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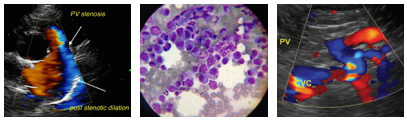

SonoPath
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DATE

1/18/22

PATIENT

JR Rohe

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

1/2/08

WEIGHT

27.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Fork Vet Hospital

REFERRING VET

Dr. Doherty

INVOICE

35023

PRESENTING CLINICAL SIGNS

History: Dog requires surgery to amputate a digit with a possible mass on the nail bed. The dog is not showing any signs of clinical problems but has an elevation of the ALKP enzyme. Dog has a history of significant skin allergies

Current Medications: Cytopoint inj - 11/24/2021. Was on prednisone in the early fall but currently has not had any treatment in over 2-3 months.
Lab Results: Sept. 2021 ALKP 384 (5-160 units/L), Dec. 2021 ALKP 824 (5-160 units/L), all other blood parameters are WNL.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The bladder measured 0.46 cm in width at moderate repletion.

The prostate was uniform at 1.2 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.16 cm. The left kidney measured 5.23 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.21 cm x 0.81 cm at the cranial pole and 0.82 cm at the caudal pole. The left adrenal gland measured 2.16 cm x 0.69 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Hyperechoic lipogranulomatous changes noted. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented normal size and contour with coarse architecture and mild increase portal markings. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

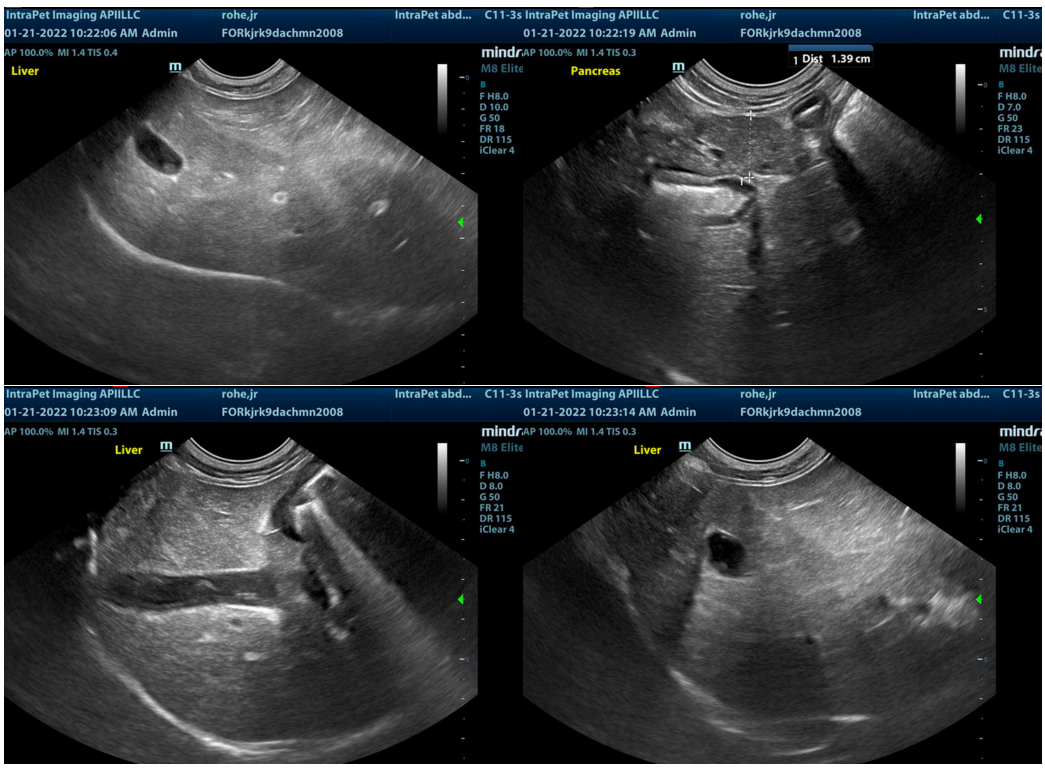
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb measured 1.39 cm.

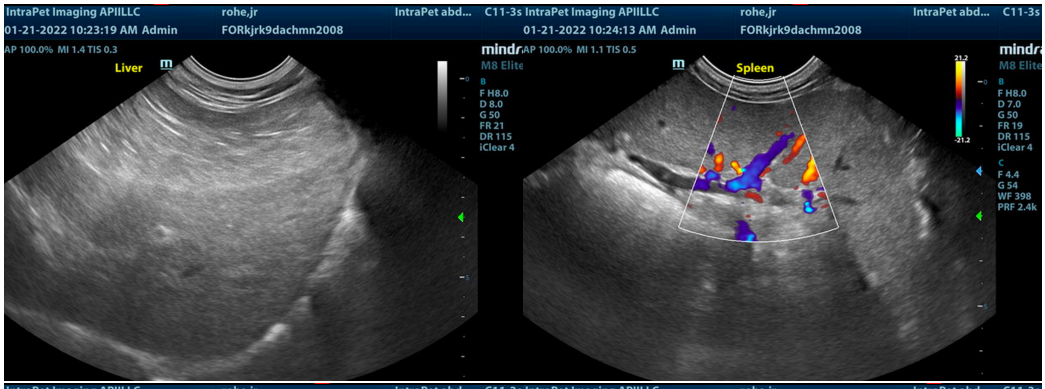
ULTRASONOGRAPHIC FINDINGS

- Mild to moderate hepatic remodeling, structurally unremarkable, unlikely to carry dysfunction associated with the hepatic presentation.
- Prominent, slightly irregular pancreas
- Minor splenic remodeling and lipogranulomatous changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile would be ideal. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No overt contraindication to anesthetic procedure if bile acid profile is normal.

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Liver
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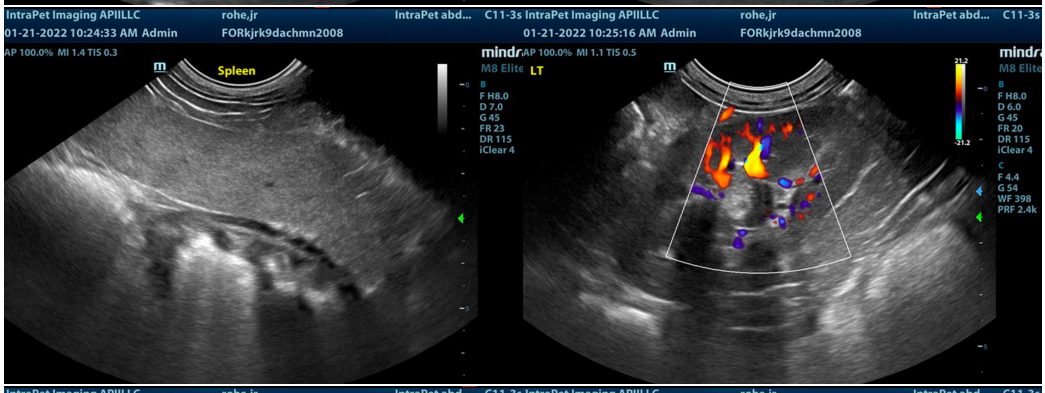
Spleen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Spleen
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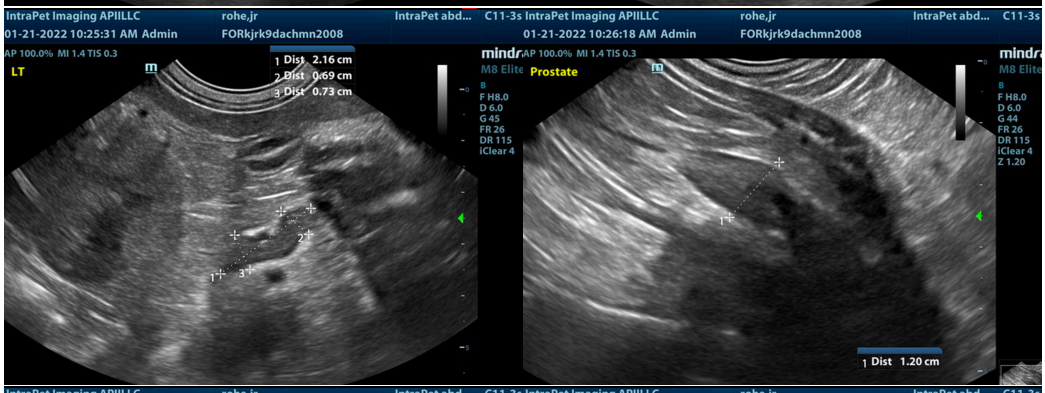
LT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LT
1 Dist 2.16 cm
2 Dist 0.69 cm
3 Dist 0.73 cm
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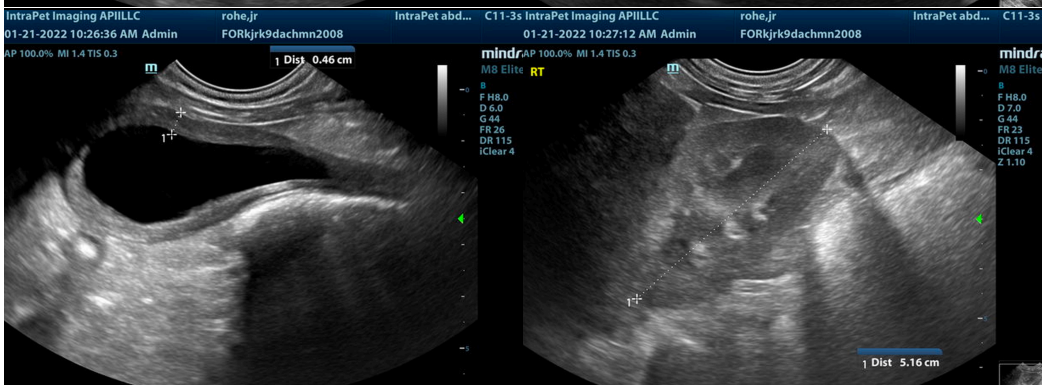
Prostate
1 Dist 1.20 cm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1 Dist 0.46 cm
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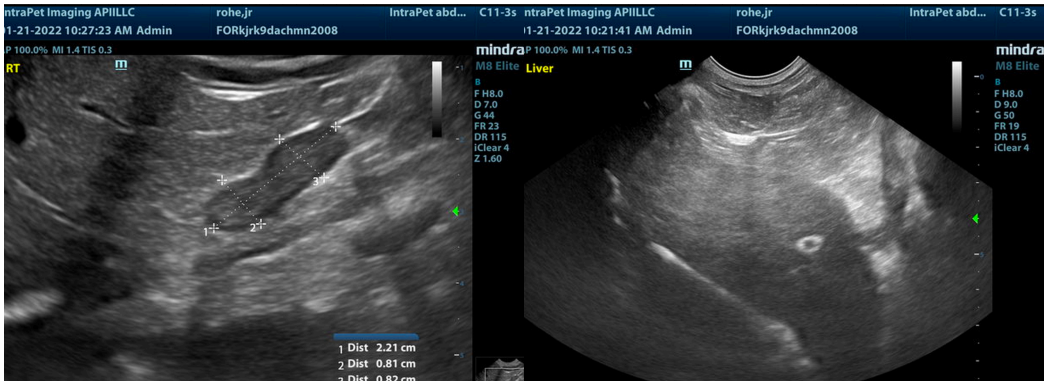
RT
1 Dist 5.16 cm



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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