

PATIENT

Goldie Grevler

PRESENTING CLINICAL SIGNS

History of Lyme positive, slightly elevated SDMA, clinically normal.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

BREED

Mini Goldendoodle

The left kidney measures 4.25 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Excellent blood flow is present.

SEX

Spayed Female

The right kidney measures 4.69 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Evaluation of the blood flow of the right kidney is not possible due to panting.

AGE

5 Years

No abnormalities observed in the iliac trifurcation.

Adrenal Glands

WEIGHT

14.8 Pounds

The left adrenal gland measures 0.45 cm at the cranial pole, 0.36 cm at the caudal pole, and 1.03 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

A proper evaluation of the right adrenal gland is not possible due to panting artifact.

Spleen

IMAGING PERFORMED BY

Kelly Vazquez

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

HOSPITAL NAME

Englewood Cliffs VH

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels.

REFERRING VET

Dr. Ezik

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

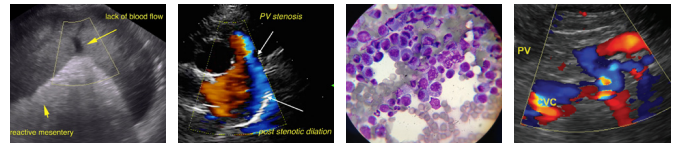
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The gastric wall and pylorus are within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. No obvious abnormalities are observed with its peristalsis. There is ingesta present in the stomach.

DATE

4/1/22



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The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved.

SPECIES

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Dilated loops of bowel are not observed. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

BREED

Mini Goldendoodle

No overt abnormalities are observed with the left limb of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesenteric fat, i.e., there are no signs of active pancreatitis.

No obvious abnormalities are observed with the right limb of the pancreas. However, an in depth evaluation was not possible due to panting artifact.

SEX

Spayed Female

Other

Lymph nodes: No abnormalities are observed.

AGE

5 Years

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- No obvious abnormalities are observed on Goldie's abdominal ultrasound.

WEIGHT

14.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine protein/creatinine ratio (UPCR) is recommended despite the absence of sonographic abnormalities, as proteinuria may still be present, despite normal appearing kidneys, as well as normal laboratory results (bloodwork and urinalysis).

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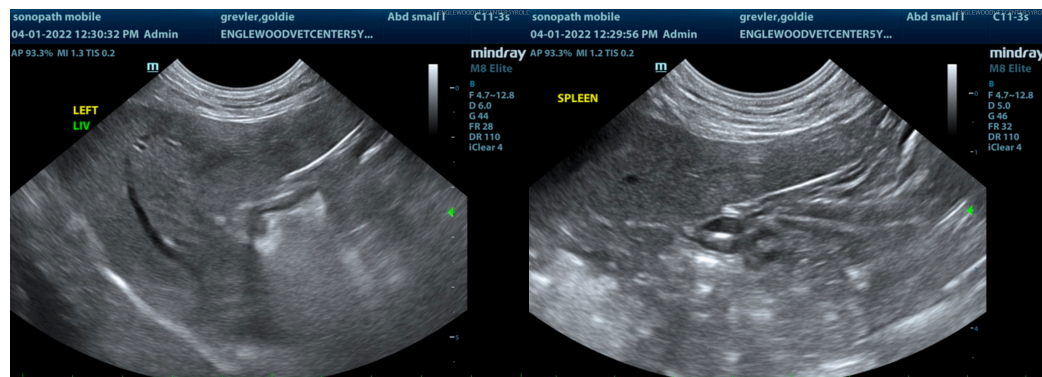
A re-evaluation of the SDMA and other renal parameters, including a phosphorus, and a CBC, is suggested in 3-4 months, depending on the results of the UPCR.

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

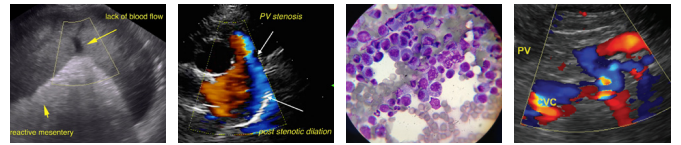
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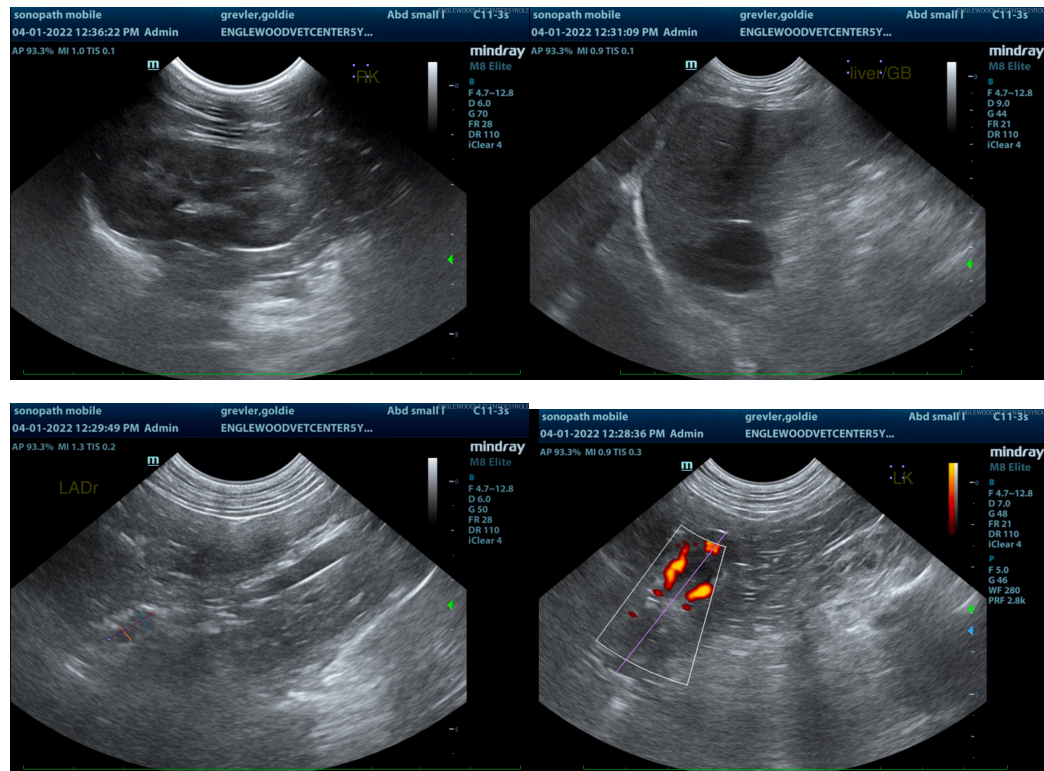
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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