



PATIENT PRESENTING CLINICAL SIGNS

Quincy Jefferson History: Hx of seizures; ataxia; head tremor loss of bladder control- sedated with 0.025ml dex/torb IV - Frequency of seizures uncertain- Suspect epilepsy- No meds started-

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 171

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED Sedated with dexmedetomidine and butorphanol

Maltese **Urogenital System**

SEX **Urinary Bladder**

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

AGE **Prostate**

4 Years 2 Months The prostate is homogenous with the occasional hypoechoic region within each lobe. It measures 1.96 cm. No abnormalities are observed with the prostatic urethra.

WEIGHT **Testicles**

8.5 Pounds **Left:** smooth curvilinear contour and homogeneous. No abnormal findings (NAF).

INTERPRETED BY **Right:** high index of suspicion of cryptorchid testicle within inguinal canal. The testicular parenchyma has a smooth curvilinear contour and is homogeneous. It measures 0.70 cm in diameter x 1.40 cm in length. It measures 0.72 cm in diameter x 2.42 cm in length when the epididymis is included in measurement, i.e. it has an elongated shape. The median raphe well defined.

Lisa Carioto, DVM, DVSc,
Diplomate ACVIM

IMAGING PERFORMED BY **Kidneys**

Loetitia Saint-Jacques, RVT The **left** kidney measures 3.59 cm. 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.

HOSPITAL NAME

Sierra PC The **right** kidney measures 3.88 cm. 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.

REFERRING VET **Aortic bifurcation/trifurcation**

Dr. Sperka No abnormalities observed.

INVOICE **Adrenal Glands**

15801 The **left** adrenal gland measures 0.39 cm at the cranial pole, 0.38 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.

DATE

5/27/22



PATIENT The **right** adrenal gland measures 0.28 cm at the cranial pole, 0.26 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.

Quincy Jefferson

Spleen

SPECIES

Canine

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.

BREED

Liver

Maltese

There are no obvious abnormalities observed with the size of the liver. Its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity (the liver and cortex of the right kidney are isoechoic). No abnormalities are observed with the hepatic veins and there are no obvious signs of a portosystemic shunt.

SEX

Intact Male

The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A small amount of free floating and gravity dependent 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.

AGE

4 Years 2 Months

Gastrointestinal

WEIGHT

8.5 Pounds

Fluid and gas are 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.

INTERPRETED BY

Lisa Carioto, DVM, DVSc,
Diplomate ACVIM

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Fluid, gas and ingesta are observed; no abnormalities are observed with peristalsis. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within colon.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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

HOSPITAL NAME

Sierra PC

Pancreas

No abnormalities are observed with the echogenicity or echotexture of the either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

REFERRING VET

Dr. Sperka

Other

Lymph nodes

INVOICE

15801

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

DATE

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- A cause for the seizure activity is not identified on today's ultrasound.



PATIENT

Quincy Jefferson

- **Adrenal glands:** Both are WNL in echogenicity and echotexture, however, they are thinner than what is usually expected. Although this may be normal for this patient, a baseline (random) cortisol is suggested to exclude hypoadrenocorticism.

SPECIES

Canine

- **Gallbladder:** *gallbladder sludge*; most likely clinically insignificant, however, gastroesophageal reflux disease (GERD), may occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.

BREED

Maltese

- **Testicles:** Cryptorchid **right** testicle.

SEX INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intact Male

The adrenal size may be normal for Quincy, however, a **baseline (random) cortisol** is suggested to exclude hypoadrenocorticism.

AGE

4 Years 2 Months

Neuter with removal of cryptorchid testicle to avoid neoplasia in future, including Sertoli cell tumour, side effects, such as feminization.

Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history

WEIGHT

8.5 Pounds

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REFERRING VET

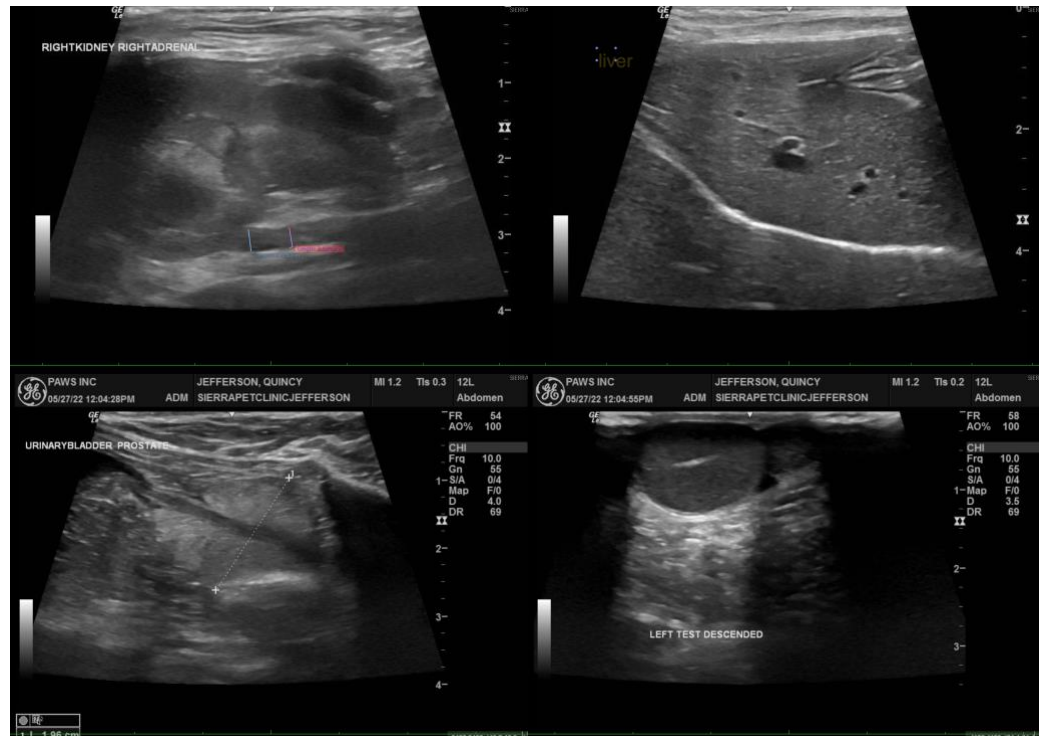
Dr. Sperka

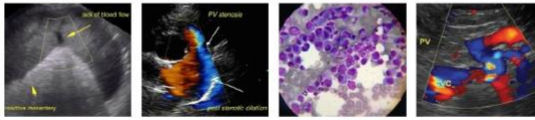
INVOICE

15801

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PATIENT

Quincy Jefferson

SPECIES

Canine

BREED

Maltese

SEX

Intact Male

AGE

4 Years 2 Months

WEIGHT

8.5 Pounds

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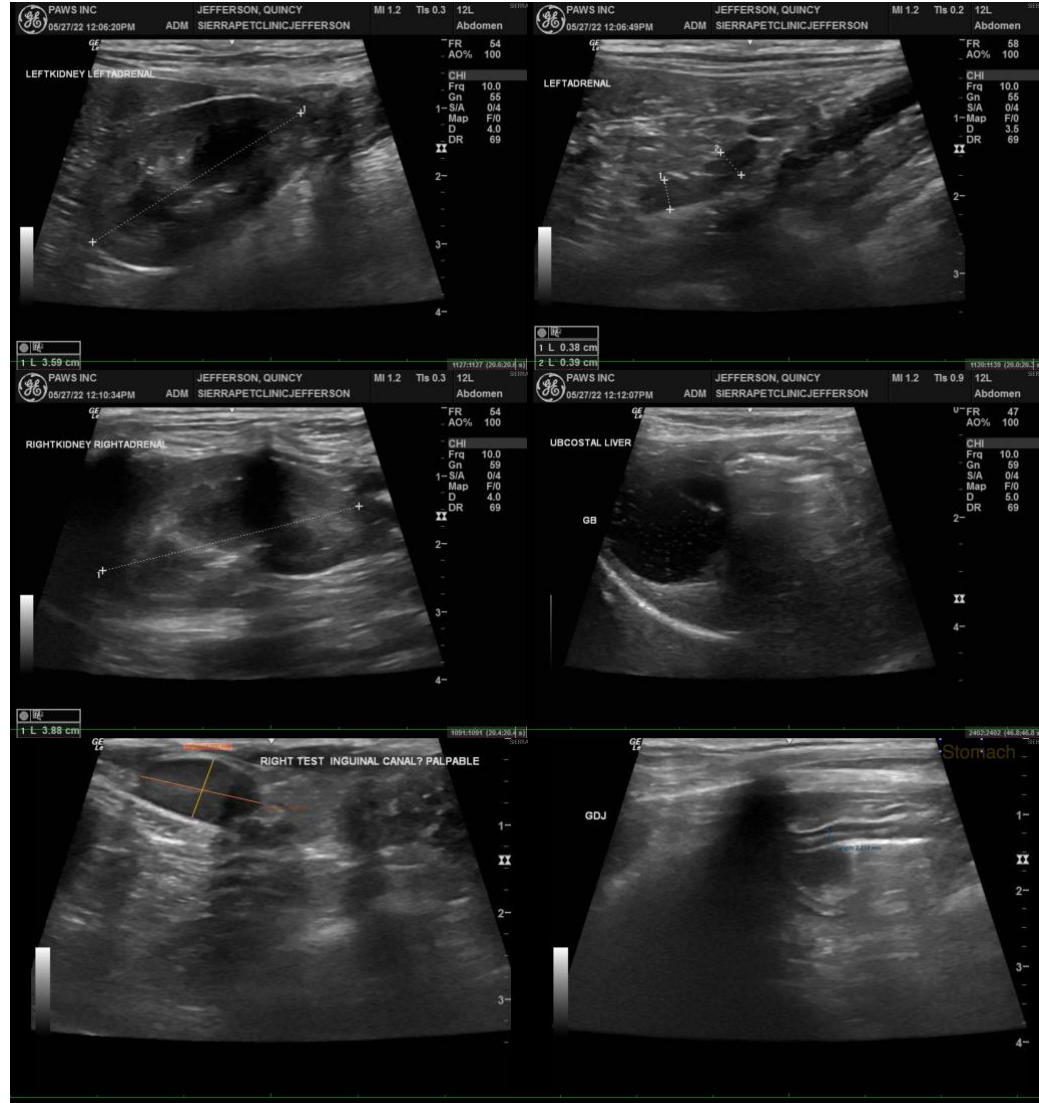
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INVOICE

15801

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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

Lisa.Carioto@sonopath.com