

**DATE PRESENTING CLINICAL SIGNS**

7/14/23

History: Sa Has Addison's and hypothyroidism. Has recent diarrhea with no obstruction, lethargy, weight loss, etc. Where typical GI supportive care has not been effective. BW has been relatively normal with no signs of an Addisonian crisis.

PATIENT

Hunter Gunnet

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

1/1/27

WEIGHT

82.3 Pounds

Current Medications: Florinef 0.1 2 tab BID, Prednisone 1/4 tab QD, Thyroid 0.8 1 BID, Entyce 3.8 cc QD when not eating, Propectalin 4 tabs BID, Metro 500 1 BID, Cerenia 160 1/2 QD

Lab Results: dehydration, elevated Creat mildly

Date of Previous IntraPet Ultrasound: 7/12/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, 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.

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 right kidney measured 6.18 cm. The left kidney measured 6.58 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were subnormal in size. The right adrenal gland measured 2.67 cm x 0.6 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 1.91 cm x 0.35 cm at the caudal pole and 0.31 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.

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Weeks

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.

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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.

Free Abdomen

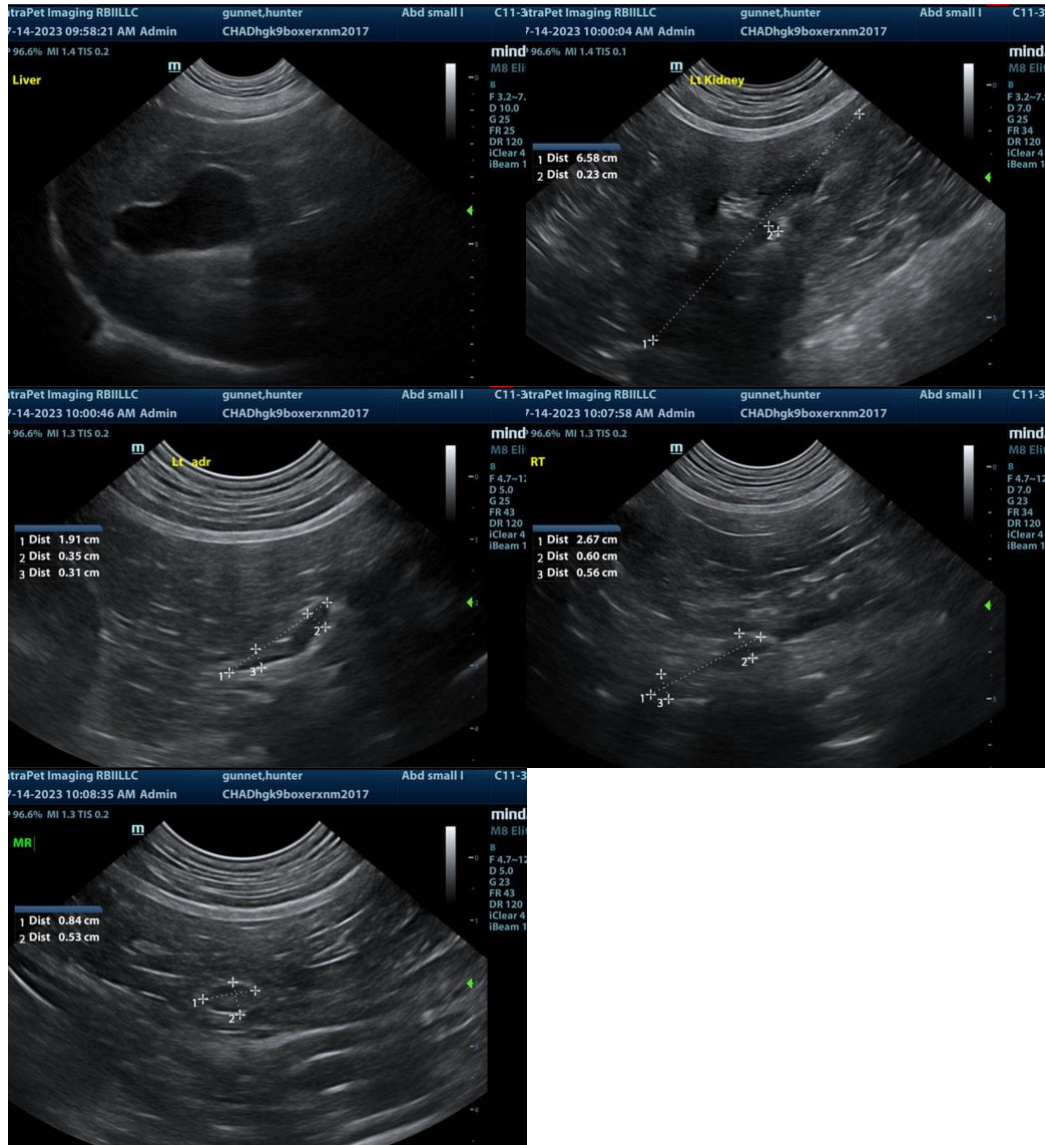
The mesenteric **lymph nodes** were slightly enlarged, measuring 0.84 cm x 0.53 cm.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Subnormal adrenal gland size
- Slightly enlarged mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addisons is indicated, yet no other evidence of visceral disease.



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
 info@SonoPath.com