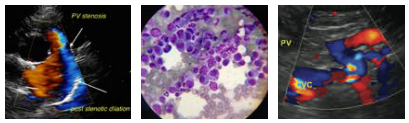
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
3/7/22

PATIENT
Fred Clauss

SPECIES
Canine

BREED
Dachshund

SEX
Neutered male

AGE
6/27/07

WEIGHT
15 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. DelFavero

INVOICE
96590

PRESENTING CLINICAL SIGNS

Recent panting and inappetence. ALP 700. Otherwise, doing well and remainder of labs NSF.
Current Medications: Cerenia 16mg since 3/3/22.
Lab Results: ALP 700.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, 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 was noted. Ureteral papillae were normal.

The residual prostate measured 1.35 cm.

The **right kidney** revealed subnormal size. The right kidney has normal 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. Echogenic cortical remodeling was noted. Slight pyelectasia was noted. The right kidney measured 3.6 cm. The **left kidney** revealed slight pyelectasia that measured 0.34 cm with cortical infarcts and remodeling.

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 1.51 x 0.6 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 1.44 x 0.8 cm at the cranial pole and 0.64 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Occasional, hypoechoic, non-disruptive nodule was noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** revealed 2.0 cm of shadowing material in the pylorus. This is likely medications or ingesta. The small intestines and colon were urneamrakble.

Pancreas

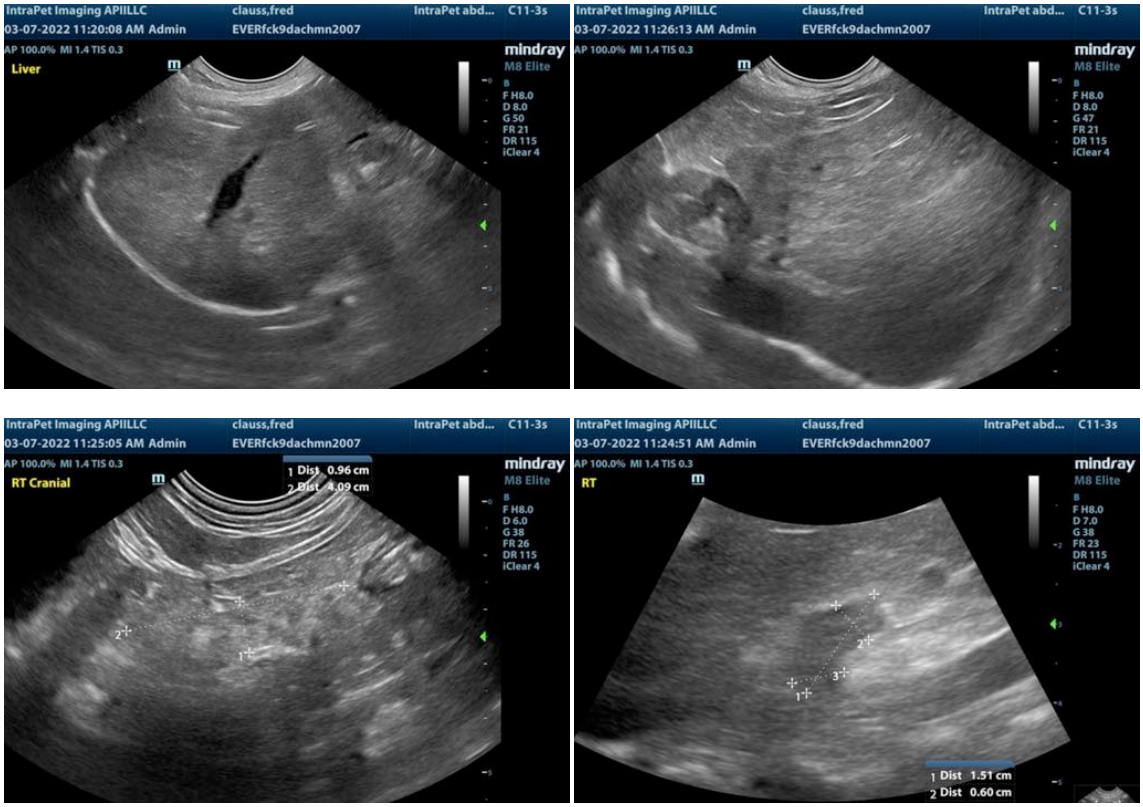
The right **pancreatic** limb was heterogenous with mixed echogenic changes up to 0.96 cm in width. This is consistent with remodeling and past episodes of pancreatitis. Low-grade residual inflammation is possible.

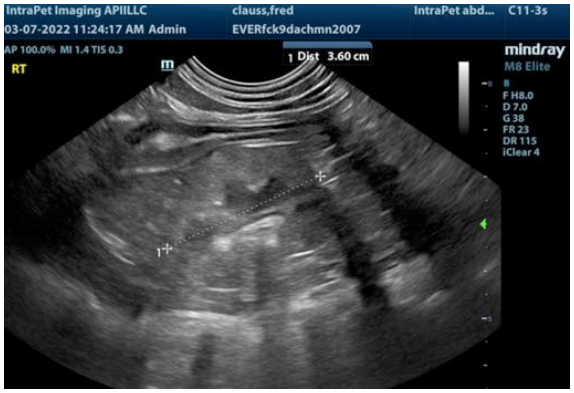
ULTRASONOGRAPHIC FINDINGS

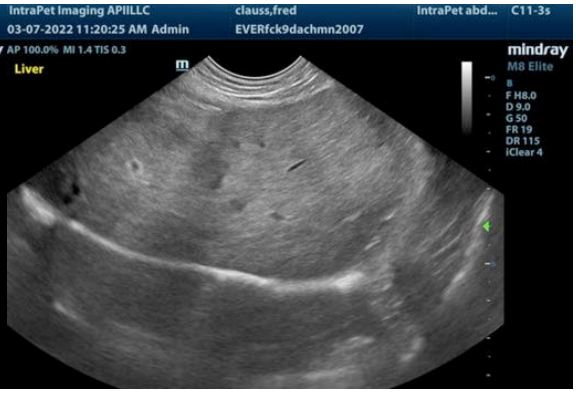
Pancreatic remodeling.
Benign hepatopathy with remodeling.
Moderate degenerative renal changes with slight cortical cyst.
Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe that the liver is a clinical issue. However, low-grade pancreatic inflammation is possible. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There is no evidence of neoplasia.







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
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