pug Mix

SEX

Spayed female

AGE

11/11/17

WEIGHT

35.5 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Festival VC

REFERRING VET

Dr. Cianelli

INVOICE

76079

PRESENTING CLINICAL SIGNS

Presented for UTI signs. Blood in urine. Was Dx'd 6 weeks ago with similar presentation. Lacey has a history of cystotomy with single struvite stone in 2020. History of elevated baseline bile acids and likely has a PSS. Was on L/D but not eating it currently - eating farmer's dog.

Current Medications: None.

Lab Results: Signs of UTI - cytology: rbc's, fat, triple Phos crystals

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

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. A minor amount of sand was noted with slight urethral calculi that was non-obstructive at the time of the sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 kidneys appear hypervascular and mildly swollen. Mineralization was noted in the kidneys. The right kidney measured 5.24 cm. The left kidney measured 5.12 cm.

Adrenal Glands

Both **adrenal glands** appeared subnormal in size. The right adrenal gland measured 1.69 x 0.39 cm at the caudal pole and 0.44 cm at the cranial pole. The left adrenal gland measured 2.19 x 0.37 cm at the caudal pole and 0.22 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally and was uniform.

Liver

The **liver** was subnormal in size with mildly increased portal markings. The portal vein was not visible in this patient likely owing to subnormal size. The vena cava to aortic ratio was largely 1:1. An aberrant vessel was noted and was discursing dorsally at the junction of the splenic vein to the portal vein and either entering into the vena cava dorsally or azygous. 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

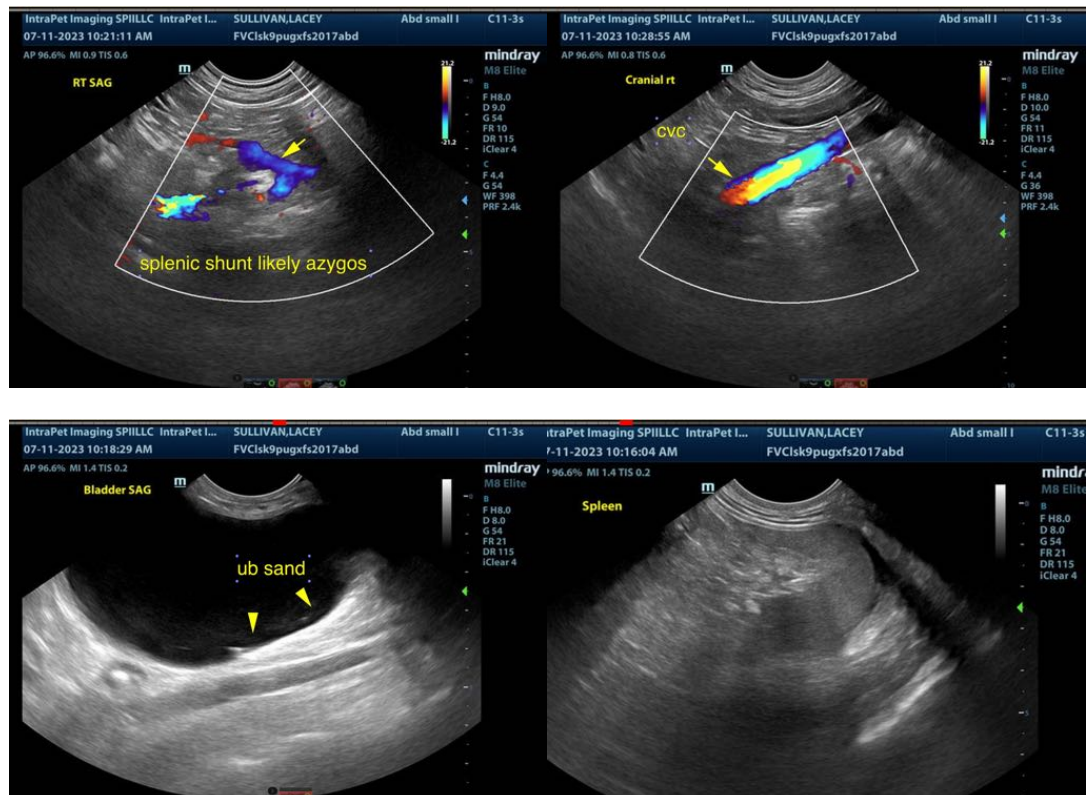
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

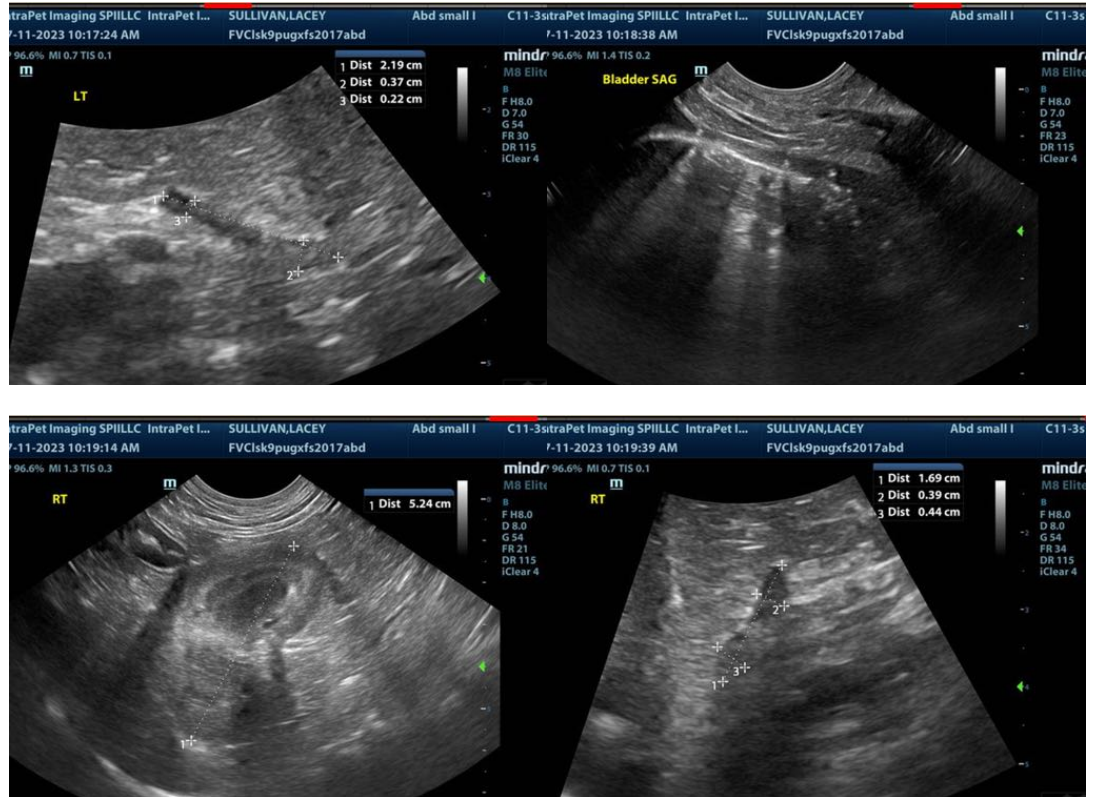
ULTRASONOGRAPHIC FINDINGS

Bladder sand and urethral sand, minor.
Extrahepatic portosystemic shunt, suspect splenocaval or splenoazygous shunt.
Microhepatica.
Gallbladder debris.
Subnormal adrenal size.
Renal mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is recommended given the breed pre-disposition with baseline cortisol or ACTH stimulation. CT evaluation is recommended as well as bile acid assessment.





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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 info@SonoPath.com