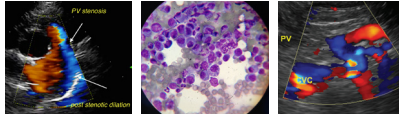


IMAGING PERFORMED BY

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SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

1/25/22

History: Presenting Complaint: Vomiting, Diarrhea, Lethargic, Appetite Decreased Date: 01-25-2022 Notes: Princess Belle is a 9 y/o FS Yorkie who presents for vomiting, diarrhea, decreased appetite, and lethargy - 3-week history of vomiting and diarrhea - was doing better on a bland diet, started back on regular food and started having vomiting and diarrhea again - does have a cyst on neck and right hind limb, neck cyst has gotten bigger recently - went to RDVM and got antinausea medications, did not eat Friday, ate small amount on Saturday evening.

PATIENT

Princess Belle Presbury

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

10/2/12

WEIGHT

11.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Thompson

INVOICE

35072

Assessment: Vomiting, diarrhea, lethargy, inappetence- IBD vs pancreatitis vs lymphangectasia vs FB vs gastrointestinal parasites vs other.

Current Medications:

Lab Results: wnl.

Radiographs: Diffuse gas pattern.

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 **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. The right kidney measured 4.17 cm. The left kidney measured 4.07 cm.

Adrenal Glands

The **right adrenal gland** was 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 2.0 cm x 0.71 cm at the caudal pole and 0.71 cm at the cranial pole.

The **left adrenal gland** was upper limits of normal, measuring 1.84 cm x 0.73 cm at the caudal pole and 0.50 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Minor areas of lobar biliary sand noted.

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

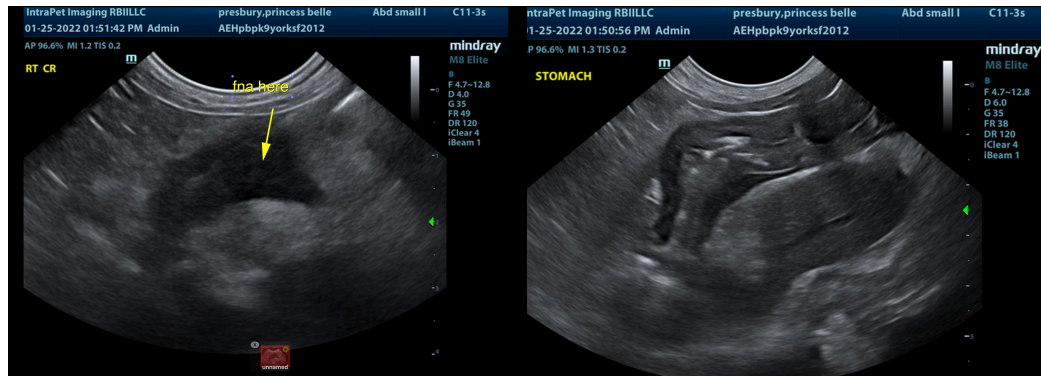
The **pancreas** revealed hypoechoic, irregular parenchyma with enhanced surrounding mesentery, consistent with pancreatitis primarily in the right limb in a region measuring 1.56 cm x 2.0 cm. Areas of loss of structural detail would suggest regional pancreatic necrosis. Other portions of the pancreas revealed areas of remodeling. Enhanced surrounding mesentery noted around the undifferentiated portions of the pancreatic pathology.

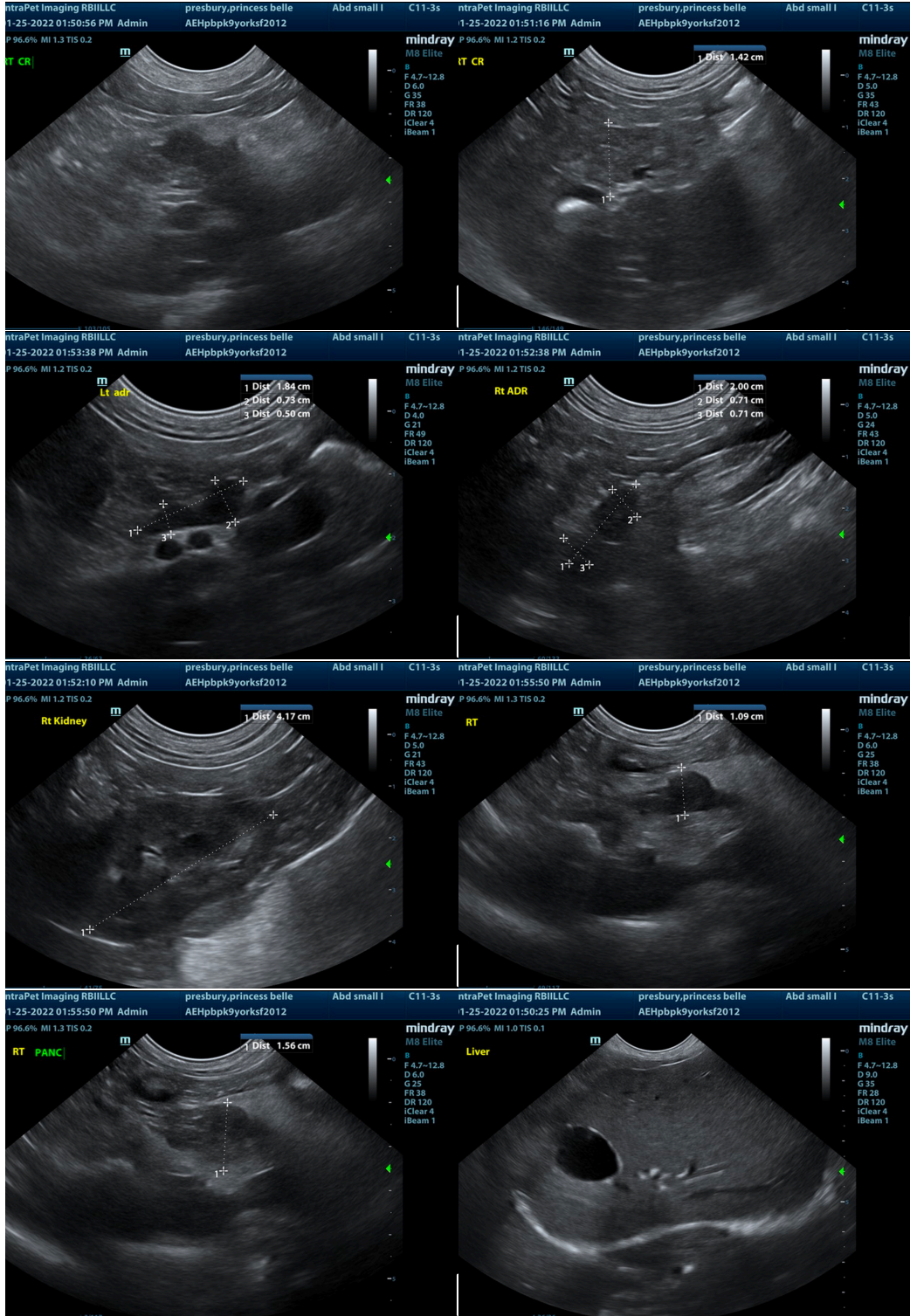
ULTRASONOGRAPHIC FINDINGS

- Regional pancreatitis pattern – Possible necrosis, minor potential for neoplasia
- Age related abdominal changes otherwise
- Minor biliary hepatic mineralization, non-obstructive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the hypoechoic portion of the pancreas strongly recommended to rule out neoplasia and to assess possible pancreatic necrosis. IV fluid support, broad-spectrum antibiotics, pain management all warranted in the meantime.





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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