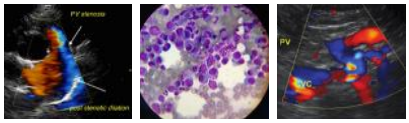
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/30/23

PATIENT

Winston Robinson-Mosley

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

7/21/20

WEIGHT

58.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Ruby

INVOICE

22232

PRESENTING CLINICAL SIGNS

History: Vomiting this am after breakfast. Had solid stool initially then liquid stool, no blood or mucous. Later vomited several more times. Bile and foamy. Tends to shred her toys. Likes to eat tennis balls, unsure if she's eaten any foreign material recently.

Current Medications: Pantoprazole, Proviable.
Lab Results: Attached.
Radiographs: Abnormal gas pattern, suspicious of foreign material.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 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 6.57 cm. Pinpoint mineralizations were noted. The right kidney measured 6.7 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 3.0 cm x 0.71 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 3.0 cm x 0.65 cm at the caudal pole and 0.76 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** was mildly swollen with increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed excessive GI gas with no loss of mural detail. No evidence of foreign body, however, some visibility was obscured by excessive gas.

Pancreas

The **pancreas** was enlarged and irregular with undulating contour and hypoechoic parenchyma, measuring 3.2 cm in width. The pancreas was hypervascular.

Free Abdomen

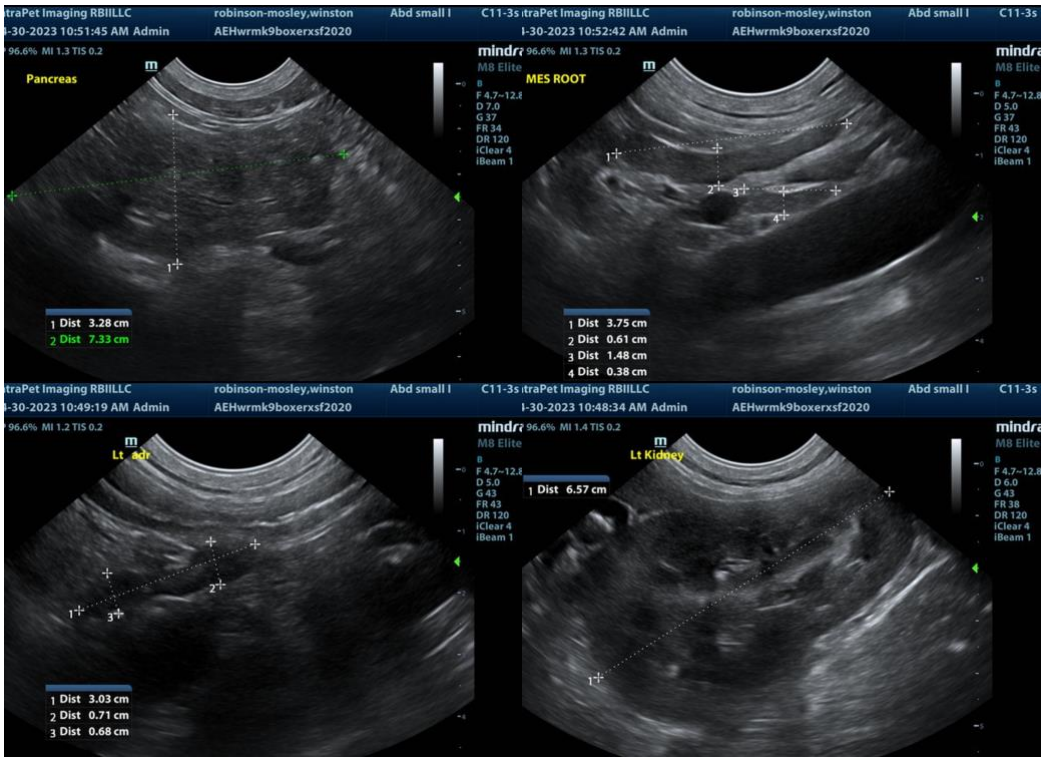
The **mesenteric lymph nodes** (the largest node measured 3.75 cm x 0.61 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

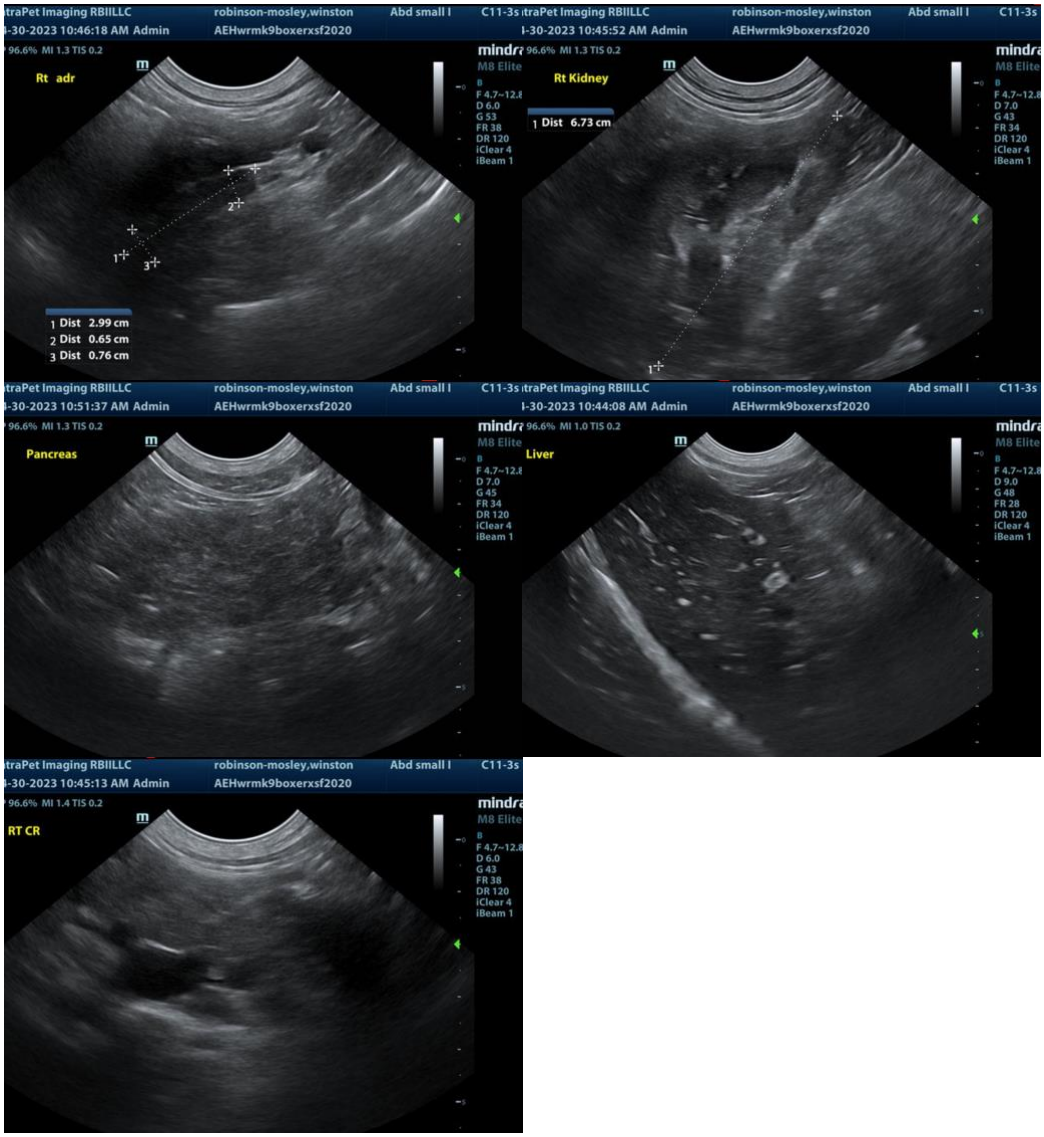
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis, occupying the left and right limbs
- Mildly swollen liver with. Increased portal markings
- Pinpoint mineralizations in the kidneys
- Excessive GI gas
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic and pancreatic FNA would be ideal in this patient to assess inflammatory cell type and rule out the minor potential for underlying emerging hepatic neoplasia. GI protectant protocol, fecal test and 24-hour NPO are all indicated. Pain management is indicated, likely depending upon subxiphoid palpation. Recheck sonogram in 5-7 days to ensure adequate resolution.





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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