

**DATE**

5/6/22

PATIENT

Griffey DePasquale

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

5/30/11

WEIGHT

13.9 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

37491

PRESENTING CLINICAL SIGNS

Follow up AUS.

Current Medications: Metronidazole 50mg SID/taper to EOD.
Date of Previous IntraPet Ultrasound: 3/10/22. See attached.
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. Similar to prior sonogram. The left kidney measured 4.58 cm. The right kidney measured 4.31 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 right adrenal gland measured 1.75 cm x 0.54 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland measured 2.18 cm x 0.69 cm at the caudal pole and 0.61 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

The **gastrointestinal tract** was structurally unremarkable with minor mucosal remodeling, essentially empty lumen.

Pancreas

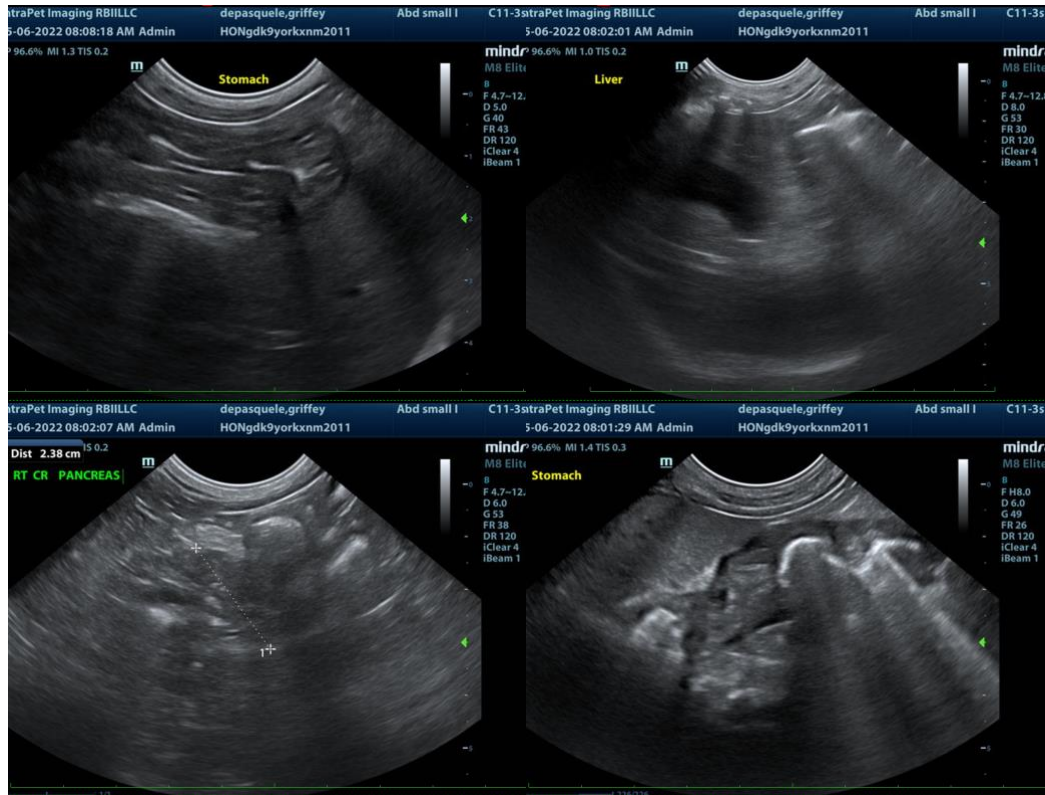
The pancreas was nearly completely resolved with minor heterogeneous parenchymal changes. The right limb measured 1.63 cm.

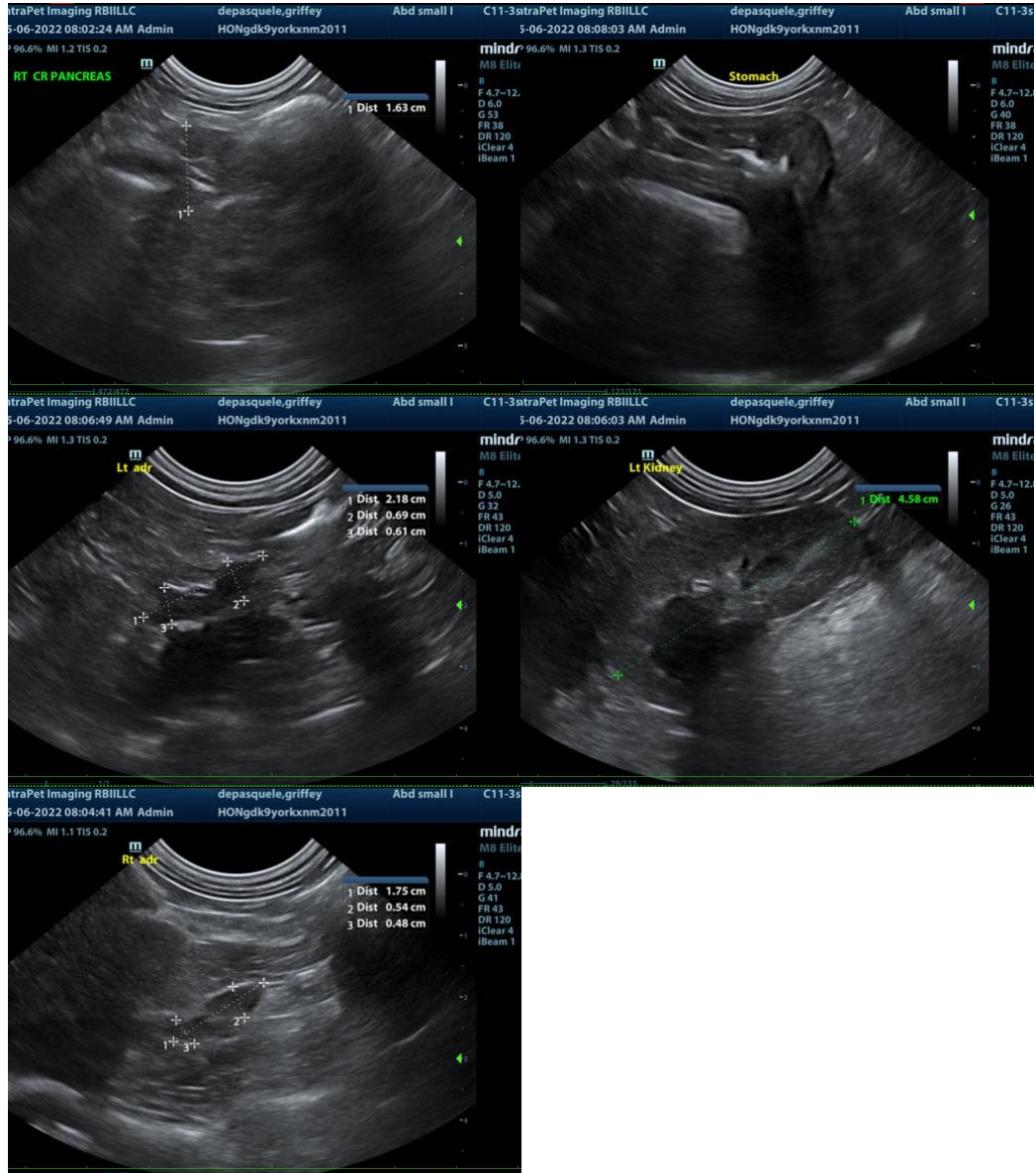
ULTRASONOGRAPHIC FINDINGS

- Largely resolved pancreatitis with minor remodeling
- Minor mucosal remodeling in the GI tract
- Uniform benign hepatopathy, similar to prior sonogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend strict long-term diet in this patient, hydrolyzed may be in this patient's best interest unless direct dietary indiscretion was the underlying cause of the pancreatitis. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Otherwise, therapy can be likely stopped at this point other than strict diet.





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.

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