

**DATE PRESENTING CLINICAL SIGNS**

8/1/23

Two week history of inappetence. Had course of Clavamox last week, as well as probiotics and SQ fluids. Bloodwork at that time was unremarkable. Has not eaten in two days. Constantly dribbling urine. Marked pain on abdominal palpation (P did try to bite during deep palpation!) Bladder small on FAST scan. No palpable urethral stones, penis appears normal.

PATIENT

Dante Malinow

SPECIES

Canine

Current Medications: Clavamox 375mg BID (course finished), Synacore SID

Date of Previous IntraPet Ultrasound: No previous.

Sedation: DKT.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Husky

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

3/1/14

The prostate was uniform at 2.0 cm.

WEIGHT

74 Pounds

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 6.56 cm. The left kidney measured 7.1 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.8 cm x 0.45 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 4.12 cm x 0.30 cm at the caudal pole and 0.40 cm at the cranial pole.

HOSPITAL NAME

Homeward Bound

Spleen

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

REFERRING VET

Dr. Sorum

INVOICE

44538

Liver

The **liver** presented minor passive congestion pattern. Minor gallbladder sand noted.

Transdiaphragmatic view revealed potential caudal thoracic pathology. However, it could not be overtly differentiated from mirror image artifact.

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.

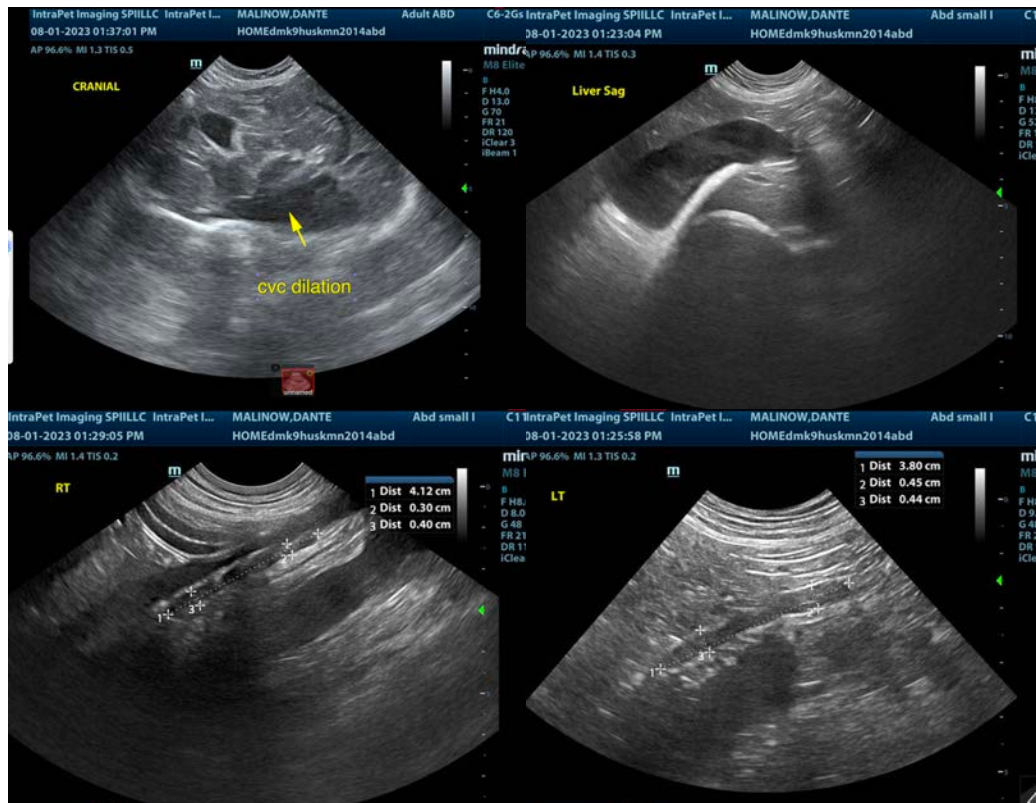
ULTRASONOGRAPHIC FINDINGS

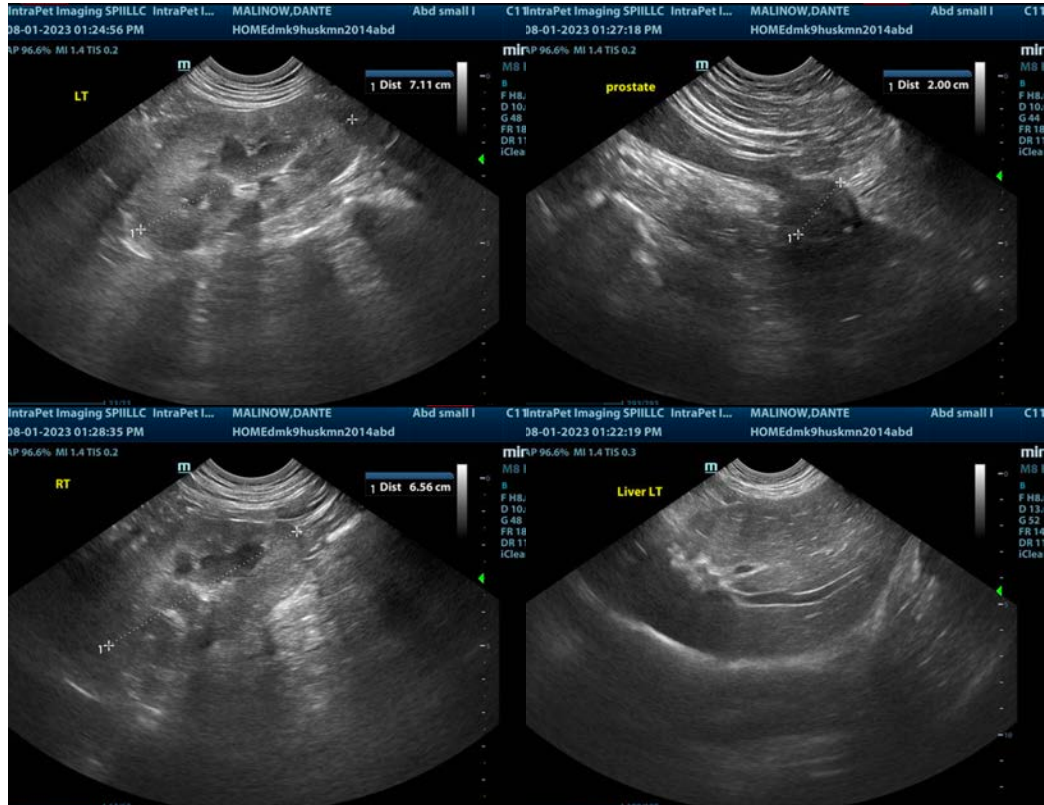
- Minor passive congestion liver pattern
- Folded spleen
- Possible caudal thoracic pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease responsible for the clinical signs. Thoracic disease, orthopedic pain and CNS disease should all be ruled out as potentials.

Recommend thoracic radiographs +/- thoracic ultrasound to assess for pathology if not already performed.





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
info@SonoPath.com