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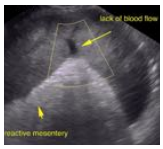

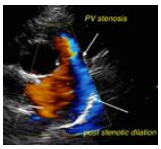

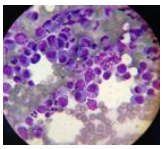
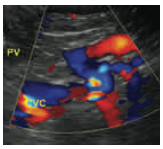

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sandi VanNorman

SPECIES

Canine

BREED

Pug Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

Dr.Elia

INVOICE

94636

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: PU/PD, NDR, ^ALP, amyl, lipase, acute pancreatitis, sudden increased severity of skin issues, vomiting. Current meds: ketoconazen 200mg 1/2T SID, Thyro tab 0.2mg BID
Abnormal PE/Chem/CBC/UA Results: PCV 36%, TP 7.0, ALKP 485, Lipase 5999, MCH 41.9, WBC 27, Neu 14.1, Lym 10.24, Mono 2.11

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 was noted. Ureteral papillae were normal.

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. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.6 cm. The left kidney measured 4.66 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 left adrenal gland measured 2.1 x 0.67 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.73 x 0.59 cm at the caudal pole and 1.27 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 was 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.

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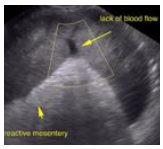
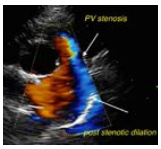
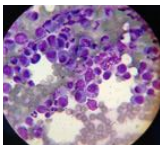
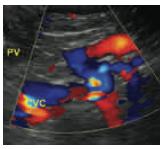

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Gastrointestinal

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

Heterogenous **pancreatic** changes were noted in this patient with hypoechoic parenchyma and enhanced surrounding fat. This is consistent with moderate pancreatitis.

Free Abdomen

The iliac lymph nodes were mildly enlarged. The largest lymph node measured 0.5 cm. The lymph node was hypoechoic and peripherally inflamed with enhanced surrounding fat.

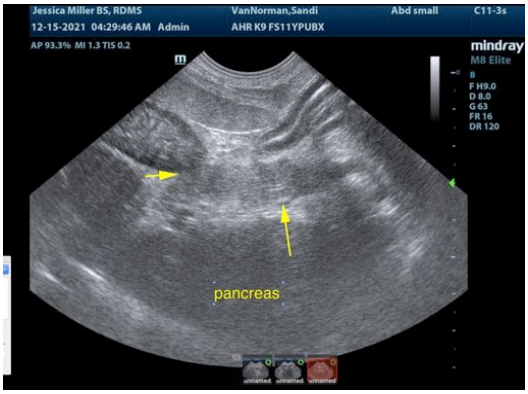
ULTRASONOGRAPHIC FINDINGS

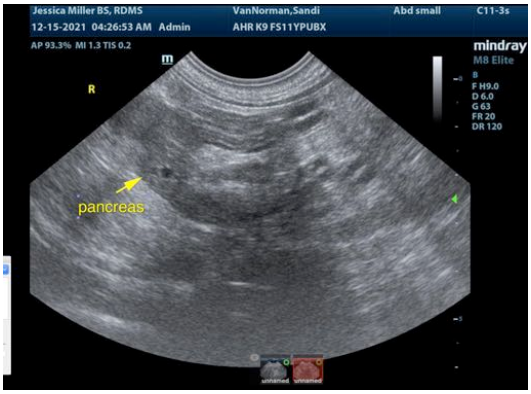
Iliac lymphadenopathy, minor.

Mild to moderate pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

48 hour IV fluid protocol with 24 hours n.p.o., pain management and broad spectrum antibiotics such as Enrofloxacin and Metronidazole combination is recommended. Hydrolyzed diet may be in the patient's best interest given the globalized issues.





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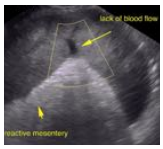
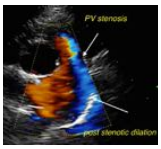
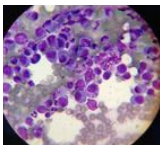
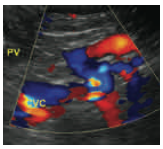

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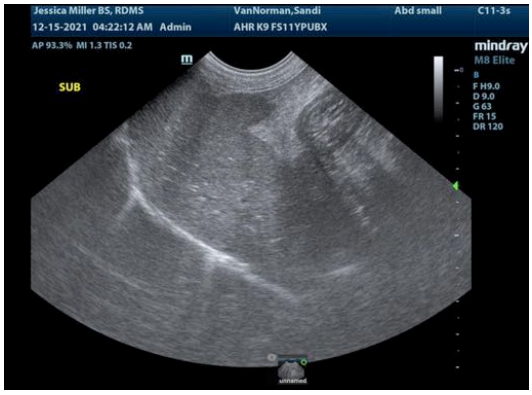

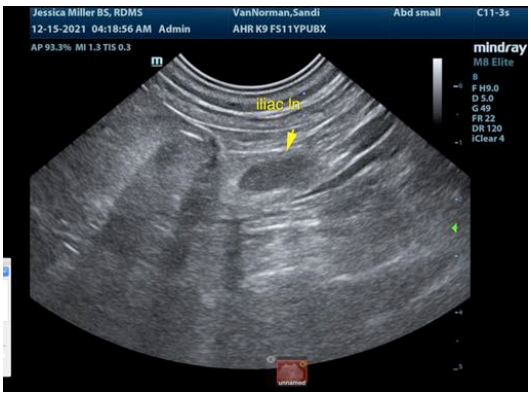

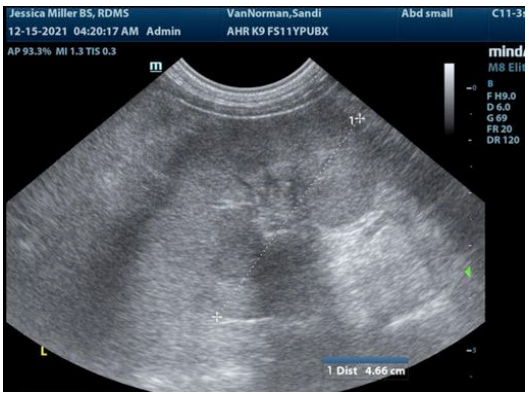

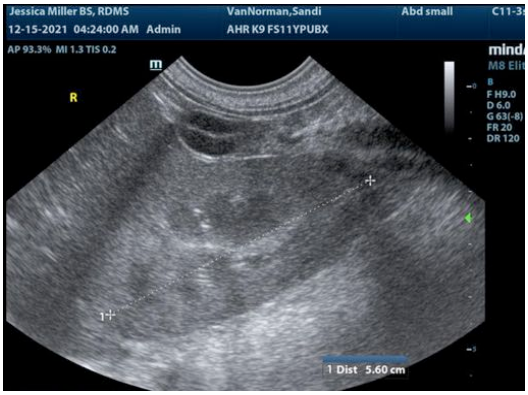

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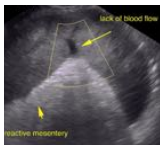

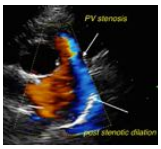

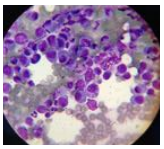
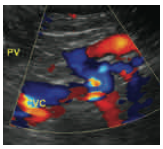

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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