

**DATE**

8/15/22

PRESENTING CLINICAL SIGNS**PATIENT**

Shadow Outlaw

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

8/14/10

WEIGHT

47.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Goessling

INVOICE

16873

History: Acute vomiting with blood, panting, shaking, eating grass ATO: rDVM diagnosed with stage 3 kidney disease in May, based on elevated SDMA and kidney values at high end of normal, elevated blood pressure. Kidney values were WNL in March. Started on K/D diet Recently boarded over the weekend, was given slightly higher dose of Reconcile (48mg vs 40mg) Saw veterinarian with boarding facility, PE was unremarkable and was sent home for monitoring. ATO: no improvement. Current Medications: Prozac, CBD capsules, Gabapentin, Reconcile, Dasaquin, Blood pressure medication Hx of aural hematomas. Episode of deafness after administering topical ear medications that resolved. Episode of GI bleeding and was very sick following steroid injection for hematoma, also resolved Hx of arthritis/mobility issue. Owner gave NSAID and patient then had tarry stools and episodes of vomiting after getting omeprazole

Current Medications: Sucralfate, Gabapentin, Protonix, Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pyelectasia was noted in the right kidney, measuring 0.36 cm. Nonobstructive corticomedullary calculi were noted, measuring up to 2.0 mm. The right kidney measured 6.4 cm in length. The left kidney measured 5.35 cm.

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 right adrenal gland measured 2.11 cm x 0.47 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 1.93 cm x 0.42 cm at the caudal pole and 0.48 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

There was some residual chyme and gas 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.

Free Abdomen

A rapid view of the **heart** revealed no evident pathology.

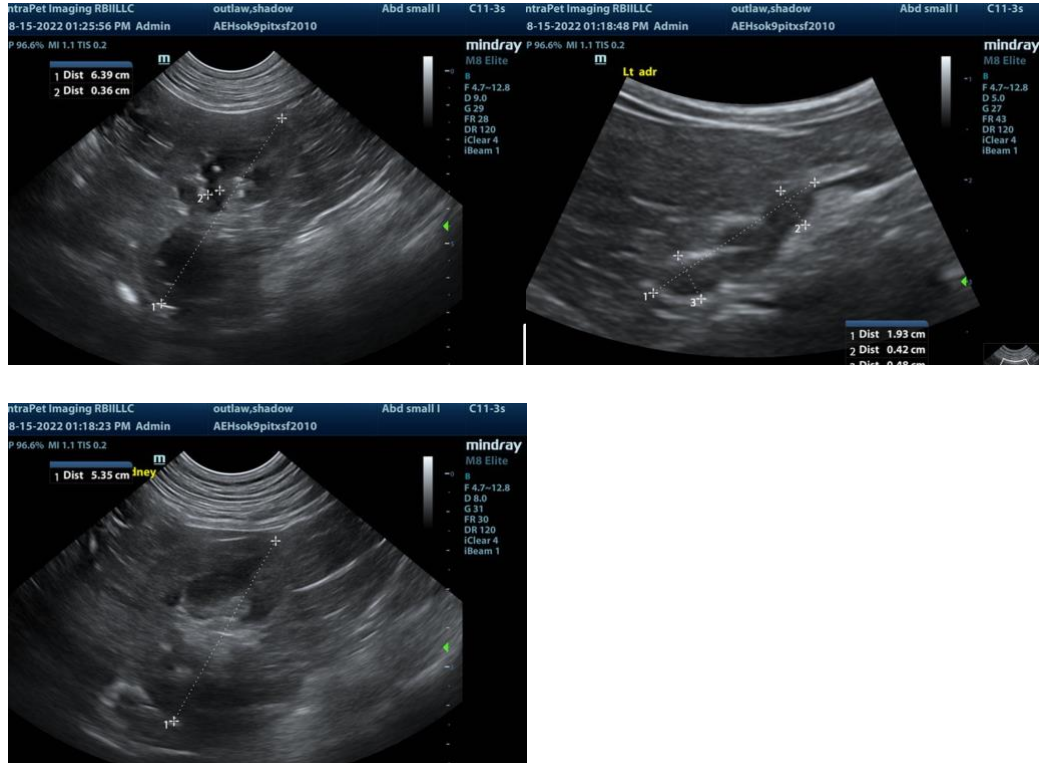
ULTRASONOGRAPHIC FINDINGS

- Partially full stomach
- Age-related abdominal changes with minor renal mineralization otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. CBC path review +/- bone marrow aspirate is indicated. If any GI signs are present, occult hemorrhage from the GI tract is possible yet structurally the GI appears remarkable.





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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