

**DATE PRESENTING CLINICAL SIGNS**

10/8/21 History: History of chronic pancreatitis and weight loss.
 Now has yellow/orange soft feces that has not resolved with meds.

PATIENT

Wesley Drager Date of Previous IntraPet Ultrasound: 2/5/21 and 1/31/21.
 Sedation: not needed
 Stat Report: not requested

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED *Urinary System***

KCC

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.

SEX

Neutered Male

The **right kidney** revealed persistent pyelectasia (0.53 cm) and moderate degenerative changes with some loss of corticomedullary definition. The right kidney measured 3.75 cm in length.

AGE

2008

The **left kidney** revealed a cortical infarct at the caudal pole up to 0.51 cm. The left kidney measured 3.75 cm.

WEIGHT *Adrenal Glands*

13.1 Pounds

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 1.61 cm x 0.56 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland measured 1.56 cm x 0.41 cm at the caudal pole and 0.47 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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. 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. This is a minor changes.

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No evidence of significant pathology.

INVOICE

13642

Gastrointestinal

The **stomach** presented minor thickening. The small intestine and colon were unremarkable.

Pancreas

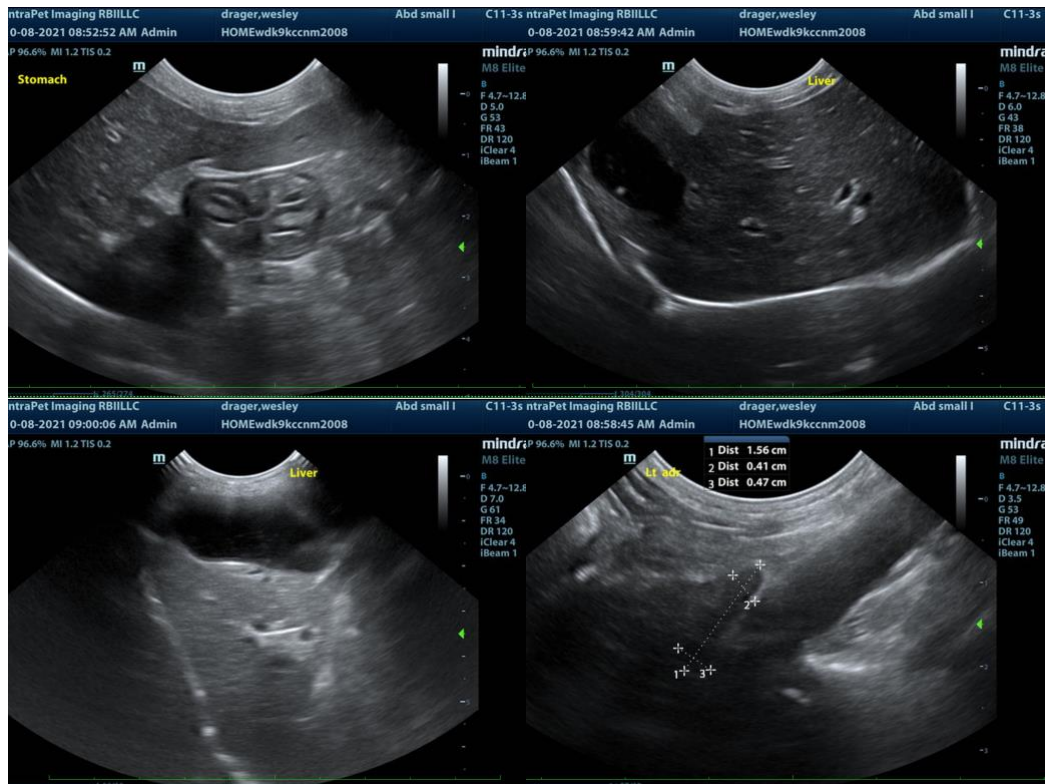
A moderate amount of remodeling noted in the **pancreas**.

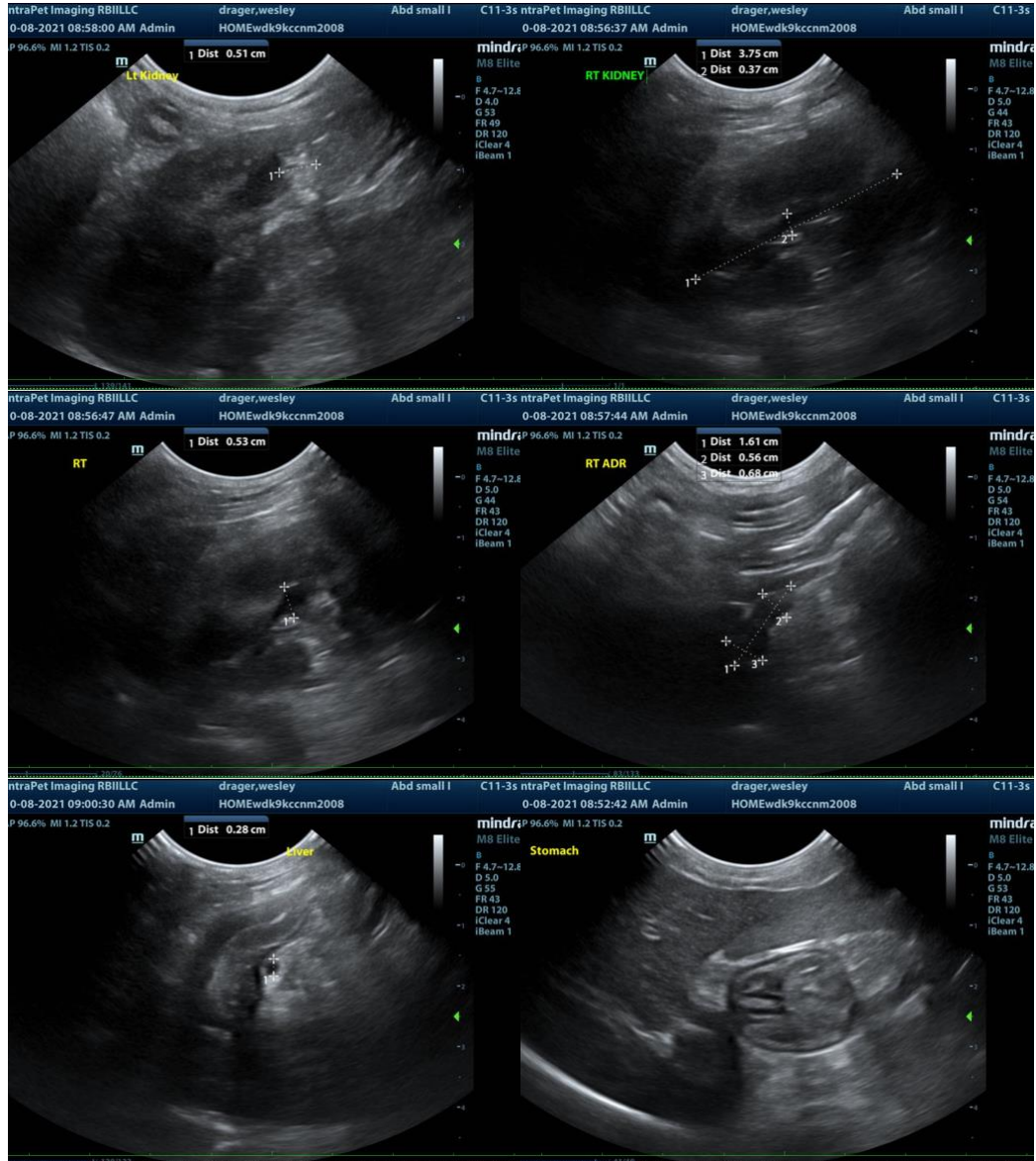
ULTRASONOGRAPHIC FINDINGS

- Resolved gastroenteritis/pancreatitis presentation
- Some residual pancreatic remodeling
- Renal infarct and mild to moderate degenerative changes
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable given this patient history. I recommend continuation of the current protocol, if no clinical signs are present. Periodic urinalysis warranted to assess for any evidence of UTI given the renal pyelectasia.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com