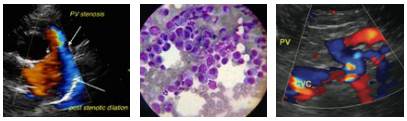
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7/12/22

PATIENT

Romi Cruz

SPECIES

Canine

BREED

Corgi Mix

SEX

Spayed female

AGE

12/6/08

WEIGHT

24.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Slovon

INVOICE

31616

PRESENTING CLINICAL SIGNS

Pancreatitis/chronic. Heart murmur detected 3-4/6, murmur appears asymptomatic. Diarrhea. Owner concerned hw prevention given while recovering from ER visit for diarrhea could be the cause for recurring diarrhea.
Current Medications: Milk thistle (daily). Current treatment for diarrhea: Metro 250 BID x 10, Proviable, I/D LF diet (previously chicken, rice and veggies).
Lab Results: CPL abnormal. History of elevated CPL ~7 yrs ago. Chronic liver elevations. ALT 185 (7/7 improved). Alkp 1371.
Date of Previous IntraPet Ultrasound: 7/22/29 & 5/25/18. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
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 was 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. The right kidney measured 5.79 cm. The left kidney measured 5.28 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 2.5 x 0.56 cm at the caudal pole and 0.49 cm at the cranial pole. The left adrenal gland measured 2.01 x 0.47 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** presented subtle, heterogenous, hypoechoic nodular changes. There is some capsular expansion in the spleen. This is consistent with reactive state or potential emerging round cell neoplasia.

Liver

The **liver** revealed mildly increased portal markings with coarse architecture. 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 pylorus was mildly thickened with a minor amount of chyme noted. There was no loss of mural detail noted. The remainder of the gastrointestinal tract was unremarkable.

Pancreas

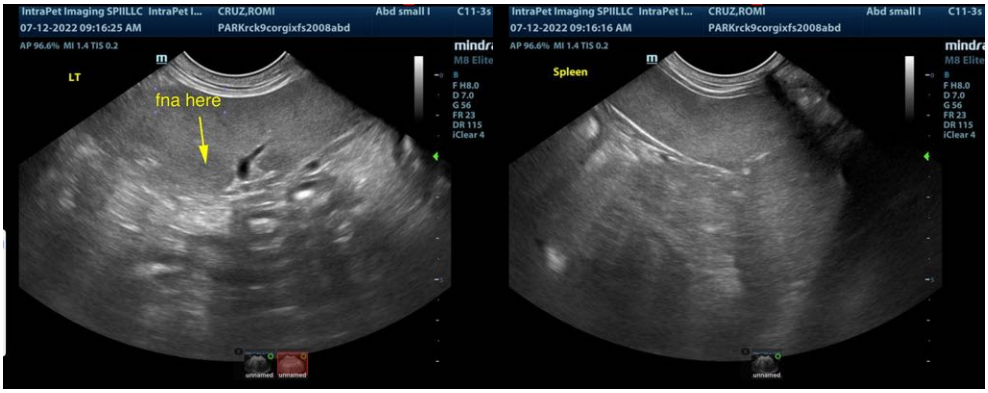
The **pancreas** was heterogenous, hypoechoic and irregular in the right limb.

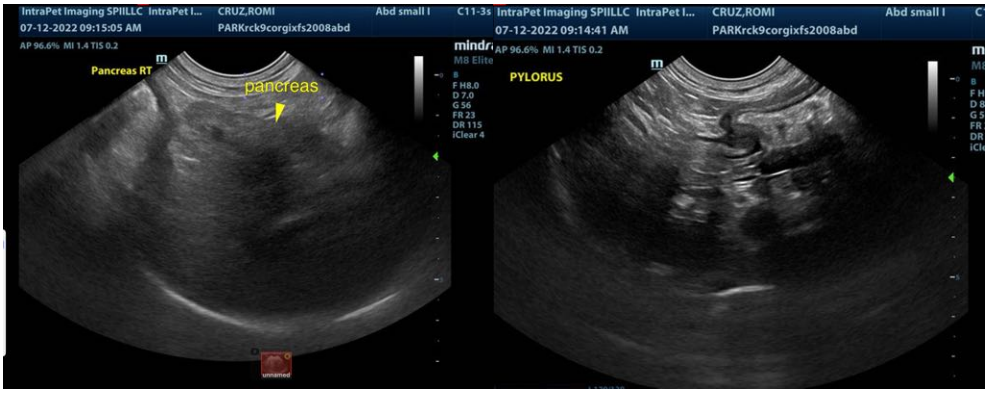
ULTRASONOGRAPHIC FINDINGS

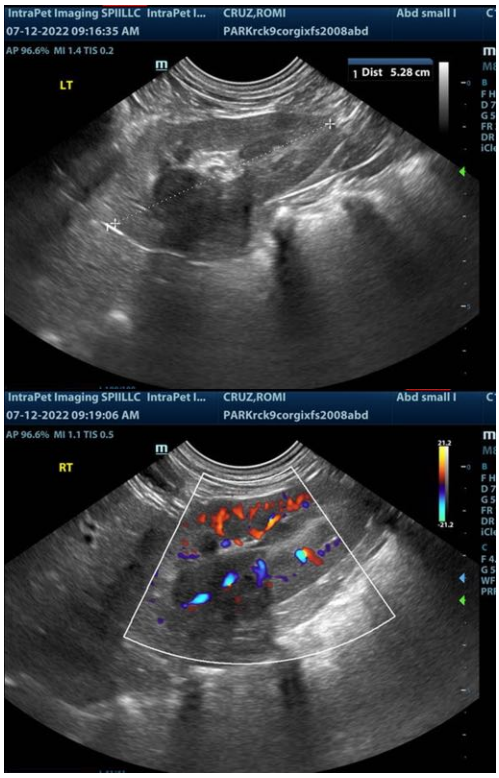
Non-specific hepatic remodeling with chronic inflammatory hepatopathy.
Heterogenous, hypoechoic, irregular pancreas.
Splenic nodules.
Mildly thickened pylorus.

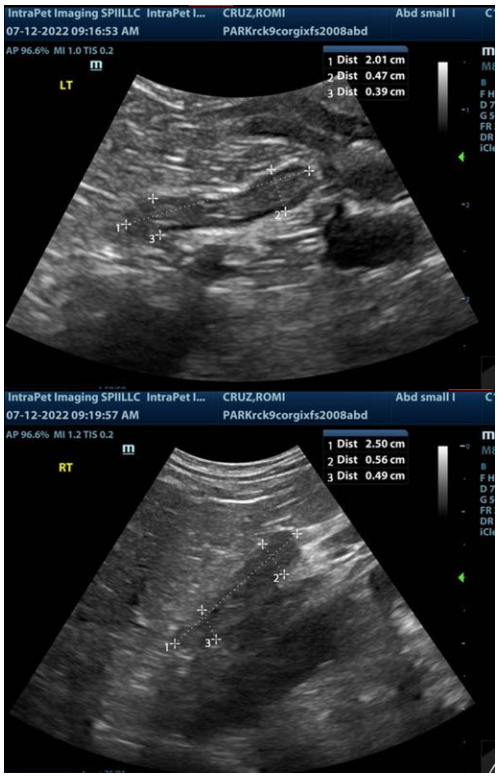
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile with ultrasound-guided FNA is warranted for further definition of inflammatory cell type or core biopsy would be optimal to assess structural changes. There was no evidence of neoplasia. It is likely that this patient is having periodic GI and pancreatic events likely affecting the liver from a reactive hepatopathy/inflammatory hepatopathy standpoint. FNA of the splenic nodules is indicated to ensure that this is hyperplasia versus round cell neoplasia or splenitis. I strongly recommend at least ultrasound-guided FNA of the spleen and liver for further definition along with bile acid profile.









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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