

**DATE**

9/20/21

PRESENTING CLINICAL SIGNS

History: Seizure like activity, pale gums, suspicious of abdominal mass.

Current Medications: Not provided by the veterinarian.

Lab Results: Not provided by the veterinarian.

PATIENT

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Queen Davis

Sedation: not needed

Stat Report: not requested / declined

SPECIES

Canine

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.

BREED

Cane Corso Mix

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 6.12 cm. The right kidney measured 7.38 cm.

AGE

6/12/10

WEIGHT

118 lbs

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 2.94 x 0.66 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 3.39 x 0.82 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was largely normal with hypoechoic minor micronodular changes. This is likely clinically significant.

HOSPITAL NAMEAnimal Clinic of
Southgate**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The hepatic veins were slightly dilated in this patient. The gallbladder was edematous with wall thickening measuring 0.95 cm.

REFERRING VET

Dr. Jones

INVOICE**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.

Heart

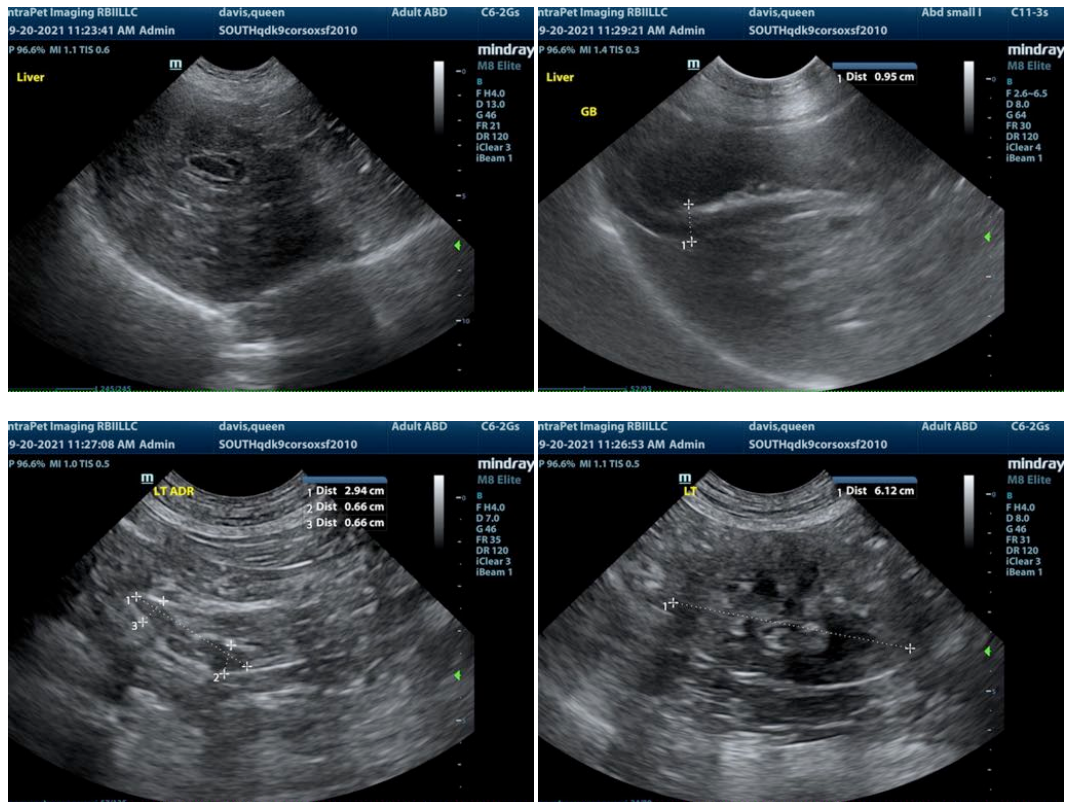
Rapid view of the heart revealed volume overload and hypocontractility.

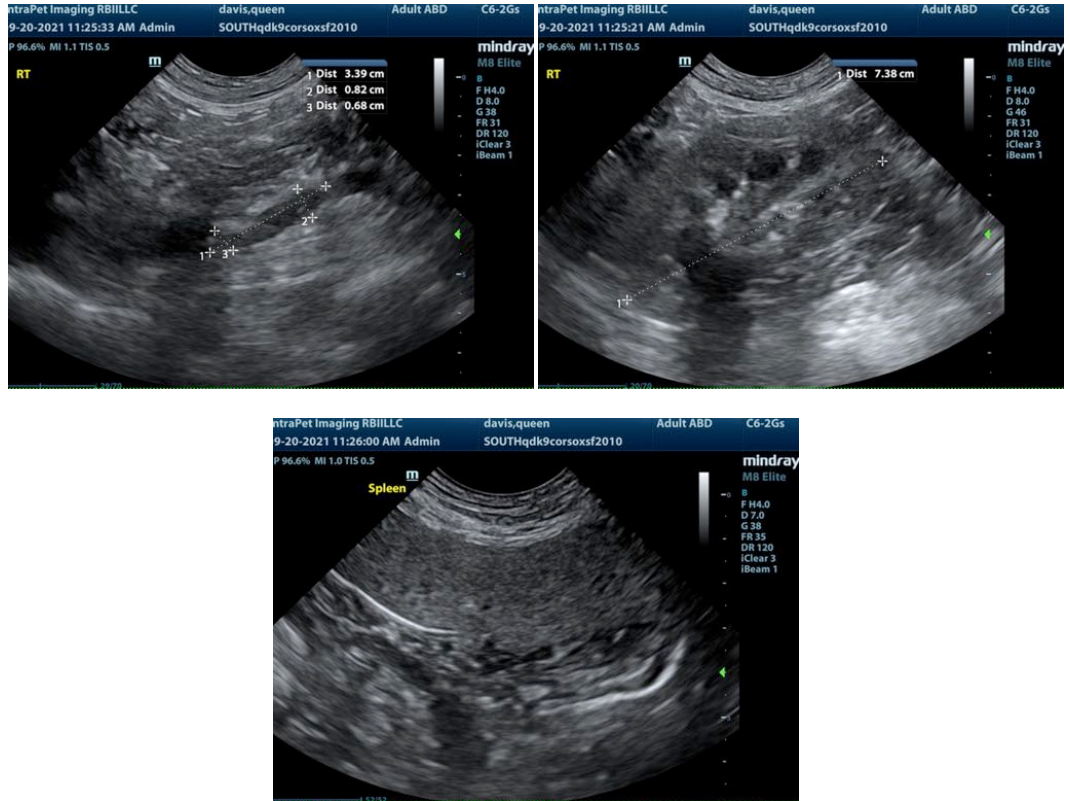
ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with double layered edematous gallbladder. This may be owing to cholangitis or possibly passive congestion or immune mediated disease. Remainder of the abdomen appears subjectively stable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for cardiomyopathy and emerging left and right-sided heart failure. Full echocardiogram is recommended.





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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