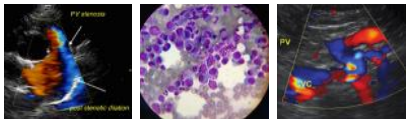
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
2/4/22

PATIENT
Bristol Huber

SPECIES
Canine

BREED
Rottweiler

SEX
Spayed Female

AGE
2/11/14

WEIGHT
107 Lbs.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Madonna VC

REFERRING VET
Dr. Smith

INVOICE
13796

PRESENTING CLINICAL SIGNS

History: Salivating, licking floor etc since 1-17-22, Now-lethargic, still salivating, Painful front leg, depressed.

Current Medications: Cerenia, Gabapentin, Sucralfate, Metoclopramide.
Lab Results: 1-17(elevated amylase, and lipase). 1-31(Repeat bloodwork WNL).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 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 6.48 cm. Slight mineralization was noted in the left renal pelvis at 0.28 cm. The left kidney was normal in size and contour otherwise, measuring 6.82 cm.

Adrenal Glands

Both **adrenal glands** were slightly enlarged. The right adrenal gland measured 3.81 cm x 1.34 cm at the caudal pole and 1.27 cm at the cranial pole. The left adrenal gland measured 3.05 cm x 0.91 cm at the caudal pole and 1.02 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

Minor excessive **GI** gas was noted. The small intestine and colon were unremarkable.

Pancreas

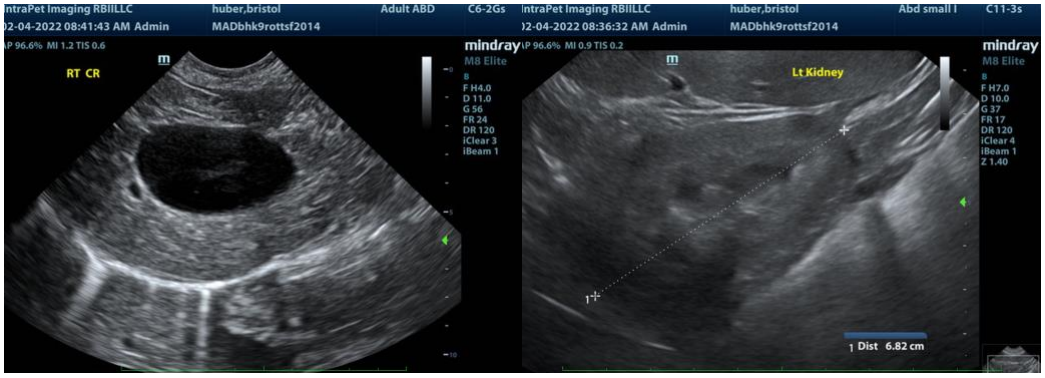
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

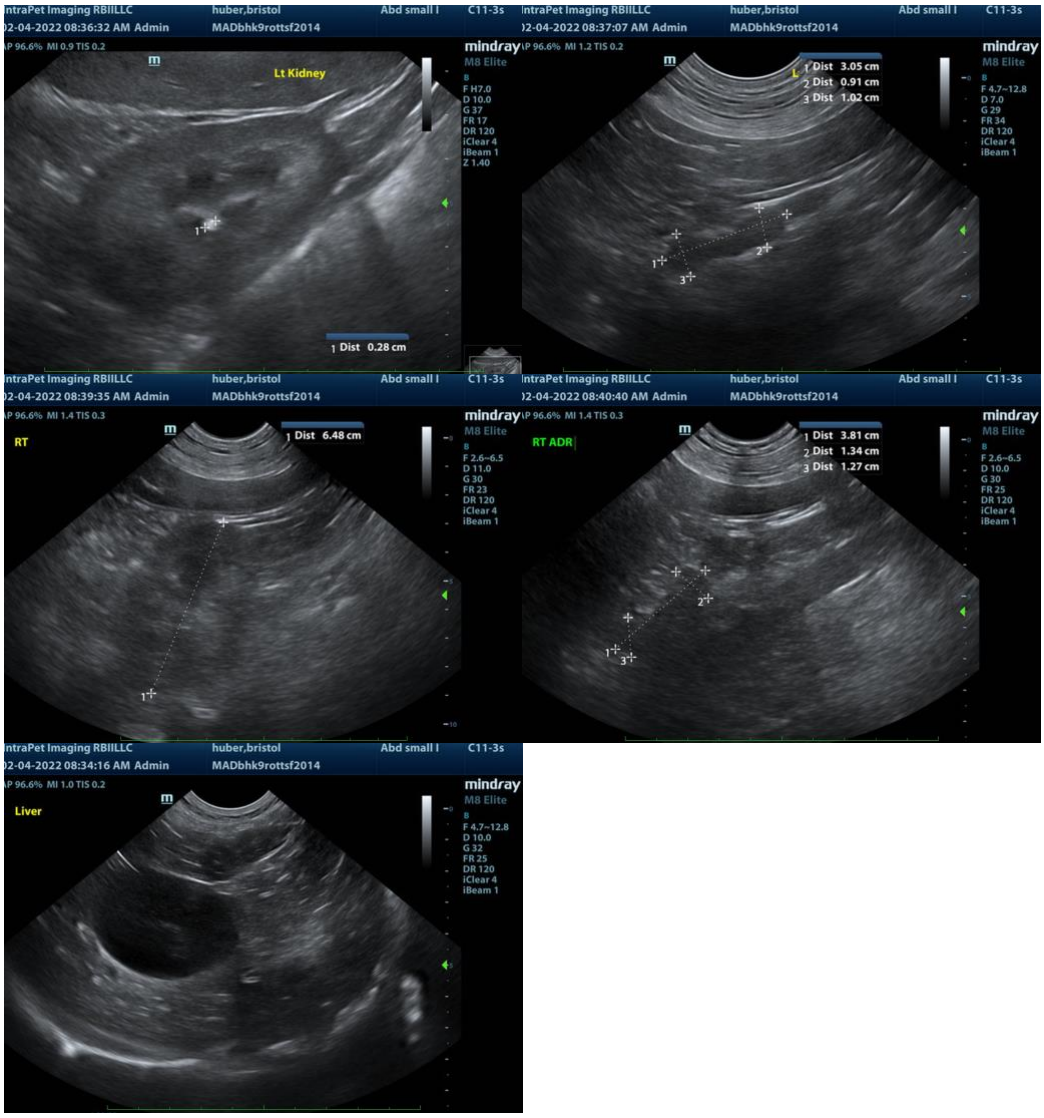
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable liver
- Slight adrenal enlargement
- Minor renal mineralization
- Excessive GI gas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal pattern on radiographs should be evaluated for potential bloating. If urine specific gravity is <1.020, and the patient appears Cushingoid, then work up for PDH indicated. Given the patients history, GI protectant protocol warranted. However, sonographically, the abdomen appears largely unremarkable.





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
Eric.Lindquist@SonoPath.com