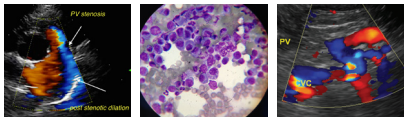
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

1/25/22

PATIENT

Carley Carl

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

10/6/12

WEIGHT

13.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Aniaml Emergency Hospital

REFERRING VET

Dr. Thompson

INVOICE

35069

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Abdominal Pain; Whimpering. Date: 01-24-2022 Notes: Carley is 9 y/o FS Shih Tzu who presents for panting, shaking, and not acting right Previously History - was diagnosed with pancreatitis back in December, hospitalized, full bloodwork, and AUS - readmitted 1/8 for continued treatment of chronic pancreatitis - Seen by RDVM 1/20, given SQ fluids and Convenia, low grade fever 102.8 - still eating and drinking at home – slowly transitioning back to regular diet, was eating at first, then turned nose up to, O tried a different flavor and eating that - U/D normally, stool mostly formed - will only start to eat if bowl is raised - did give appetite stimulant, once - legs were shaking today, O gave gabapentin at 9:30 am Since discharge at 4pm - went home and ate a 2.5 big teaspoons of wet food, urinated normally, appeared more out of it – around 10 pm owner went to touch her neck and she nipped at her - woke owner up around 11pm vocalizing - went outside, thinking she had to U/D, and continued to whimper. Medications: - Gabapentin 50 mg PO PRN - Proviable - Convenia on 1/20 - O has Entyce and Mirtazapine at home to give as needed, as well as maropitant. Assessment: Febrile, painful abdomen - chronic pancreatitis vs metabolic disease (liver, kidney, endocrine) vs IBD vs neoplasia vs spinal pain vs other.

Current Medications: Gabapentin, Unasyn, Ondansetron, Omeprazole, Buprenex, Methadone.
Lab Results: USG 1.028, ALT 172
Date of Previous IntraPet Ultrasound: 12/24/2021.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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. Similar to prior sonogram. The right kidney measured 4.78 cm. The left kidney measured 4.43 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 2.14 cm x 0.55 cm at the caudal pole and 0.70 cm at the cranial pole. The left adrenal gland measured 1.59 cm x 0.44 cm at the caudal pole and 0.47 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

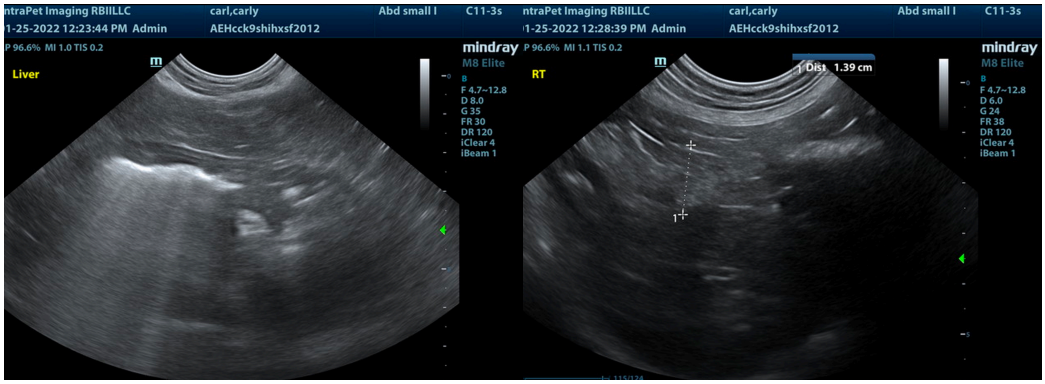
The **pancreas** revealed mixed echogenic, coarse architecture and remodeling. It appears to be stable and normal for post-inflammatory events of the pancreatic parenchyma. Both the right and left limbs appeared to be remodeled.

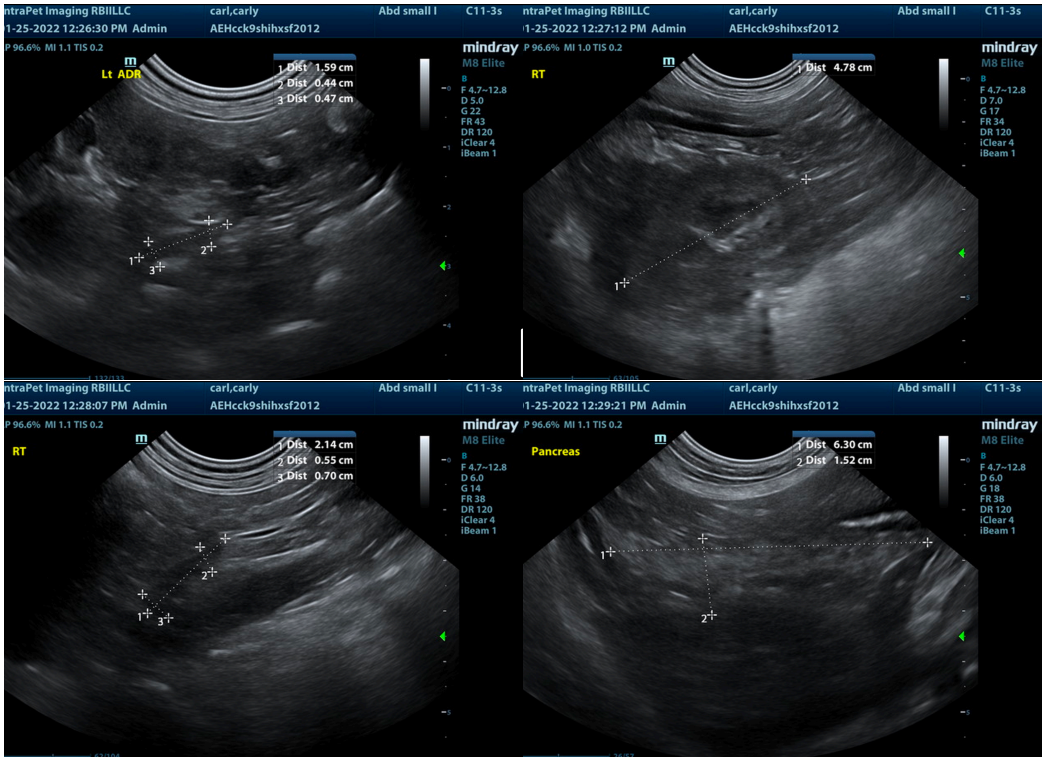
ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling – appears stable, expected for post-inflammatory state

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of residual disease. I cannot rule out low-grade persistent inflammation of the pancreas, yet sonographically appears largely stable.





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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