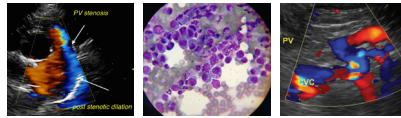


IMAGING PERFORMED BY

IntraPet.com



**SonoPath**

Clinical Sonography & Telecytology

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**DATE**

3/8/22

**PATIENT**

Jesse Dentremont

**SPECIES**

Canine

**BREED**

Collie X

**SEX**

Neutered Male

**AGE**

8/4/16

**WEIGHT**

56 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Martinoli

**INVOICE**

35992

**PRESENTING CLINICAL SIGNS**

Has had hx of V/D a couple times before but those times were precipitated by known dietary indiscretion. Owners don't know of that this time however 2 days ago, his feces appeared to have a white covering, possibly thin plastic/wrapper of some sort.

Labs: Pending.  
Current Medications: None listed.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: IM sedation for IVC and AUS.  
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 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.05 cm. The right kidney measured 5.17 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 2.76 cm x 0.66 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.63 cm x 0.67 cm at the caudal pole and 0.64 cm at the cranial 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** 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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

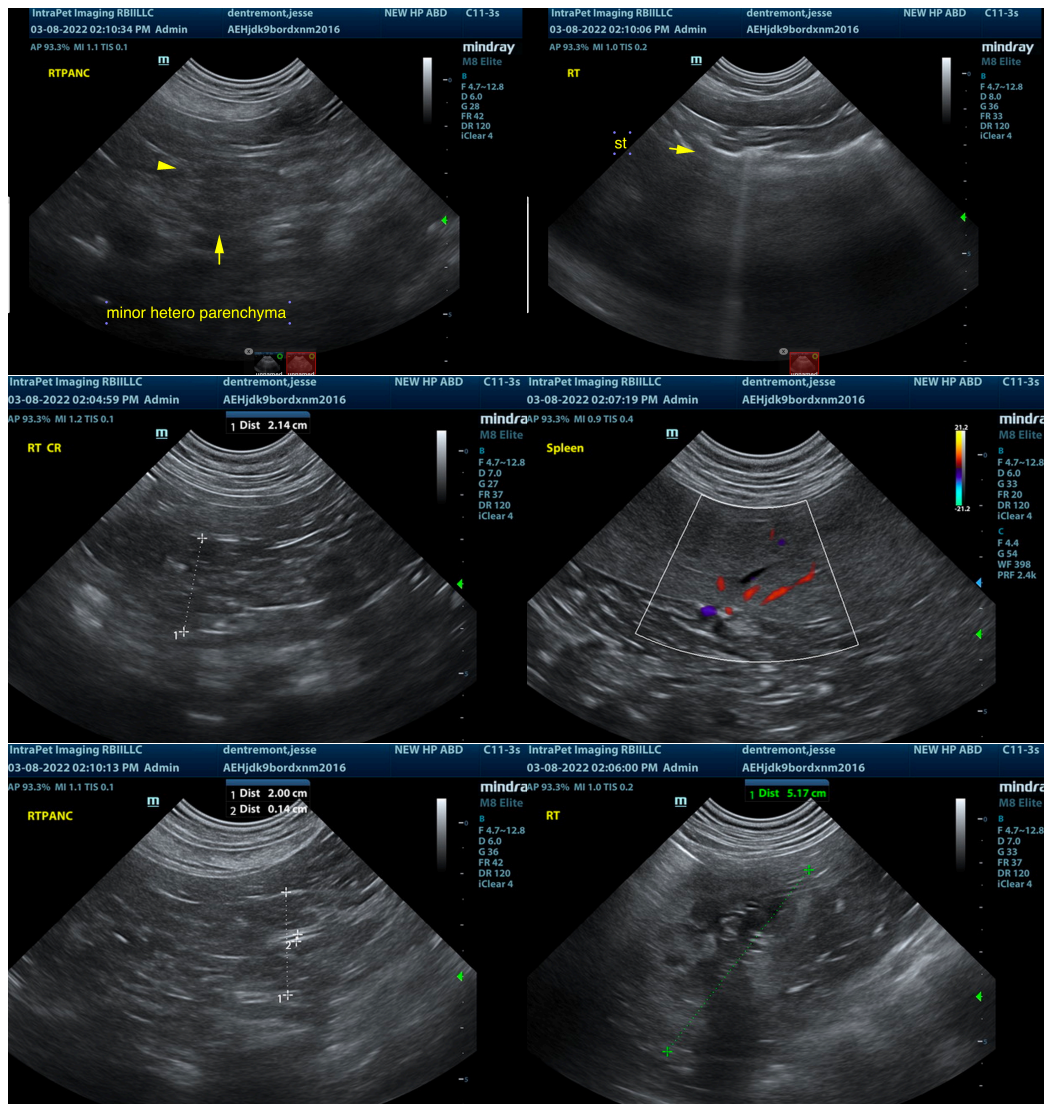
The **pancreas** presented slight coarse architecture. Minor duct dilation noted at 0.40 cm. Generalized enlargement noted at 2.0 cm in the left limb. The right limb measured 2.14 cm.

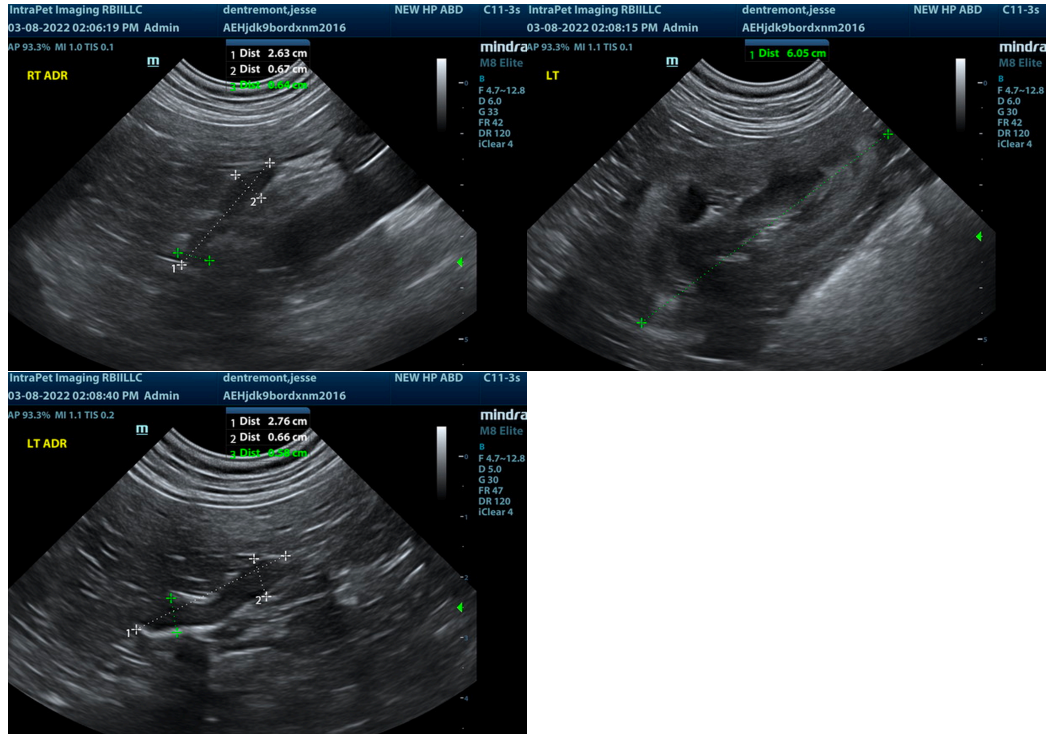
## ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas, possible low-grade pancreatitis
- Structurally unremarkable abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Changes were subtle and minor, yet low-grade inflammation possible, especially given the patient history.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)