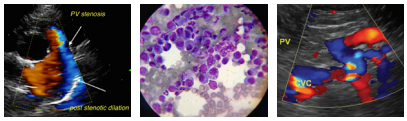
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

3/8/22

PATIENT

Petey Hinegardner

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

9/1/11

WEIGHT

5.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

35987

PRESENTING CLINICAL SIGNS

03-07-2022 Notes: Decrease in appetite - last noted to eat on Saturday, licked at a small bit of food today. No vomiting or Diarrhea. Didn't drink yesterday and was laying around all day Last night was restless. On going issues - will have similar signs periodically but typically recovers in a day - episodes seem to happen after grooming appointments. Does not get table food - get 1 peanut once a day and is supervised when outside. Known patellar luxation, occasionally pops out - will trip and stumble when waking. Known back issues Presented to rdvm: - BW: cPL abnormal, PLT 542, ALT 215, AMYL 282, CI 107 - treatments administered: Buprenorphine (0.08 ml SQ at
12:52p), Cerenia (0.25 ml SQ at 2p), Famotidine (0.25 ml SQ at 2p), SQ fluids (100 ml).

Current Medications: Denamarin advanced up to 12# - 1 tab q24 - last given on Saturday at 5 , Dasaquin and omega 3 mixed in with his evening
Meal. Buprenorphine, Cerenia, Protonix, Amp/Sulb.
Date of Previous IntraPet Ultrasound: No previous.
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. Mineralization noted in both kidneys. The left kidney measured 3.48 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 1.58 cm x 0.55 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 1.66 cm x 0.41 cm at the caudal pole and 0.54 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. Minor gallbladder debris noted.

Gastrointestinal

Some **gastric** stasis noted. No evidence of foreign body. Pyloric hypertrophy noted, measuring 8.0 mm. The small intestine and colon were unremarkable.

Pancreas

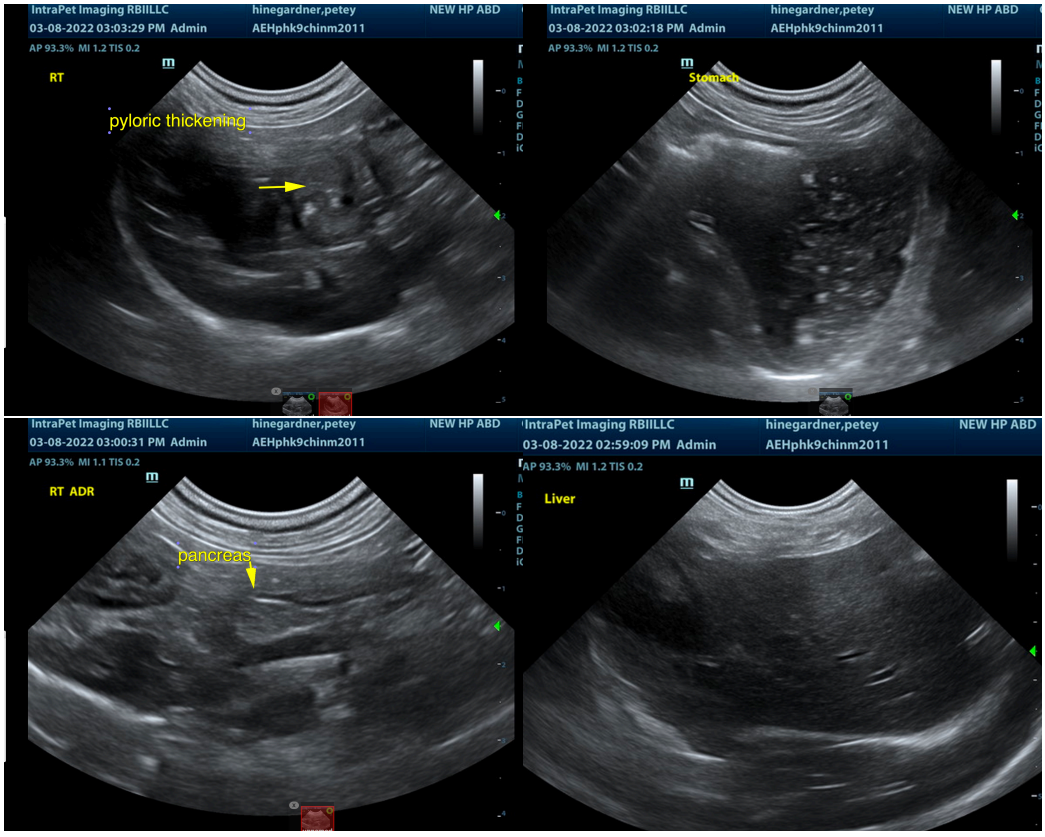
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

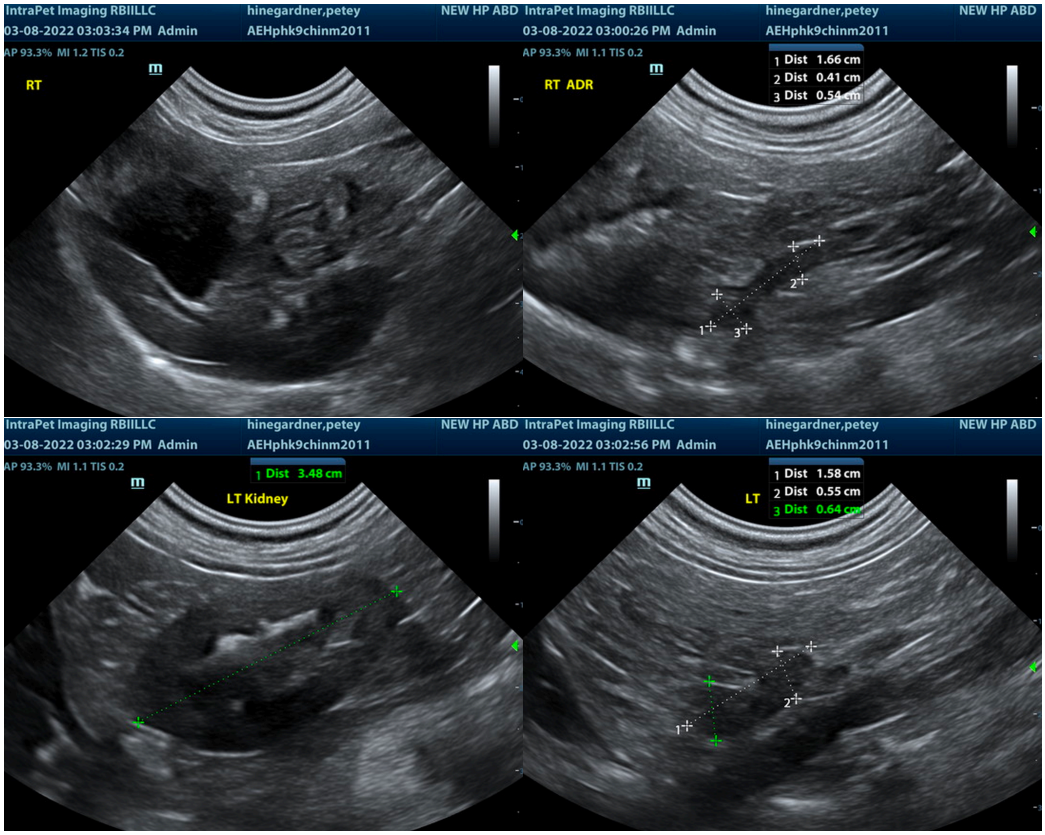
ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with non-obstructive mineralization
- Gastritis and gastric stasis
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyloric thickening is likely hypertrophy owing to chronic gastritis. However, a low-grade epithelial tumor or emerging pyloric neoplasia cannot be completely ruled out. Gastroscopy would be ideal. GI protectant protocol with 24-hour NPO and slurry feeding could be considered. Other causes of anorexia such as orthopedic/spinal pain, CNS or thoracic disease should also be considered.





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