

**DATE**

1/7/22

PRESENTING CLINICAL SIGNS

History: History: Several month history of new separation anxiety, pica, mild weight loss. PE NSF. lab work marked amylase and lipase elevation, GI panel (TLI, cobalamin, folate) normal, elevated CPL.

PATIENT

Lola Powell

Current Medications: Trazodone 100-200mg PO PRN.

Lab Results: amylase 4415, lipase >1800, CPL 358, Albumin borderline low, AST and ALKP borderline high, fecal negative. T4 normal.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: IV butorphanol 1.0 mL, dexdomitor 0.25mL.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

10/1/11

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen.

WEIGHT

76 Lbs.

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.09 cm. The right kidney measured 7.09 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 3.36 cm x 0.6 cm at the caudal pole and 0.78 cm at the cranial pole. The left adrenal gland revealed a hyperechoic nodule at the cranial pole, measuring 0.9 cm x 0.48 cm. The left adrenal gland measured 3.94 cm x 0.5 cm at the caudal pole and 0.67 cm at the cranial pole.

HOSPITAL NAME

Hickory VH

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. Caudal folding of the spleen was noted, normal positional variant.

REFERRING VET

Dr. McCourt

INVOICE

13323

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

Some retention of ingesta or possible soft shadowing structure was noted in the **stomach**. The largest shadowing structure measured approximately 1.5 cm, may be oral medications. A minor amount of chyme was present. The structures may be causing low grade delayed outflow. The small intestine and colon were unremarkable.

Pancreas

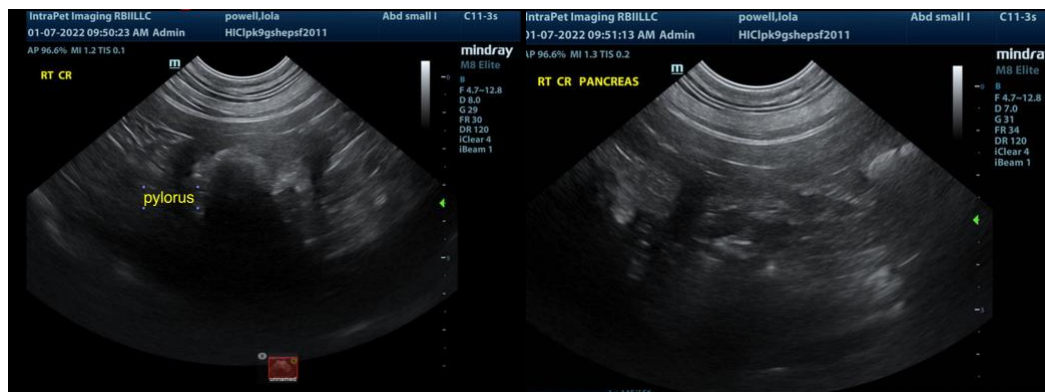
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

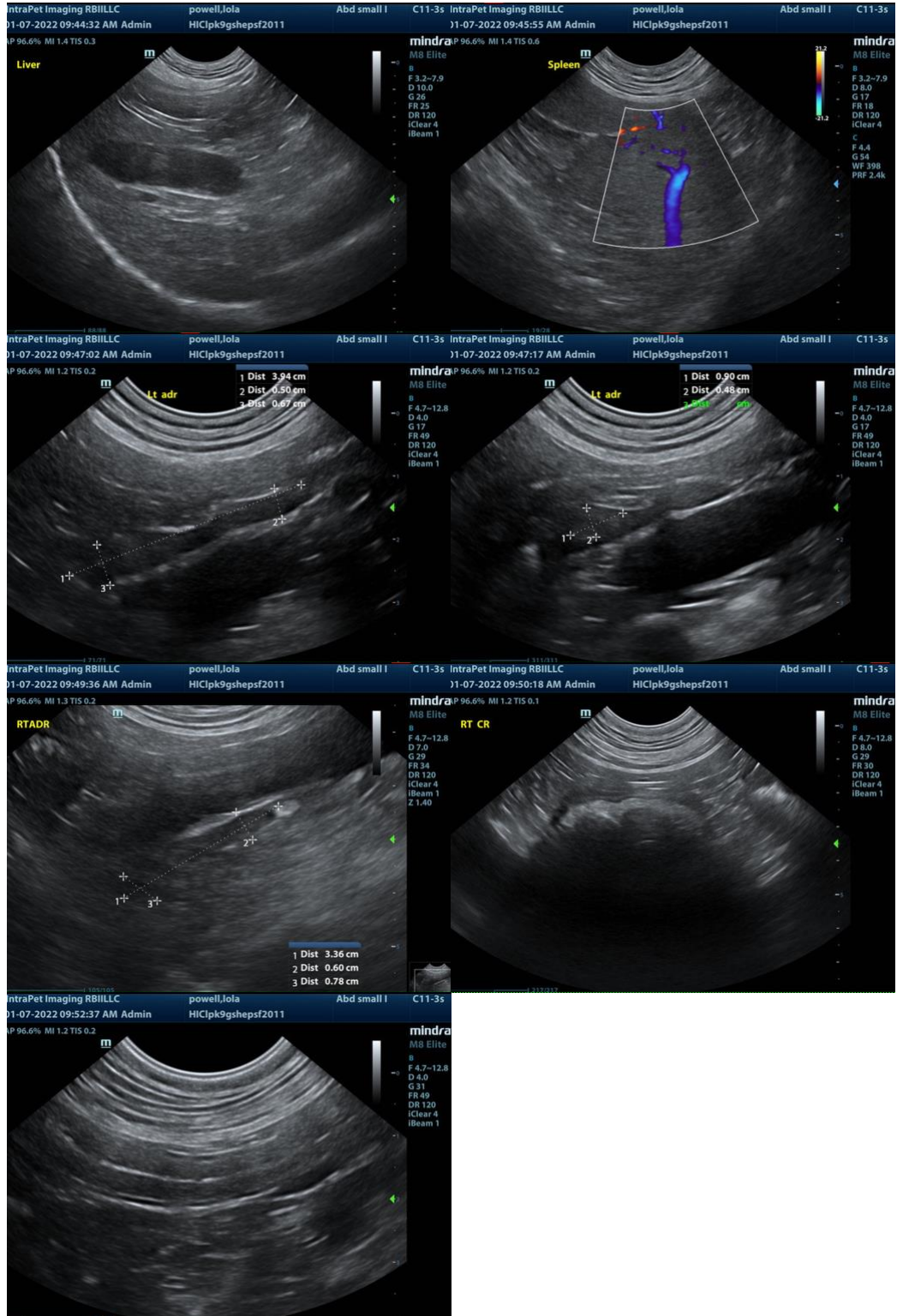
ULTRASONOGRAPHIC FINDINGS

- Retention of ingesta or possible soft foreign matter in the stomach
- Minor pancreatic remodeling
- Left adrenal nodule, likely adenoma
- Splenic fold, normal positional variant
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. If the patient was NPO at the time of the sonogram, soft foreign matter should be considered or endoscopy. If the patient was not NPO, then 12 hour NPO status and recheck of the pyloric outflow indicated.





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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