

**DATE PRESENTING CLINICAL SIGNS**

2/9/22

History: Recheck of chronic pancreatitis and hepatitis. 11/20/20 p presented to ER w/severe hepatitis and pancreatitis and GB monucle and p has responded well to medical therapy. O reports p is doing well at home - appetite does wax and wane somewhat but p is still eating.

**PATIENT**

Pumpkin Sawyer

Current Medications: Ursodiol 250mg tab - 1/4 tab BID, Clavamox.

Date of Previous IntraPet Ultrasound: 9/17/21, 3/26/21, 2/12/21, 1/8/21, 11/20/20, 11/23/20, 12/11/20.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

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

Mix

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 **kidneys** presented relatively normal size and contour with largely age related changes. The left kidney measured 5.55 cm with slight pyelectasia 0.46 cm and microcystic cortical changes. The right kidney measured 4.73 cm with pyelectasia of 0.35 cm. Cortical cyst and corticomedullary mineralization noted in the right kidney.

**AGE**

8/6/06

**WEIGHT****Adrenal Glands**

24.1 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 left adrenal gland measured 1.84 cm x 0.73 cm at the caudal pole and 0.74 cm at the cranial pole. The right adrenal gland measured 1.74 cm x 0.59 cm at the caudal pole and 0.46 cm at the cranial pole.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen****IMAGING PERFORMED BY**

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.

Rachel Brilhart RDMS

**HOSPITAL NAME**

Northwind AH

**REFERRING VET****Liver**

Dr. Repsher

The **liver** presented uniform mild swelling and minor heterogeneous parenchymal changes, consistent with benign hepatopathy. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Some striating bile remained. This appears improved from the prior sonogram.

**INVOICE**

35562

**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**

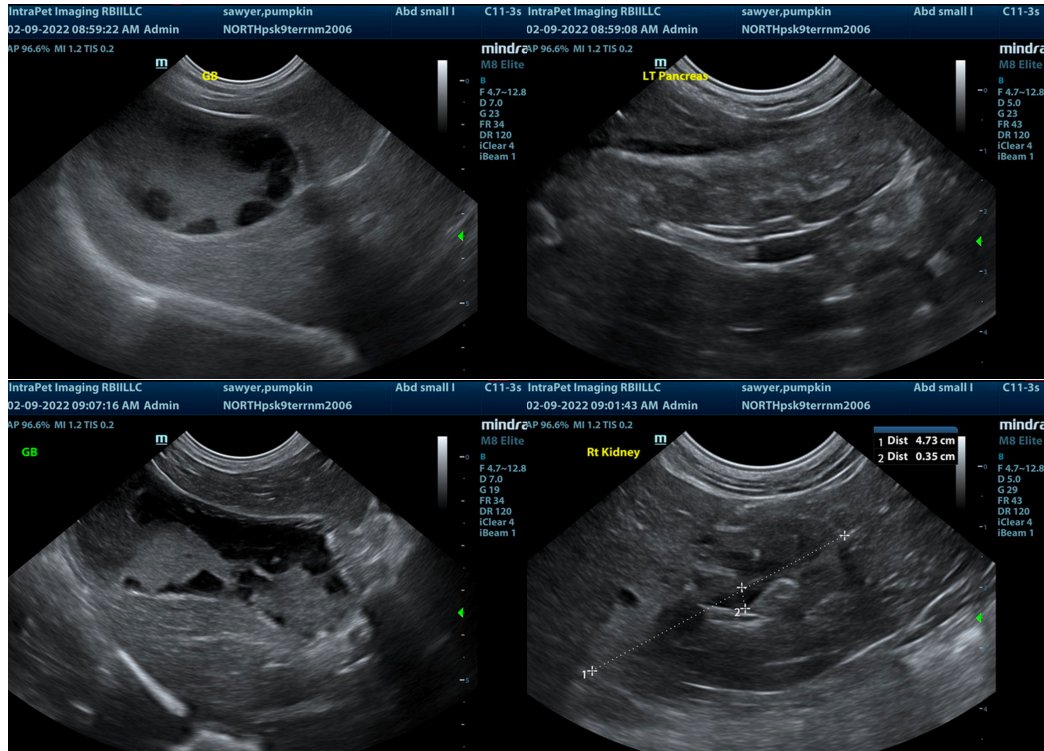
The pancreas presented similar changes as the prior sonogram with mild heterogeneous parenchymal changes.

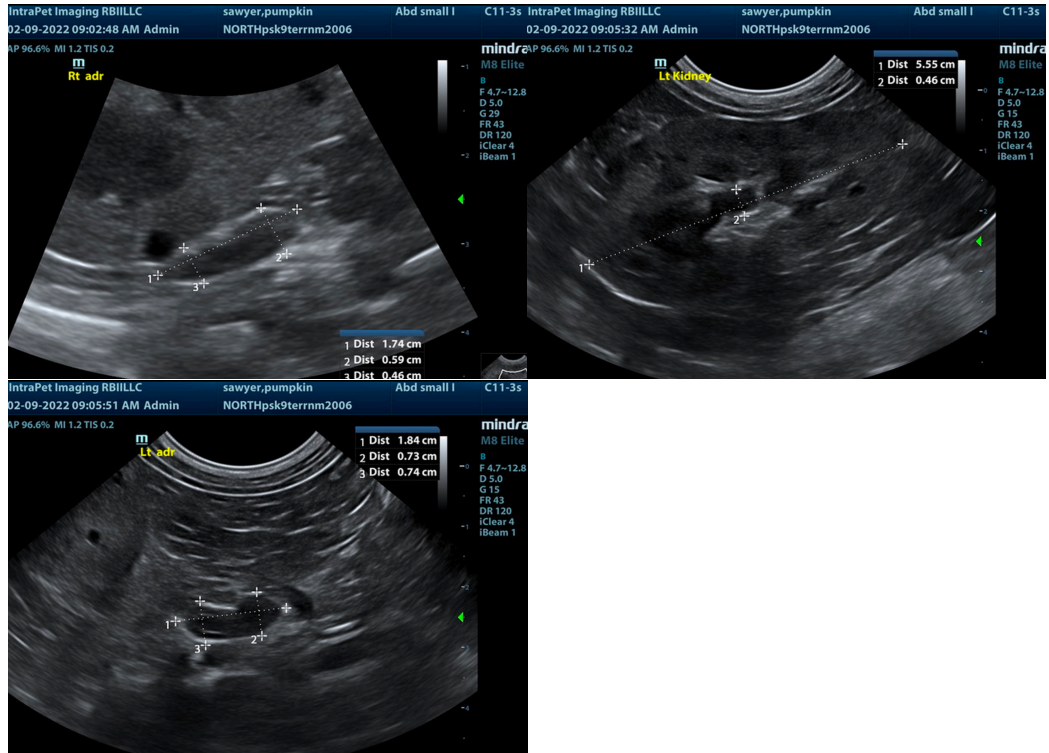
### **ULTRASONOGRAPHIC FINDINGS**

- Stable emerging mucocele
- Degenerative renal changes
- Mild chronic pancreatic and hepatic changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

All in all, the abdomen appears stable with degenerative renal changes, mild chronic pancreatic and hepatic changes and stable immature mucocele. If the patient is clinically normal, recommend maintaining the current protocol.





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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