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**SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

6/21/22

**PATIENT**

Nala Bish

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Spayed Female

**AGE**

11/3/13

**WEIGHT**

19 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Happier at Home  
Mobile Vet

**REFERRING VET**

Dr. Haskin

**INVOICE**

38953

**PRESENTING CLINICAL SIGNS**

Recheck pancreatic inflammation and kidney stones.

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: 4/8/22. 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. Calculi noted, non-obstructive. Similar to prior sonogram. The right kidney measured 4.51 cm. The left kidney measured 4.45 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 2.0 cm x 0.47 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 1.22 cm x 0.56 cm at the cranial pole and 0.53 cm at the caudal pole.

**Spleen**

The **splenic** nodule appeared similar to slightly reduced compared to the prior sonogram, measuring 0.34 cm. Hyperechoic lipogranulomas noted as well, yet not pathological.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Similar to prior sonogram.

**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**

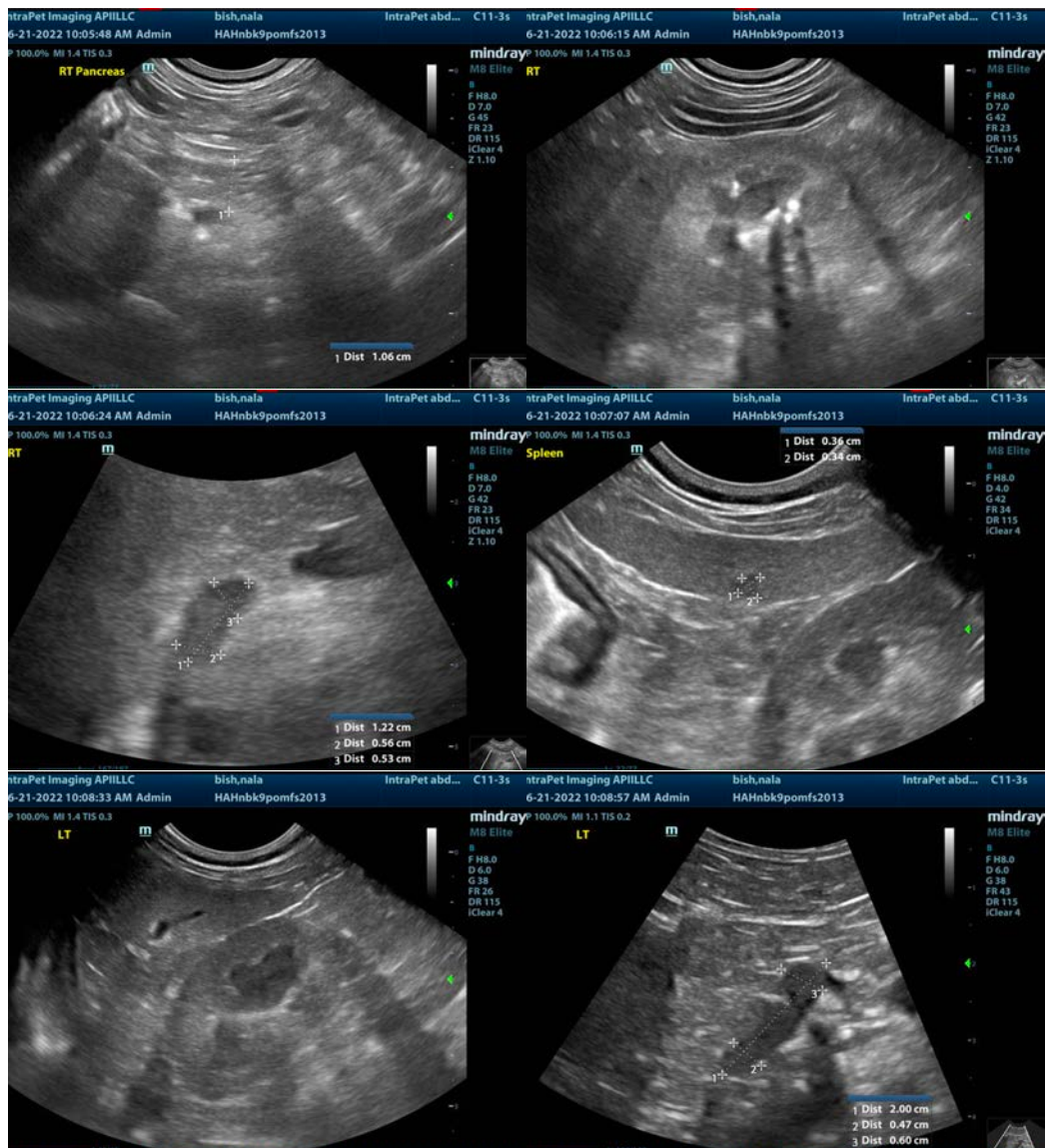
The **pancreas** was largely resolved with minor residual remodeling. The right limb measured 1.06 cm.

## ULTRASONOGRAPHIC FINDINGS

- Largely resolved pancreatitis with minor residual remodeling
- Minor renal mineralization
- Benign hepatopathy
- Focal splenic nodule – appears to be reducing.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is doing well, strict dietary regiment recommended, given the predisposition to pancreatitis.



**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  
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