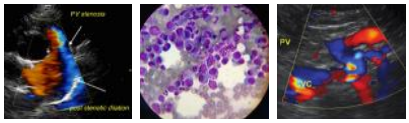
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
4/8/22

PATIENT
Mason Reynolds

SPECIES
Canine

BREED
Shih Tzu

SEX
Neutered Male

AGE
1/6/13

WEIGHT
23.9 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emerency Hospital

REFERRING VET
Dr. Willer

INVOICE
14673

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound for pancreatitis.

Current Medications: Maropitant, Omeprazole, Gabapentin, Clavamox, Metronidazole.
Date of Previous IntraPet Ultrasound: 3/30/22. See attached.
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 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 5.14 cm. The right kidney measured 4.93 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.75 cm x 0.43 cm at the cranial pole and 0.47cm at the caudal pole.

The region of the **right adrenal gland** revealed no evident pathology.

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

The upper **gastrointestinal tract** appears to not be tethered, as it was in the prior sonogram. Transit of chyme in the upper GI appeared to be normal. Some level of inflammation is likely persistent yet appears to be responding well to medical management.

Pancreas

The **pancreas** was persistently enlarged, measuring 1.4 cm and was distinctly hypoechoic to surrounding mesentery, which presented hyperechoic fat. This is a significant improvement compared to the prior sonogram.

Free Abdomen

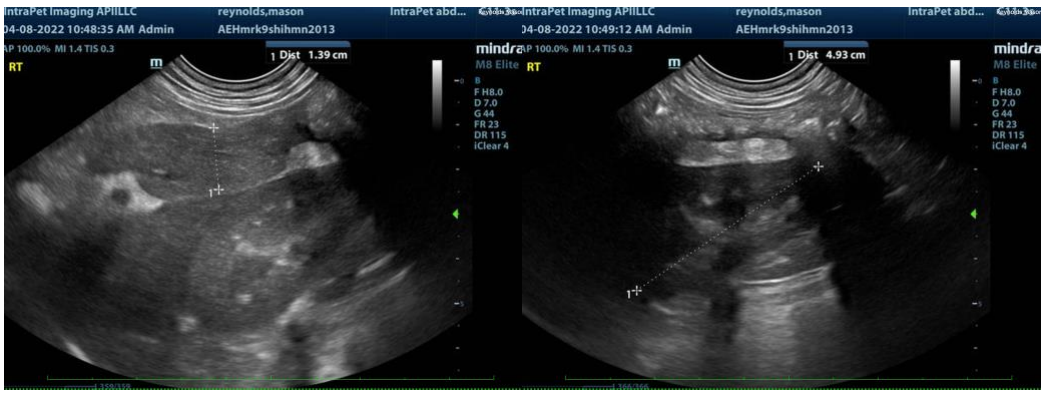
No **free fluid** noted.

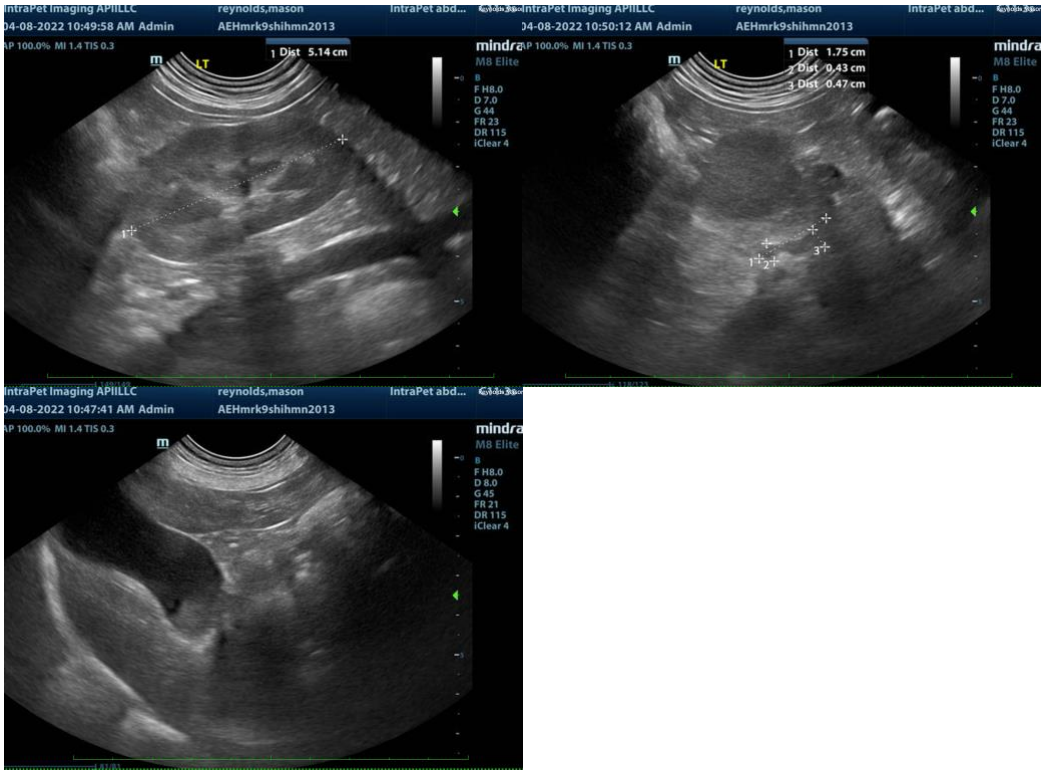
ULTRASONOGRAPHIC FINDINGS

- Significantly improved pancreatitis presentation. Appears to be resolving on current medical protocol.
- Upper gastrointestinal tract appears to be untethered as it was in the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of current protocol. 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.

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