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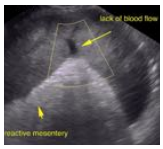
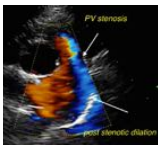
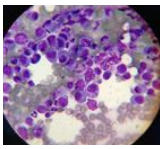
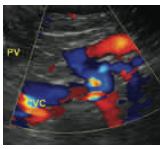

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1-800-838-4268 info@sonopath.com

PATIENT
Daisy Rice

SPECIES
Canine

BREED
St Bernard

SEX
Spayed Female

AGE
2 years

WEIGHT
141 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Shohola VH

REFERRING VET
Dr. DeMeo

INVOICE
91069

DATE
8/9/21

PRESENTING CLINICAL SIGNS

History: Chronic UTI- has had 6 UTIs in last year. Most recent was treated based on C/S. Current meds: finished 4wk course of amoxi/clav
SDMA- 16, BUN -32, Creat- 1.2 Last C/S - no growth

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 was noted. Ureteral papillae were normal.

The **kidneys** presented mild, non-specific, degenerative changes. The kidneys were relatively normal in size and contour. There was loss of corticomedullary definition. The right kidney measured 8.14 cm. The left kidney measured 8.02 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 left adrenal gland measured 2.12 x 0.5 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 2.54 x 0.6 cm at the caudal pole and 0.57 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 was 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.

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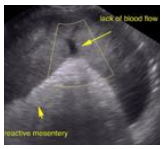
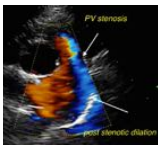
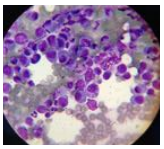
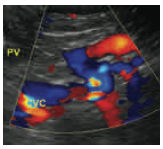

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A portion of small intestine was slightly dilated measuring 1.0 cm. The cause of this dilation was unclear. Minor excessive gas was noted. The remainder of the gastrointestinal tract was empty.

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

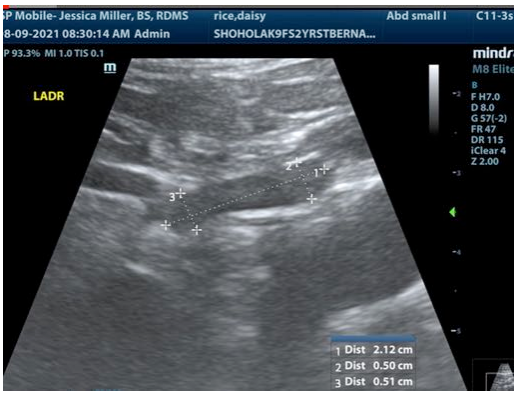
Minor distal small intestinal dilation.

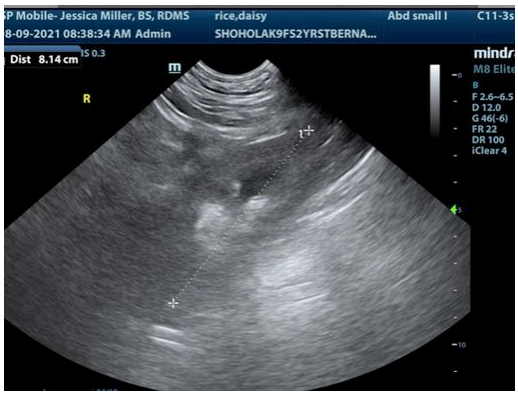
Structurally unremarkable kidneys.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the azotemia screening for Addison's is warranted in this patient. Blood pressure measurements are indicated given the minor azotemia. No significant structural evidence of urinary tract disease was noted. Primary renal dysplasia cannot be complete ruled out; however, I would expect it to be minor if present as the renal changes are relatively benign. I recommend a fresh fecal smear and fecal floatation analysis. Given the small intestinal dilation this can occur during worm burden episodes.





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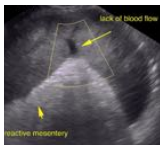
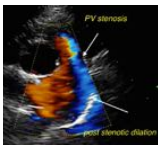
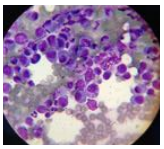
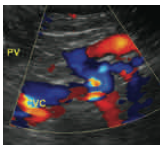

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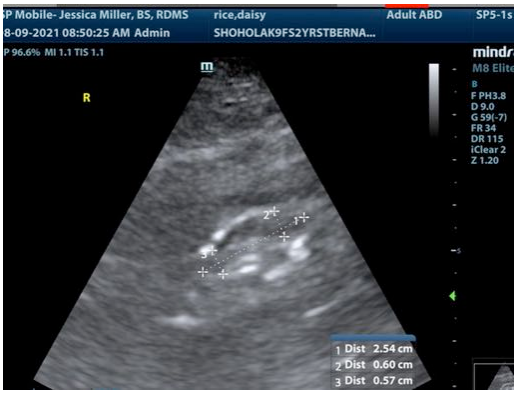

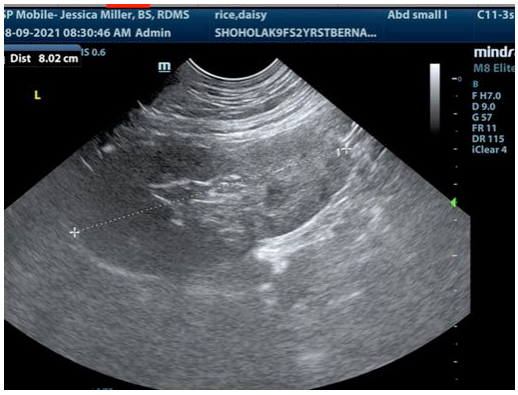

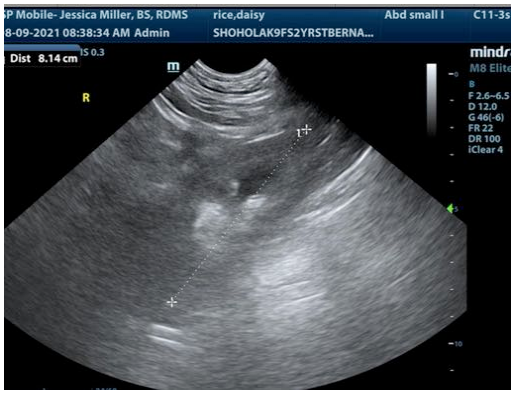

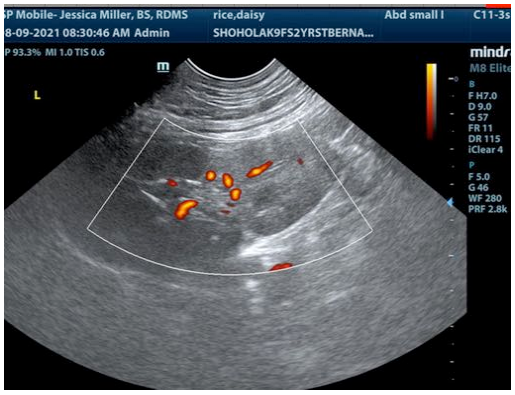

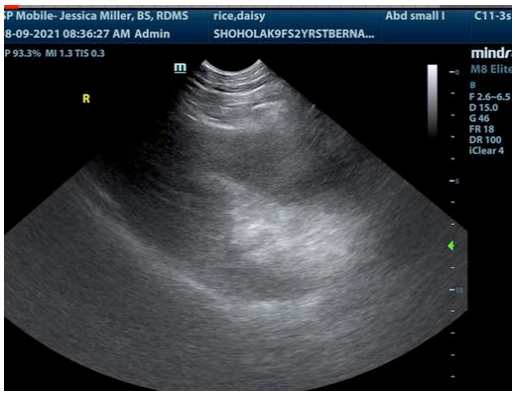

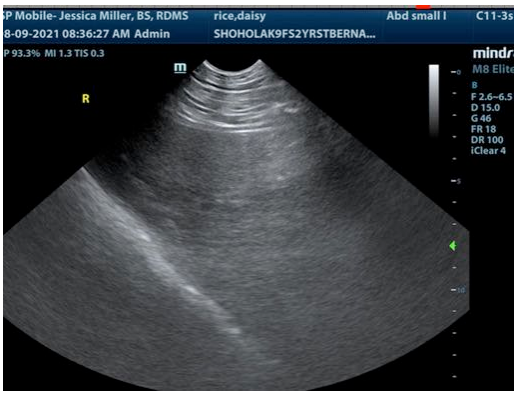

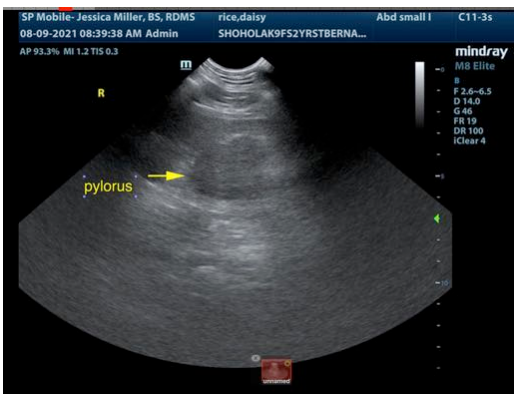

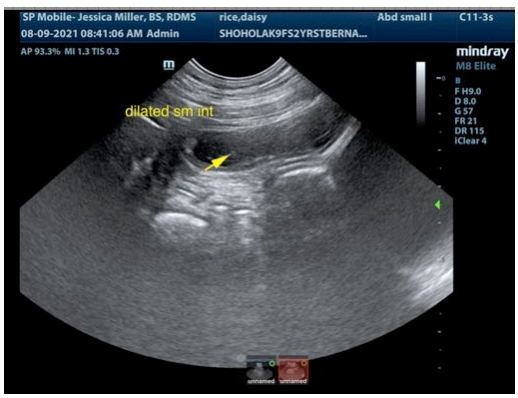

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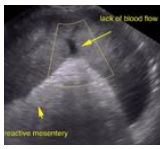

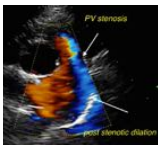

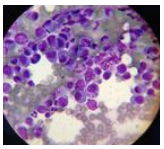
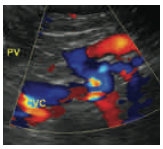

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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