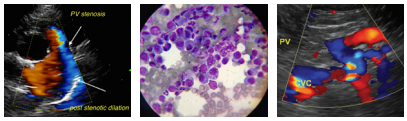
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

2/8/22

PATIENT

Milo Neubauer

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

9/24/13

WEIGHT

12.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

35520

PRESENTING CLINICAL SIGNS

History: Was initially scanned at AEH. Diagnosed with pancreatitis while in hospital for DKA. Also suspected to have Cushing's disease. It was recommended to recheck ultrasound for pancreatitis to see if improvement noted after 72 hours. Pet seems improved but still has mild ketones in urine and is finicky about eating.

Current Medications: Mirtazapine 15 mg 1/4 T sid, I/D low fat diet, Novolin 6 U bid, Omeprazole 10 mg sid.
Lab Results: urine pending.
Date of Previous IntraPet Ultrasound: 1/14/2022.
Sedation: Not required to complete full diagnostic ultrasound.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.45 cm with minor pyelectasia and a slight anechoic 5.0 mm cyst. The right kidney measured 4.42 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 right adrenal gland measured 1.8 cm x 1.13 cm at maximum width.

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** was mildly swollen. The gallbladder was unremarkable.

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

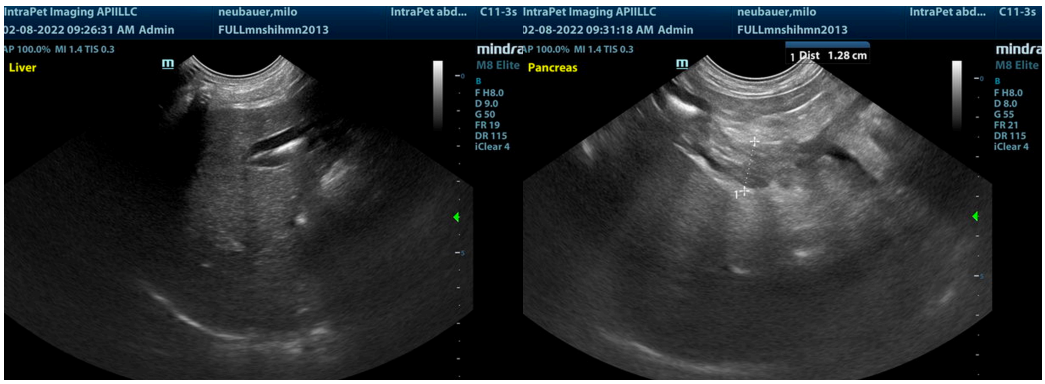
The **pancreas** presented undulating contour, coarse architecture, and hypoechoic parenchyma. Both left and right pancreatic changes appear to have parenchymal remodeling with mild enhanced surrounding mesentery. The remodeling may be secondary to prior insult. Level of active inflammation appears to be diminished. Sub xiphoid palpation recommended clinically to assess for any discomfort in the region of the left and right pancreatic base.

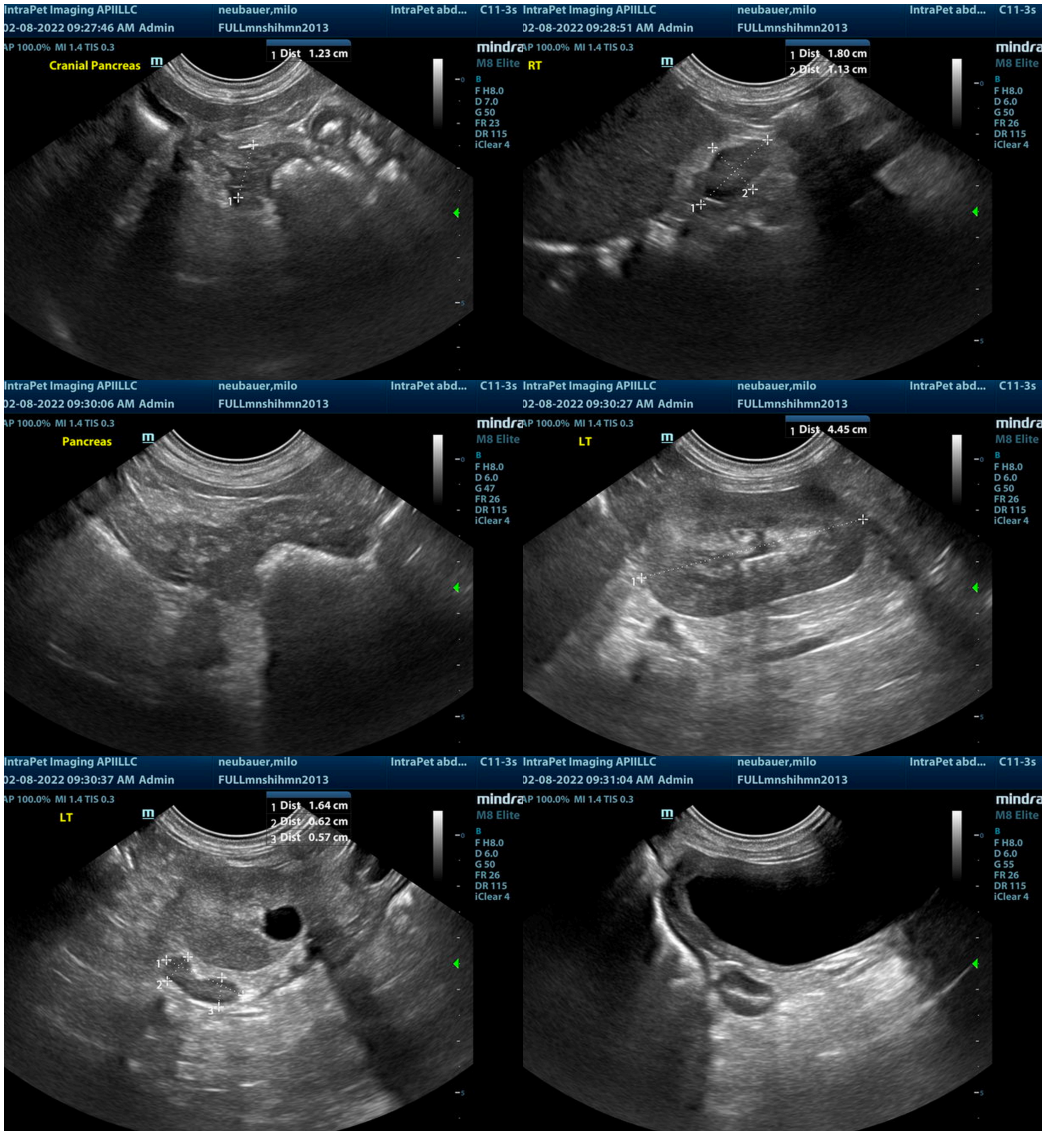
ULTRASONOGRAPHIC FINDINGS

- Mild residual pancreatic remodeling – possible minor low-grade inflammation.
- Improved adrenal presentation – the prior may have been stress related or still related to PDH depending upon clinical status.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands appear to be less swollen than the prior sonogram. The prior hypoechoic, swollen aspects of the adrenals may have been stress related, or possibly related to Cushing's. However, it appears to have somewhat subsided. Continual medical management warranted.





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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