

**DATE PRESENTING CLINICAL SIGNS**

9/7/21 History: 09-05-2021 - Presenting Complaint: Lethargic, Coughing.

**PATIENT**

Penny Paul

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact Female

**AGE**

9/7/21

**WEIGHT**

57.1 Pounds

Notes: Penny is a 1 year old FI Golden Retriever who presents for coughing and increased respiratory rate. Penny coughed a few times yesterday and the owner thought nothing of it. Her coughing persisted and increased in frequency over the next 12-24, with retching and gagging like she was trying to vomit, and nothing came up. She has been wheezing, shaking, lethargic and drinking less. She was straining to defecate and produced liquid diarrhea once this afternoon. She is not as interested in eating as she usually is and is generally very food motivated. She has no change in urination. She is UTD on Vx, takes monthly preventatives for flea/tick/hw. She is on Apoquel daily for puppy pyoderma which did not resolve without Apoquel. She is currently on a probiotic and finished a course of Metronidazole about 4 days ago. She has no hx of boarding, grooming, or interaction with other dogs.

Assessment: Increased lung sounds, cough, febrile. (Aspiration pneumonia vs bacterial pneumonia vs other), diarrhea treated with metronidazole twice previously. Plan: Diagnostics: CBC/Chem/Iytes PCV/TP, CXR, Single AXR. Treatment: Plasmalyte 90 ml/hr; Unasyn 30 mg/kg IV q8 (gastrointestinal parasitism vs IBD vs other), Gentamicin nebulization.

Current Medications: Trazadone, Provable, Gentamicin, Clavamox, Theophylline, Unasyn, Terbutaline, Acepromazine, Metoclopramide, Butorphanol.

Lab Results: Attached separately.

Radiographs: Mild hepatomegaly and gastric overdistention, mild splenic enlargement.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**Animal Emergency  
Hospital

The uterus was unremarkable and uniform, measuring 6.0 mm in width.

**REFERRING VET**

Dr. Thompson

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 6.38 cm. The left kidney measured 6.33 cm.

**INVOICE**

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**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 2.11 cm x 0.38 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 2.49 cm x 0.63 cm at the caudal pole and 0.63 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. The spleen was deviated caudally owing to gastric overdistention.

### 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 was overdistended, likely owing to anorexia.

### 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. Minor excessive GI gas noted. 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

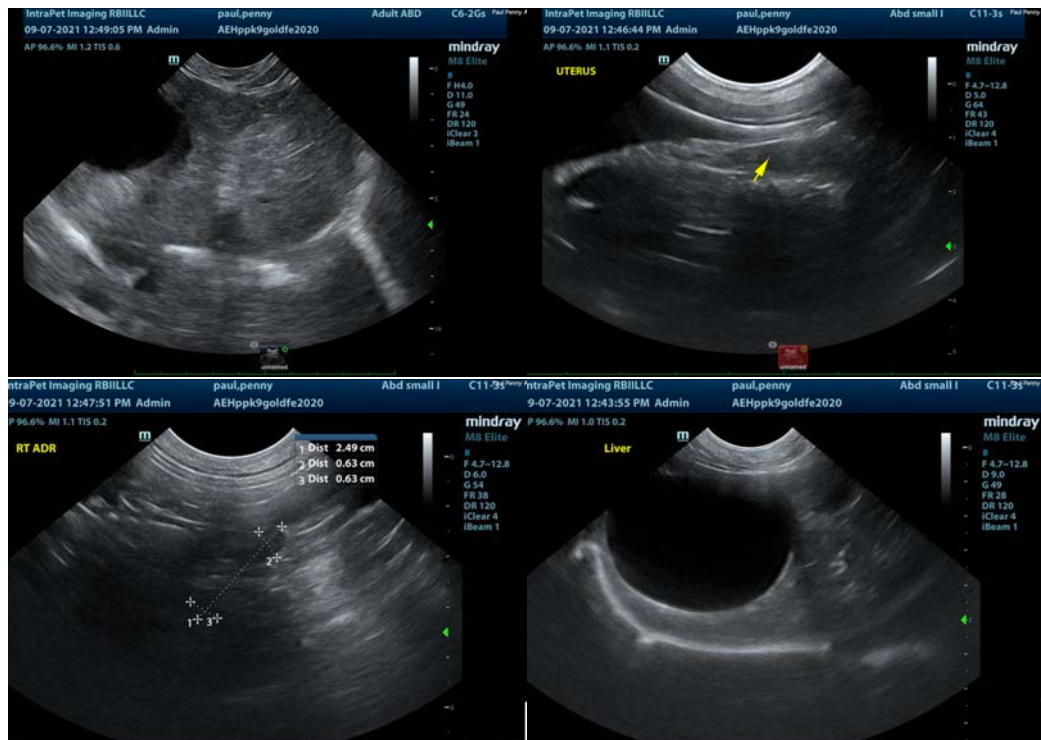
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

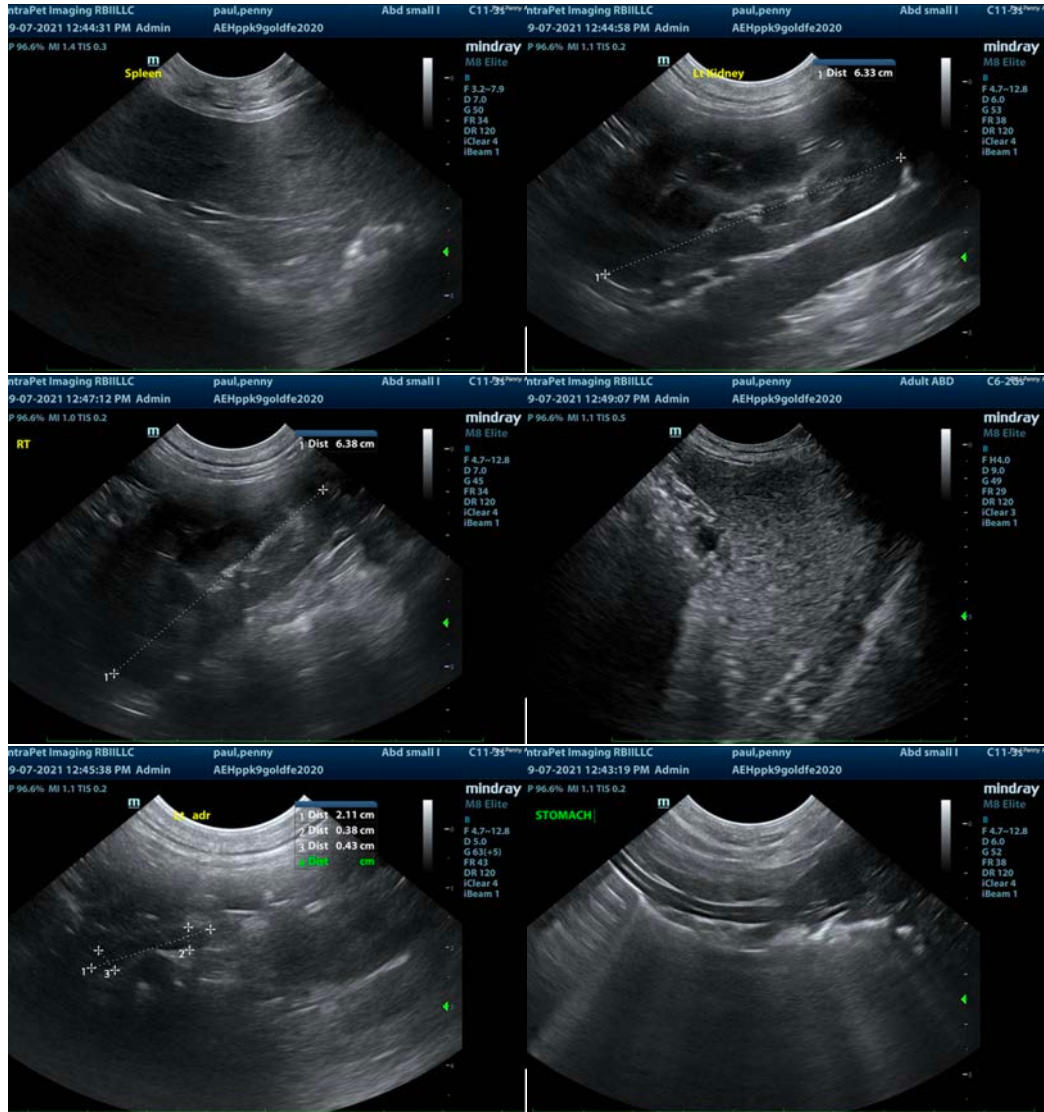
## ULTRASONOGRAPHIC FINDINGS

- Excessive GI gas, no evidence of obstructive disease or other pathology

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective.





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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