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Clinical Sonography & Telectology

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

DATE

3/10/22

PATIENT

Griffey DePasquale

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

5/30/11

WEIGHT

14.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

36089

PRESENTING CLINICAL SIGNS

History of recurring pancreatitis.

Current Medications: Convenia injection on 3/8/22. Tramadol PRN for pain/discomfort.

Lab Results: CPLI positive on 3/8/22 and 2/1/22.

Date of Previous IntraPet Ultrasound: 2/25/20. Benign hepatopathy, age related renal changes, pyloric thickening.

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 and no evidence of pelvic dilation was present. The left kidney measured 4.48 cm. The right kidney measured 4.38 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 1.63 cm x 0.59 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 2.28 cm x 0.60 cm at the cranial pole and 0.60 cm at the caudal 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** presented similar age related changes as previously noted and coarse architecture. Minor swelling. The gallbladder and common bile duct were unremarkable. This is consistent with benign hepatopathy, similar to prior sonogram.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

The **pancreas** revealed extensive mixed hypoechoic, non-vascular tissue, measuring approximately 4.0 cm x 3.0 cm in the right limb, and extending into the base and left limb. Extensive inflammation noted around this region. This is consistent with pancreatic necrosis and pancreatitis.

Free Abdomen

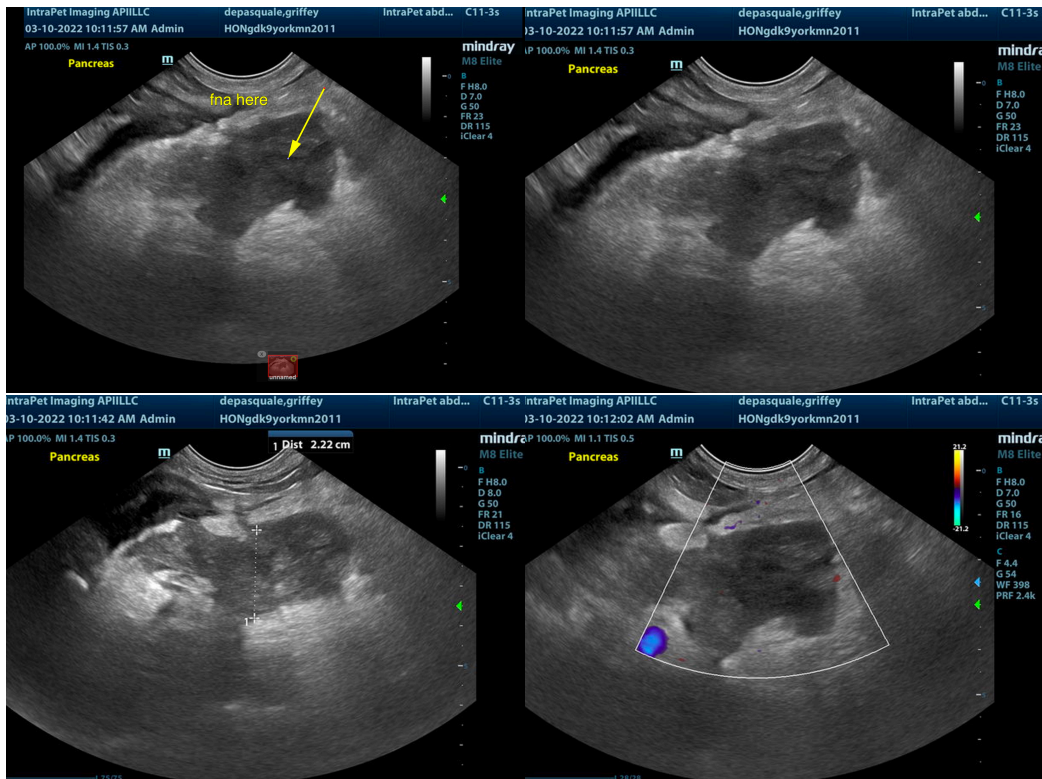
Slight pockets of fluid noted in the cranial abdomen, consistent with peritonitis.

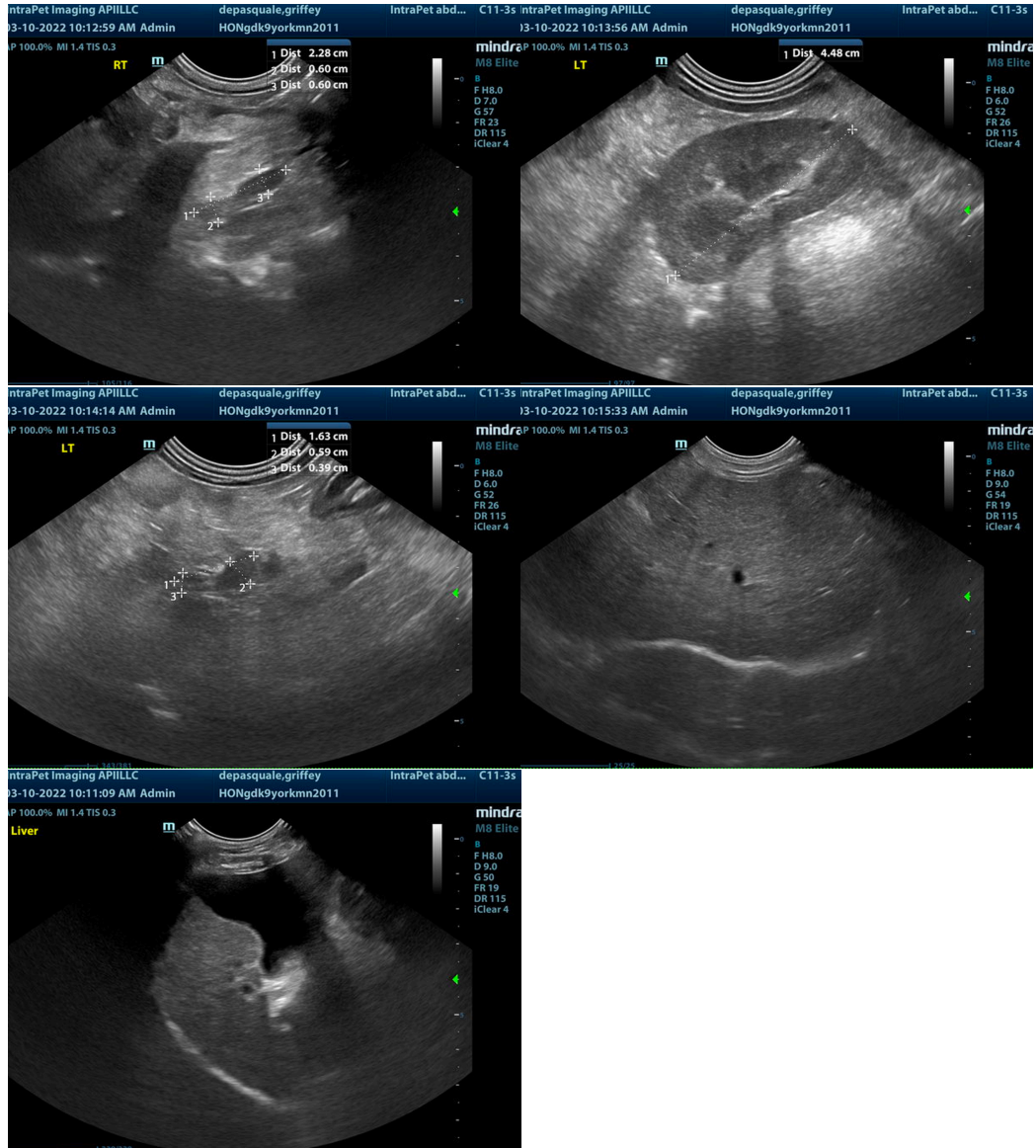
ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatic necrosis/pancreatitis/peritonitis presentation
- Benign hepatopathy
- Gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA warranted for further definition and to rule out carcinoma, as well as culture the affected tissue. FNA of the hypoechoic portion of the pancreas recommended. Plasma expanders, broad-spectrum antibiotics, pain management all indicated. Recheck sonogram in 48-72 hours. Mild potential for underlying pancreatic carcinoma.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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