



DATE PRESENTING CLINICAL SIGNS

3/22/23

Abdominal pain, shivering episodes, seeming "spaced out" per owner. history of chronic active pancreatitis seen on previous Intrapet Ultrasound 3/9/22. Elevated liver values on exam 3/9/23
Current Medications: Enrofloxacin 136 mg 1/2 PO SID, Metronidazole 125 mg PO BID, Denamarin advanced- All started at appointment 3/9/23

PATIENT

Peaches King

Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 3/9/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Poodle Mix

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 was noted. Ureteral papillae were normal.

SEX

Spayed female

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 4.7 cm. The right kidney measured 4.56 cm.

AGE

12/17/11

WEIGHT

21 lbs

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 1.88 x 0.74 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 1.7 x 0.9 cm at the cranial pole and 0.76 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed a hyperechoic granulomatous nodule that measured 0.64 cm.

HOSPITAL NAME

Airpark AH

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 revealed a minor amount of coalesced debris. The gallbladder was over distended with coalesced debris. This is consistent with emerging mucocele formation.

REFERRING VET

Dr. Owens

INVOICE

43470

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

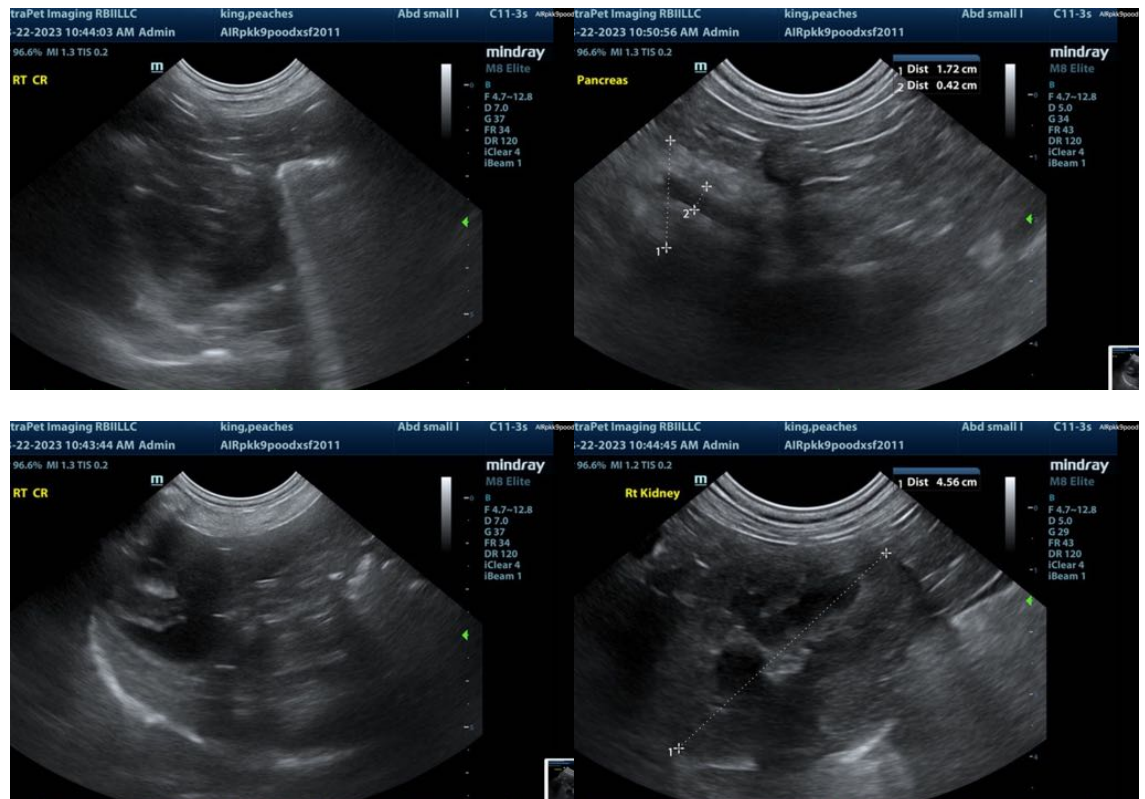
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially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

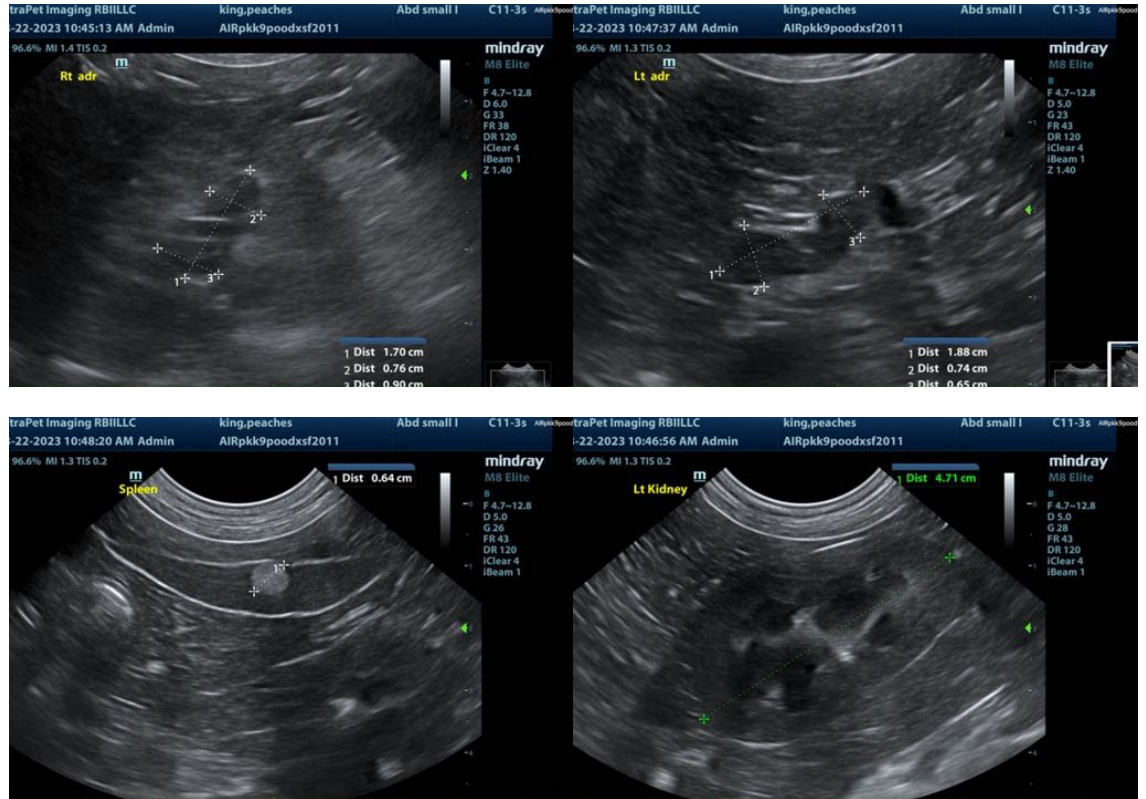
ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling.
Emerging mucocele formation.
Splenic lipogranuloma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is indicated. A recheck sonogram is recommended in 6-8 weeks. Otherwise, stable abdomen. There is a potential for low-grade residual pancreatic inflammation.





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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