



**PATIENT**

Chaos Soto

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female

**AGE**

2 years

**WEIGHT**

28.8 kg

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Chemainus AH

**INVOICE**

31620

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

Odd, hunched gait for past 3 weeks. Seems to flinch when touched on flanks. Field trial dog. Intact. She has been worked up by both her regular veterinary clinic and experienced rehab vets with no cause found. From the rehab veterinarian: "I saw her mid June for acting funny, walking hunched up, difficulty transitioning between sit/down/stand. When I saw her she was definitely kyphotic with spasm in her back muscle. Didn't seem to have a specific lameness except she did resent full hip extension. I figured she tweaked something rough housing with the new puppy and did A/P and laser on back/core musculature. . . . I saw her last week and she is much improved in her mobility but she still doesn't transition well between positions . . . Epaxial muscles were still tight and there was some abdominal splinting on cranial abdominal palpation." Radiographs of the hind limbs as well as CBC/Chem/UA are normal (suspected iatrogenic hematuria). An older related dog (sibling from earlier litter) belonging to the same owner was diagnosed with a ureteral tumour last year. He is doing well post nephrectomy/ureterectomy surgery. Chaos is fed a homemade diet because she has diarrhea when given kibble. The other dogs in this line do not have dietary sensitivity issues. Until mid-June, Chaos has been healthy and active.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Ovaries**

The **left ovary** 0.55 cm in diameter x 1.31 cm in length. A curvilinear shape is present. No abnormalities are observed with the architecture, echotexture or echogenicity.

The **right ovary** is not visualized.

**Kidneys**

The **left kidney** measures 6.04 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

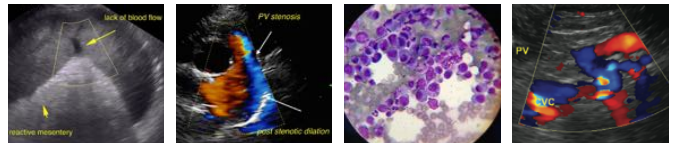
The **right kidney** measures 7.34 cm. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. Blood flow is within normal limits The surrounding mesentery is not hyperechoic.

**Aortic bifurcation/trifurcation** No abnormalities observed.

**Adrenal Glands**

The **left adrenal gland** measures 0.48 cm at the cranial pole, 0.45 cm at the caudal pole and 1.83 cm in length. 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 0.57 cm at the cranial pole, 0.68 cm at the caudal pole and 2.69 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.



**PATIENT**

***Spleen***

Chaos Soto

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.

**SPECIES**

Canine

***Liver***

**BREED**

Golden Retriever

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. Focal lesions are not observed. Portal walls are prominent (hyperechoic), however, no obvious abnormalities are observed with the hepatic vessels.

**SEX**

Female

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.

**AGE**

2 years

***Gastrointestinal***

**WEIGHT**

28.8 kg

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

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

Gas is present within the transverse colon.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

The colonic wall is not thickened and mural detail is considered normal. Gas and formed stools are present in the colon.

**IMAGING PERFORMED BY**

Dr. Markland

***Pancreas***

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

**HOSPITAL NAME**

Island Mobile Paws VS

**Other**

**REFERRING VET**

Chemainus AH

**Lymph nodes**

One of the mesenteric lymph nodes mid-abdomen is mildly prominent. It is bilobed and hypoechoic. It measures 0.83 cm in diameter at its widest x 1.79 in length.

**Abdominal effusion** is not visualized.

**INVOICE**

31620

**ULTRASONOGRAPHIC FINDINGS**

**DATE**

7/12/22

- Lymph node: The mesenteric lymph node is mildly prominent, however, this is not uncommon in young dogs. It is not considered pathological.
- No abnormalities noted on the abdominal ultrasound to explain Chaos' clinical signs.



**PATIENT**

Chaos Soto

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

A neurological exam may be worthwhile, in addition to a CT scan, however, if the epaxial muscles and/or the psoas muscle are causing Chaos' clinical signs, a MRI would be ideal.

A trial with gabapentin may be considered.

**BREED**

Golden Retriever

**SEX**

Female

**AGE**

2 years

**WEIGHT**

28.8 kg

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

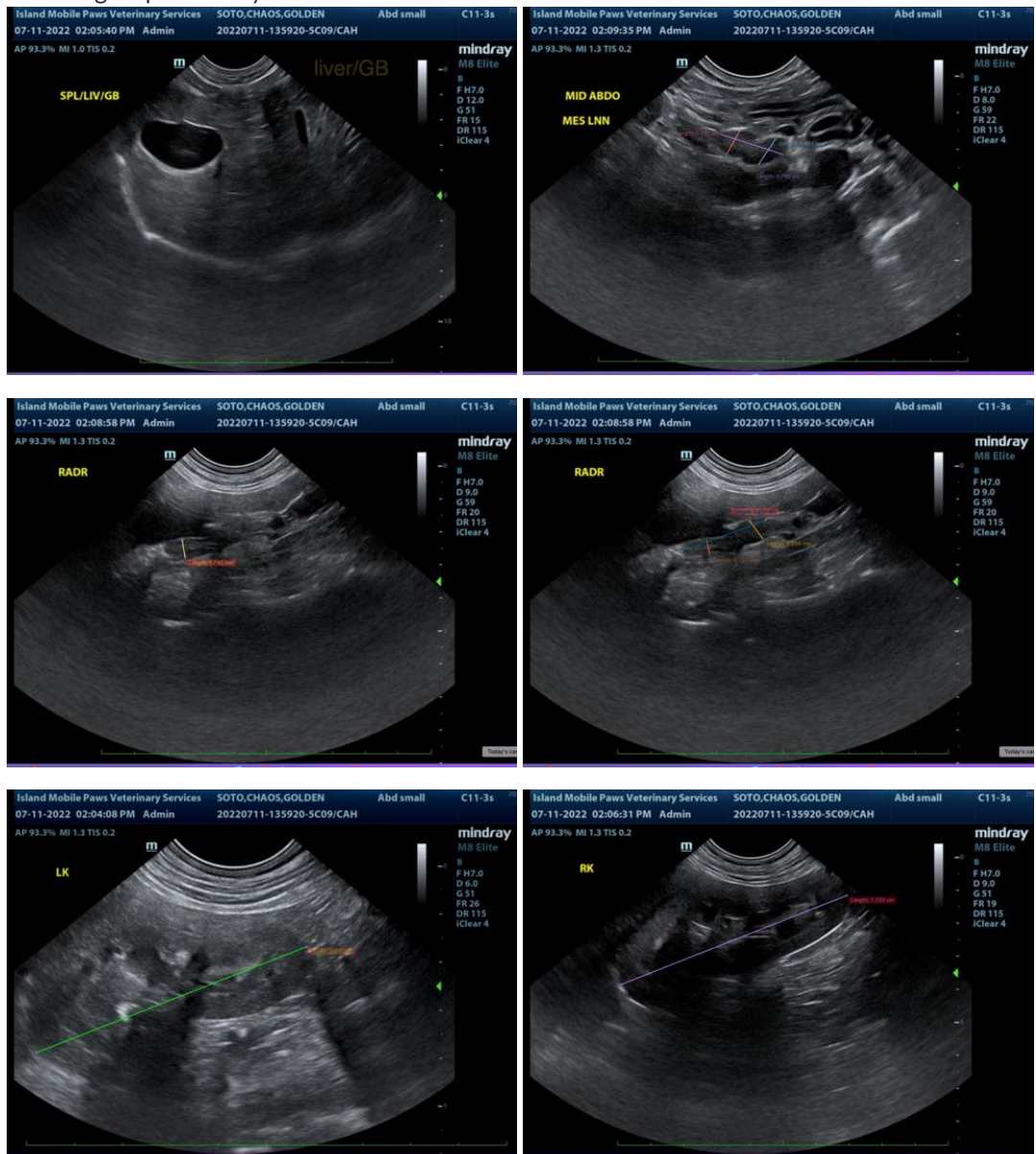
Chemainus AH

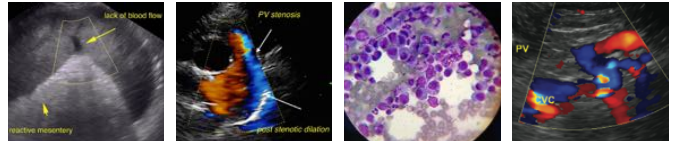
**INVOICE**

31620

**DATE**

7/12/22





**PATIENT**

Chaos Soto

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

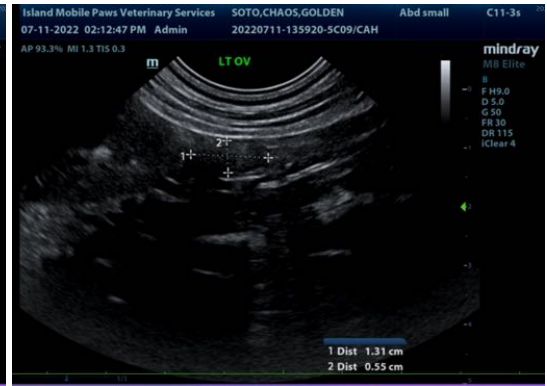
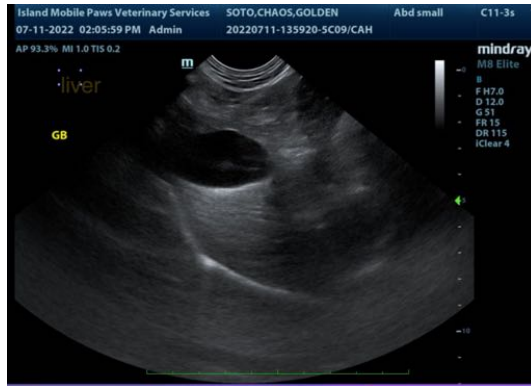
Female

**AGE**

2 years

**WEIGHT**

28.8 kg



**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Chemainus AH

**INVOICE**

31620

**DATE**

7/12/22

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](mailto:Lisa.Carioto@sonopath.com)