



PATIENT

Beau Parker

SPECIES

Canine

BREED

Labradoodle

SEX

Intact Male

AGE

13 Weeks

WEIGHT

8.8 kg

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Woodside

INVOICE

38054

DATE

5/27/22

PRESENTING CLINICAL SIGNS

Presented for 12 week puppy visit. Owner mentioned Beau was having frequent urination (every 20-30min) and described drinking ~6 cups of water a day (~1400ml), which is 160ml/kg. No vomiting or diarrhea. Appetite is normal. To me, his energy level is lower than normal for 3 month old puppy but he isn't lethargic. He was diagnosed with giardia 4/19/22 and treated with panacur for 5 days. No growth on urine culture from sample collected 5/23/22.

Abnormal PE/Chem/CBC/UA Results: Fecal float - giardia cysts present; GLUCOSE (blood) 118 mg/dL 63 - 114; CREA 0.4 mg/dL 0.5 - 1.5; PHOS 9.7 mg/dL 2.5 - 6.1; TP 5.0 g/dL 5.5 - 7.5; GLOB 2.3 g/dL 2.4 - 4.0; ALB 2.7 g/dL 2.7 - 3.9; ALT 16 U/L 18 - 121; T4 4.4 ug/dL 1.0 - 4.0; HCT 37.8 % 38.3 - 56.5; MCHC 31.5 g/dL 32.6 - 39.2; ABS RET 146 K/uL 10 - 110; ABS LYMPHS 6212 /uL 1060 - 4950; ABS MONOS 1705 /uL 130 - 1150; SP GRAVITY 1.017; PH 6.0 (normal WBC, RBC counts; no bacteria, no casts, no crystals)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is poorly distended, but its contents are anechoic. The wall is mildly to moderately irregular circumferentially. The latter may be due to the bladder not being well distended, however, an underlying urinary tract infection cannot be excluded. No abnormalities are noted with the ureterovesicular junction, trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Note, the urinary bladder was re-evaluated at the end of the study. It is better filled, but still not fully distended. The mucosa is smoother, but still mildly irregular at the apex. The wall measures 1.46 mm.

Prostate

The prostate is homogenous and measures 8.5 mm, which is within normal limits for an intact male puppy.

Kidneys

The **left** kidney measures 6.0 cm, which is mildly increased for Beau's weight. However, the capsule is smooth and 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.

The **right** kidney measures at least 5.3 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. The cortex is isoechoic with the liver (WNL). There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.32 cm at the cranial pole and 0.39 cm at the caudal pole. 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 measures 0.30 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.



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Spleen

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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.

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Liver

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 visualized.

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The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A trivial 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

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The lumen of the stomach is filled with ingesta. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The small intestinal wall thickness, including the duodenum, is within normal limits. Although the definition of the wall layers is preserved, stippling of the mucosa is observed throughout the small intestines. A very large amount of gas, ingesta and fluid are present within the GI tract.

The colonic wall is not thickened and mural detail is considered normal.

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There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

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An in-depth evaluation of the right limb is not possible due to the large amount of gas and ingesta in the surrounding GI tract. No overt abnormalities are observed with the echogenicity or echotexture of the left limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

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Lymph nodes (LNs)

Prominent splenic LNs, which are attributed to Beau's age.

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

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- **Urinary bladder:** The mucosa is mildly irregular at the apex. This may be due to artefact caused by underfilling, however, a urinary tract infection cannot be excluded.
- **Kidneys:** there are no architectural abnormalities to suggest renal dysplasia. There are no signs of pyelectasia despite the severe polydipsia and polyuria. The kidneys are at the high end of the normal reference range to mildly enlarged, therefore, pyelonephritis cannot be excluded despite the absence of classical sonographic signs.

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- **Gastrointestinal tract:** A very large amount of gas, ingesta and fluid are present within the GI tract. Stippling of the mucosa of the small intestines is also present. The latter is a non-specific finding and may not be clinically significant, however, it may also be suggestive of inflammation secondary to giardiasis. Beau may also be suffering from cramps, which may be causing discomfort and lethargy.

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- Parasitic infections may cause pu/pd via effects on the ADH receptors at the level of the kidneys.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment of giardiasis with Drontal Plus (administered once daily for 3 consecutive days) is recommended, instead of metronidazole to avoid dysbiosis and overuse of antibiotics, particularly in puppies.

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A urine culture and sensitivity is recommended. If negative, a urine protein: creatinine ratio is recommended. Note, false negative results for protein on dipsticks may occur with urine specific gravities less than 1.015-1.020.

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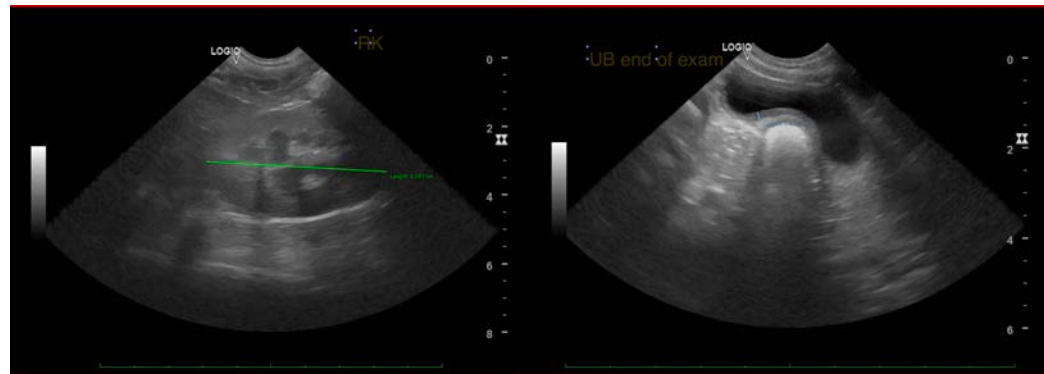
Finally, if Beau remains lethargic and listless, a baseline cortisol may be indicated to exclude hypoadrenocorticism.

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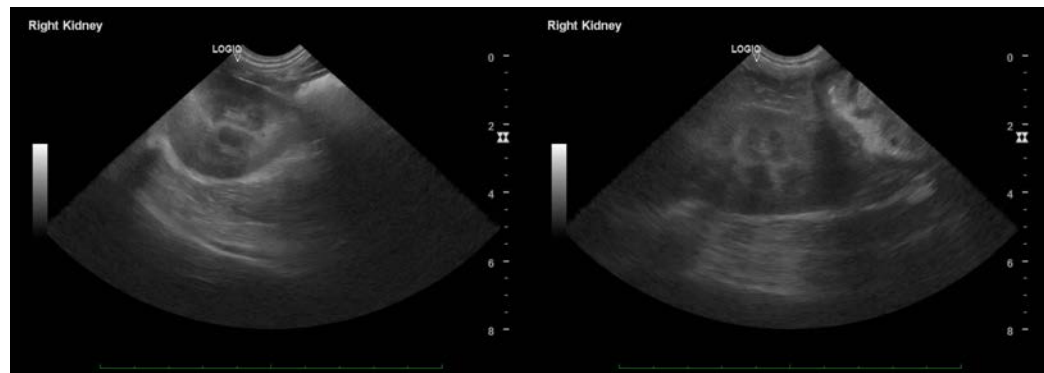


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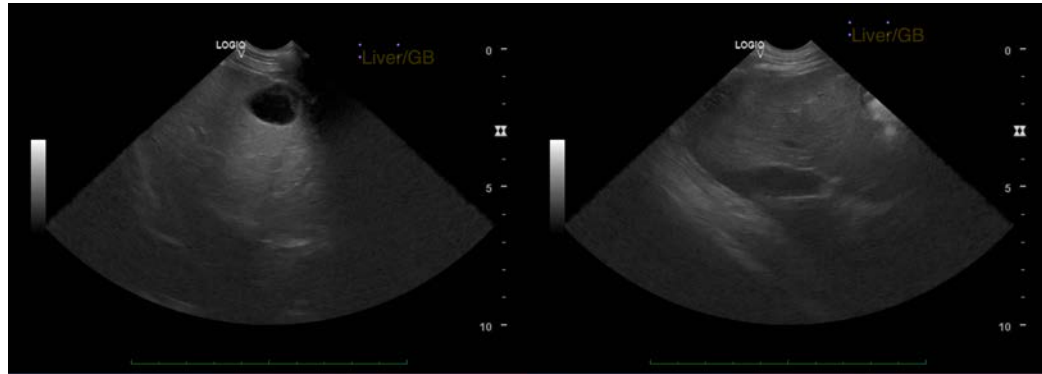
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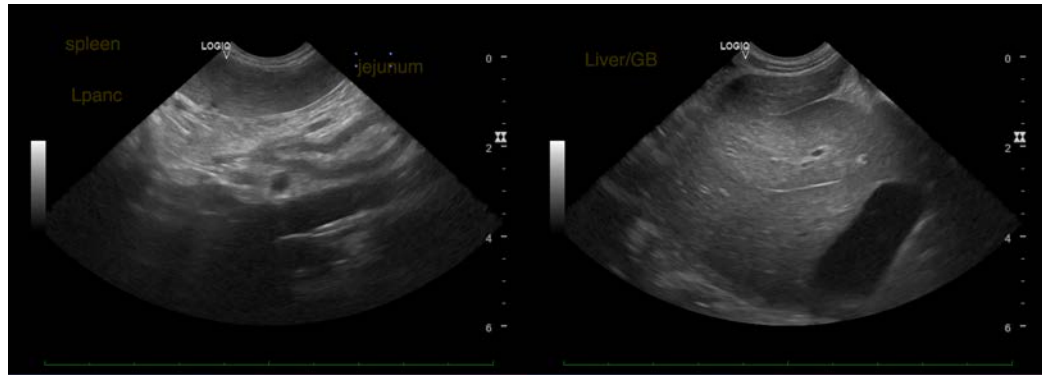
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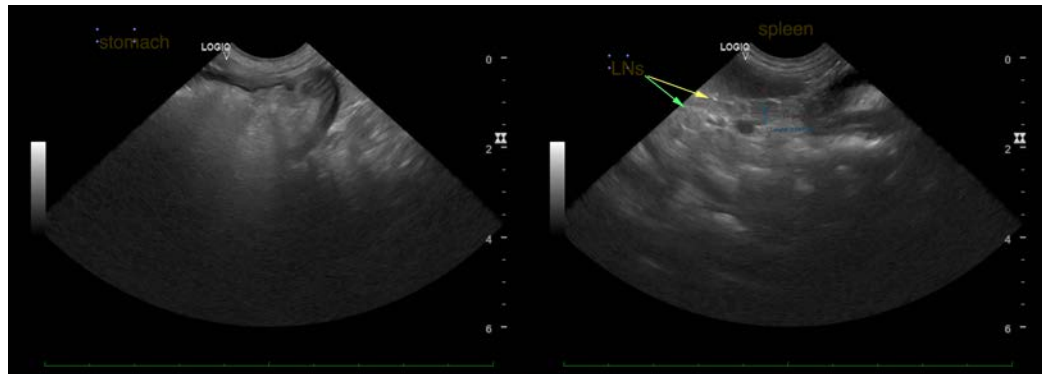


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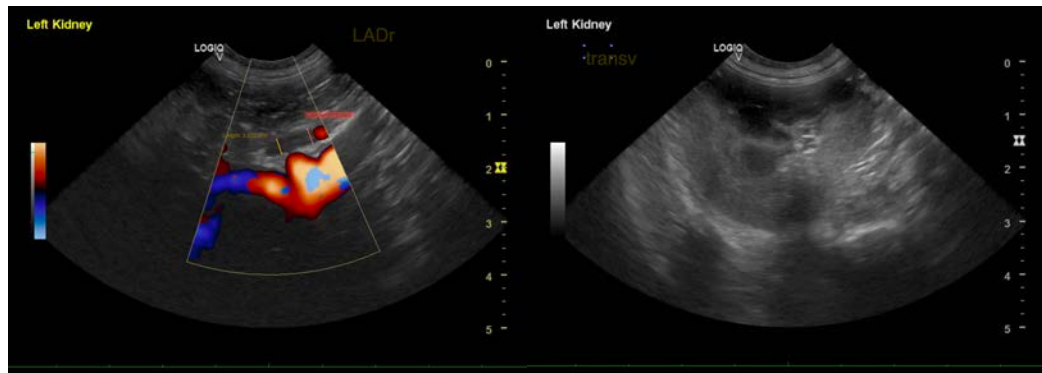


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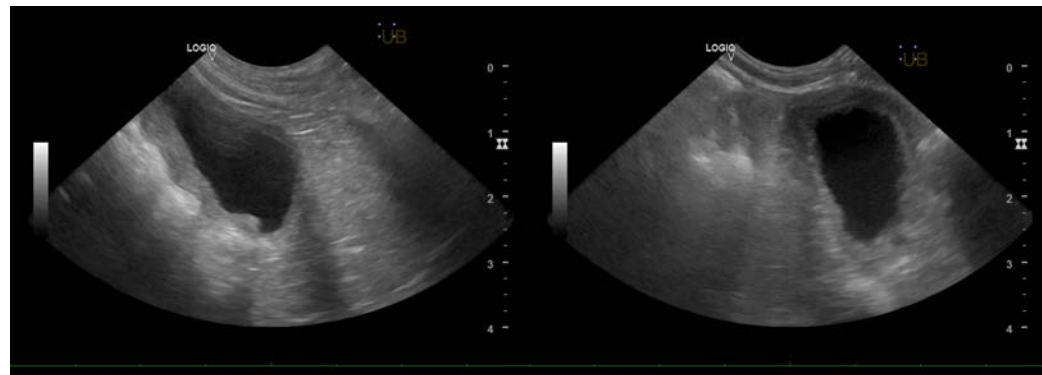
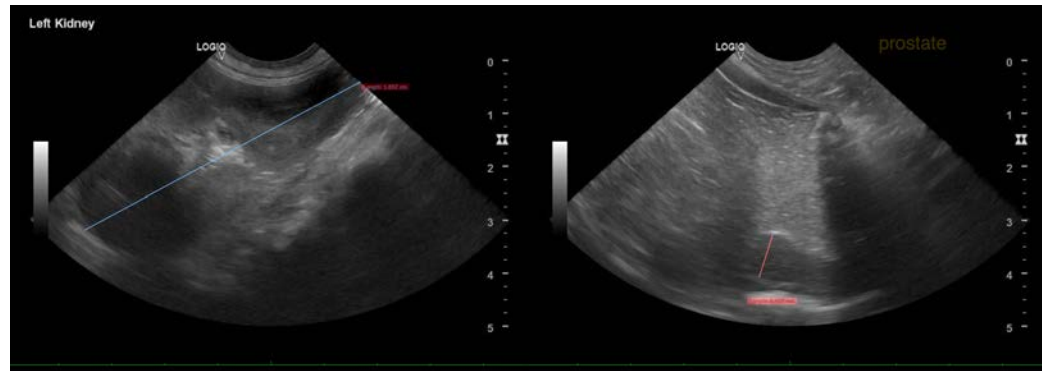
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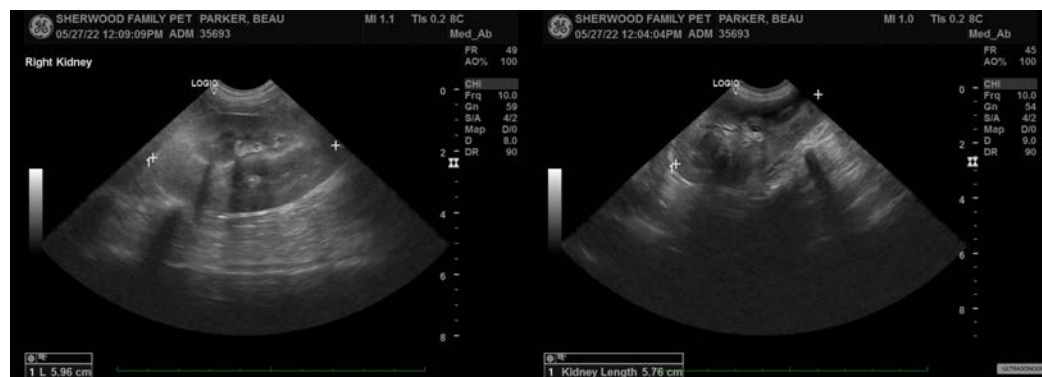
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Lisa.Carioto@sonopath.com

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