



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Prinsen anorexia off and on past week, was sedated for rads last week, hasn't been right since, vomited once that night.  
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Spaed Female

**AGE**

3 Years

**WEIGHT**

60 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beech Mobile Services

**REFERRING VET**

Dr. Beech

**INVOICE**

37722

**DATE**

5/18/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder well distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A very small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 6.37 cm. The capsule is smooth. A thick hyperechoic band is observed along the medulla, traversing parallel to the corticomedullary junction, which accentuates the definition of the cortico-medullary junction. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Blood flow is adequate. The surrounding mesentery is mildly hyperechoic.

The **right** kidney measures 5.37 cm. Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.53 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland is not visualized due to gas in the surrounding gastrointestinal tract.

**Spleen**

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**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. A very mild, but diffuse, mildly coarse or granular echotexture is observed. It is mildly hyperechoic to the falciform fat. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

**Gastrointestinal**

A very large amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.



<b>PATIENT</b>	The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.
Maggie Prinsen	The colonic wall is not thickened and mural detail is considered normal.
<b>SPECIES</b>	There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.
Canine	<b>Pancreas</b>
<b>BREED</b>	No overt abnormalities are observed with the echogenicity or echotexture of the pancreas. The surrounding mesentery is not abnormally hyperechoic or suggestive of steatitis.
Doodle	<b>Other</b>
<b>SEX</b>	<b>Lymph nodes</b>
Spaed Female	No abnormalities are observed
<b>AGE</b>	<b>Abdominal effusion</b> is not visualized.
3 Years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>An obvious cause of Maggie's clinical signs is not evident.</li> <li>Maggie is quite young to be showing signs of mineralization of her kidneys. The "medullary rim sign" may also be a combination of fat and mineralization. An inquiry regarding her diet is suggested to evaluate its calcium concentration. One cannot exclude the possibility of pyelonephritis based on the mild hyperechogenicity surrounding the kidneys.</li> </ul>
60 Pounds	<ul style="list-style-type: none"> <li>Hypoadrenocorticism is a possible cause of her clinical signs.</li> <li>Underlying inflammatory bowel disease may also be "brewing" and she may have experienced an adverse reaction to the sedation.</li> <li>Serum bile acids may also be performed in the future based on the low urea, however, the glucose, albumin and cholesterol are within the normal reference range.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	An inquiry regarding diet is suggested (evaluation of calcium concentration).
<b>IMAGING PERFORMED BY</b>	A baseline (random) cortisol is strongly recommended to exclude hypoadrenocorticism, i.e. a stress leukogram is not apparent on the CBC.
Kelly Reschny	Analgesia for visceral pain (gabapentin) and anti-emetics are suggested for a few days.
<b>HOSPITAL NAME</b>	Intravenous fluids for 24-48 hours is suggested as she is mildly dehydrated based on the blood work (hemoconcentration based on CBC) if an improvement is not noted within a few days.
Beech Mobile Services	
<b>REFERRING VET</b>	
Dr. Beech	
<b>INVOICE</b>	
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**PATIENT**

Maggie Prinsen

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Spaed Female

**AGE**

3 Years

**WEIGHT**

60 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beech Mobile Services

**REFERRING VET**

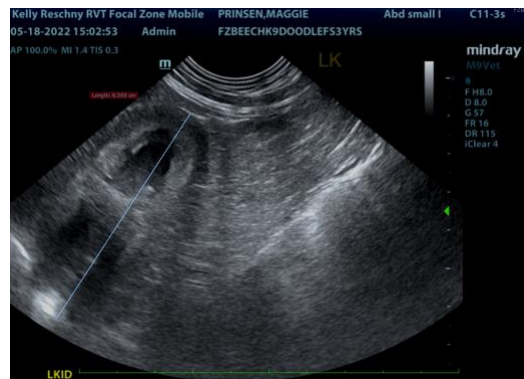
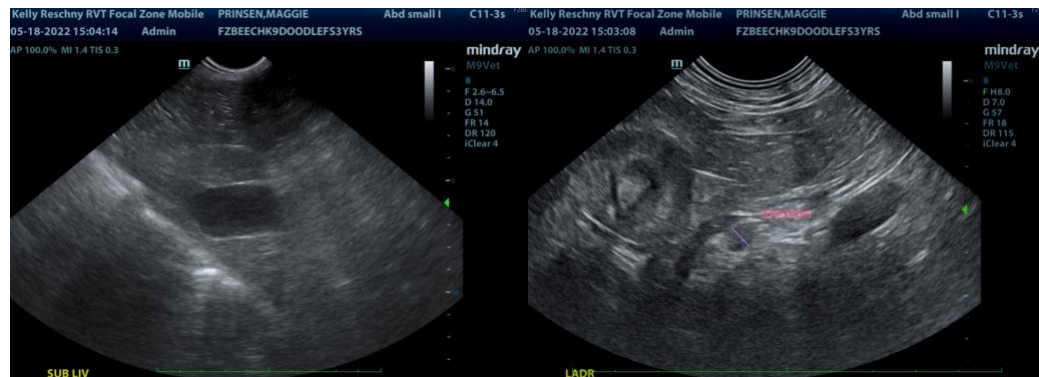
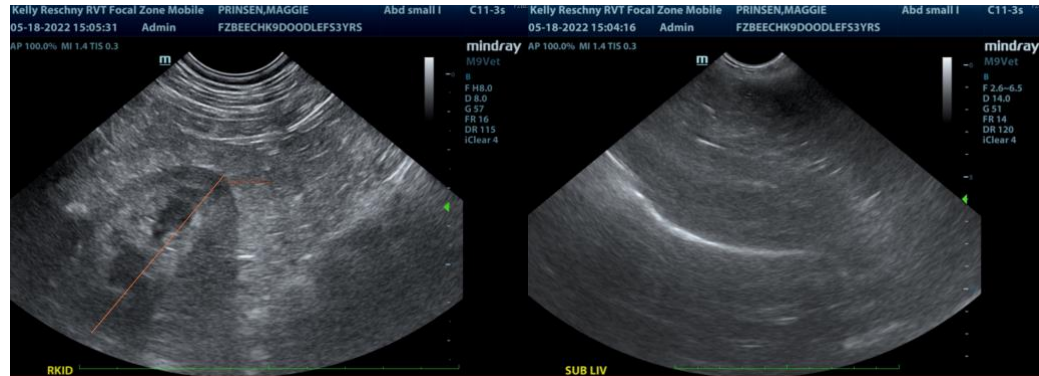
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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