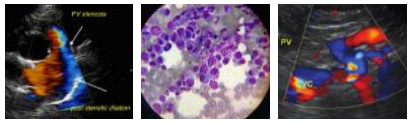
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
7/1/22

PATIENT
Tank Phaneuf

SPECIES
Canine

BREED
Pit Mix

SEX
Neutered Male

AGE
2/13/13

WEIGHT
74.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Gold

INVOICE
16441

PRESENTING CLINICAL SIGNS

History: 5/20 Hypercalcemia 7/20 Splenectomy, resolved hyper calcemic 10/20 Gastrotomy 5/21 marked lympho plasmacytic and histocitic colitis 3/22 Severe neutrophilia.

Current Medications: Atpoica 100mg BID, pred 20 mg 1 1/2 SID
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 5/19/20. See attached.
Sedation: Acepromazine.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 residual prostate measured 7.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured 7.63 cm. The right kidney measured 8.31 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 2.75 cm x 0.47 cm at the caudal pole and 0.38 cm at the cranial pole. The left adrenal gland measured 2.96 cm x 0.48 cm at the caudal pole and 0.29 cm at the caudal pole.

Spleen

The region of the **splenic fossa** was unremarkable. No return of prior pathology.

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

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

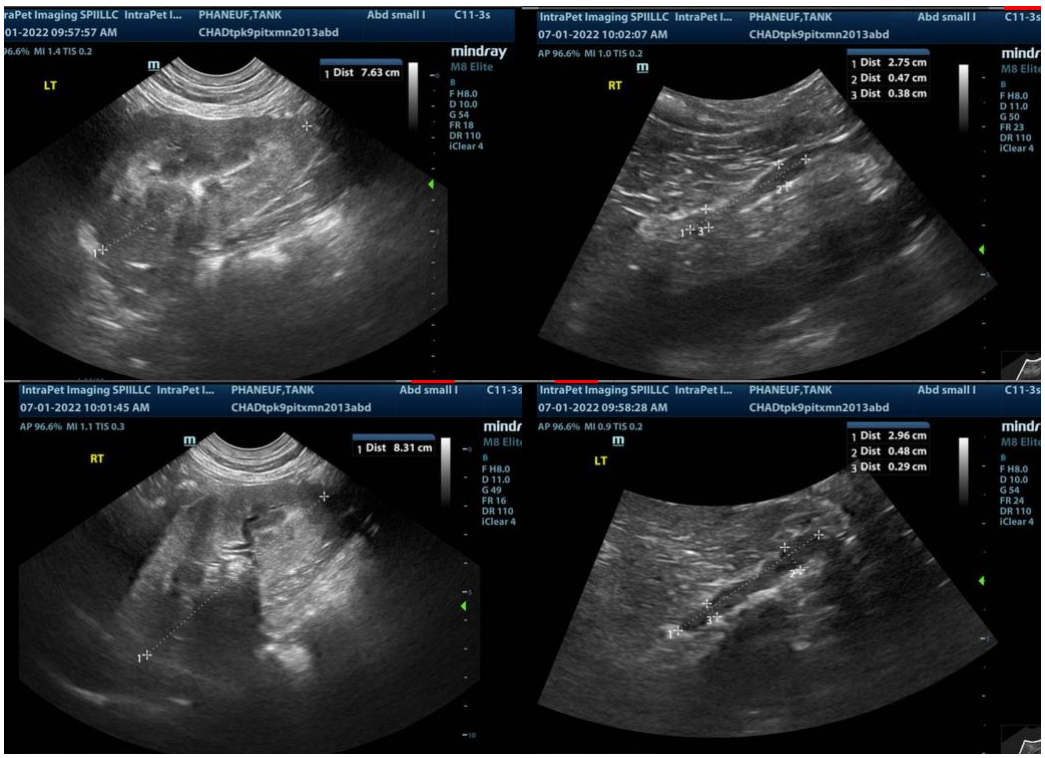
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

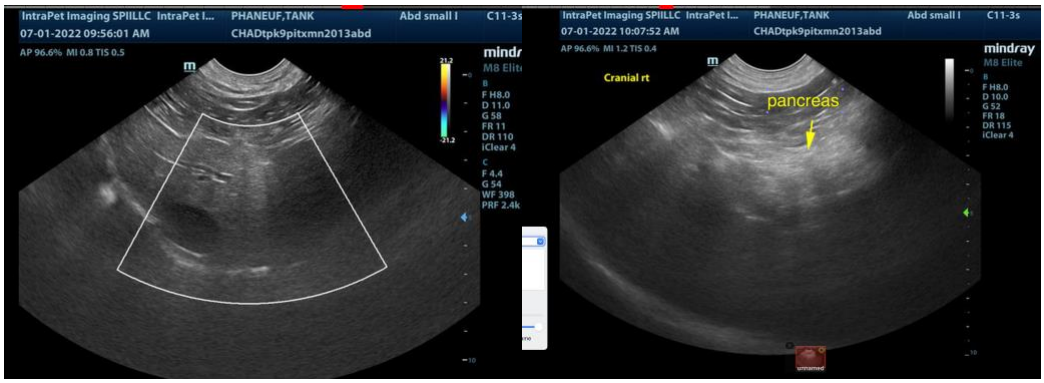
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Largely age-related pancreatic and renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the elevated white count is not evident in this patient. Urinalysis and chest radiographs are warranted to assess for evidence of infection, if not already performed.





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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