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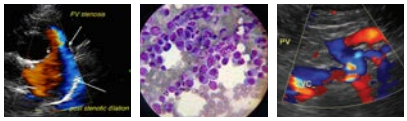
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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**DATE**

12/24/21

**PATIENT**

Carley Carl

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

10/6/12

**WEIGHT**

19.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency Hospital

**REFERRING VET**

Dr. Willer

**INVOICE**

33725

## PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating; Panting; In Pain/Discomfort. Date: 12-21-2021 Notes: yesterday afternoon- went over the water dish- did not drink last night- did not eat her food; did have BM- normal did not want to eat at all; got her to eat a couple of treats ( beef jerky stuff- made in USA) does not want to bend down to eat- gets blue basic- wet and dry- tried to bite owner when picking up- no vomiting- no c/s-possible to get into something- but not aware of her getting into anything- no people food-given no access to the cat food -is on flea/tick preventative- is on HWP. PE- fever, tacky mm, painful abdomen; possible lumbar pain. Pet has responded well to medical management- is still uncomfortable in the abdomen- but not sure if this is all abdominal pain vs back pain; is currently eating.

Current Medications: Carprofen, Gabapentin, Methocarbamol, Maropitant, Omeprazole
Lab Results: Attached separately in request.
Radiographs: no obvious masses/ obstruction narrowing of the disc spaces along the lumbar region mild GI 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. The left kidney measured 4.16 cm with trace pyelectasia of 0.12 cm. The right kidney measured 4.46 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 2.22 cm x 0.54 cm at the caudal pole and 0.50 cm at the cranial pole. The right adrenal gland measured 1.85 cm x 0.47 cm at the caudal pole and 0.59 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*

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

### *Pancreas*

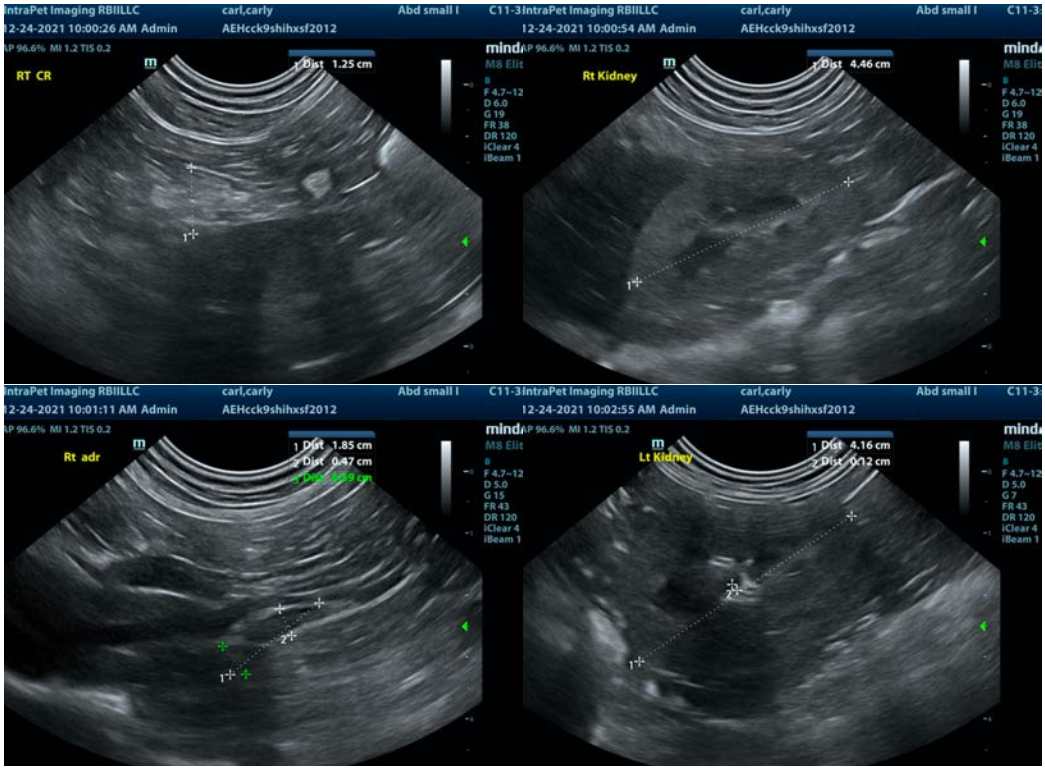
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling
- Age related renal changes
- Unremarkable abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease.




**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
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