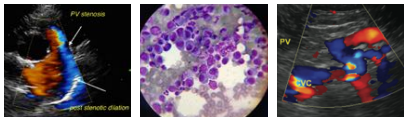
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/13/22

PATIENT

Nacere Sparrow

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

4/29/07

WEIGHT

11.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

32889

PRESENTING CLINICAL SIGNS

Two episodes of vomiting and diarrhea this summer. Radiographs from 9/9/22 show suspect stomach mass. Labs in June supported pancreatitis.
Current Medications: started 9/9/22: cerenia 12 mg sid, gabapentin 50 mg q8-12h, metronidazole 75 mg bid, famotidine 5 mg sid
Lab Results: June 28: elevated platelets, SDMA, BUN, Lipase, spec cPL.
Radiographs: Suspect gastric mass.
Date of Previous IntraPet Ultrasound: 4/24/2017. See attached.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga 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. A trace amount of sand was noted. 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 3.82 cm with slight mineralization and occasional cortical cyst. The left kidney measured 3.77 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.58 0.63 cm at the caudal pole and 0.65 cm at the cranial pole. The left adrenal gland measured 1.94 x 0.67 cm at the caudal pole and 0.67 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 was noted.

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.

Gastrointestinal

The **gastric** wall was slightly thickened with mildly increased submucosal echogenicity. Mucosal hypertrophy and echogenic remodeling was noted. The colon was unremarkable with normal wall thickness. Occasional cranial abdominal lymph node was enlarged. This is a cystic lymph node in the cranial abdomen measuring 2.26 x 0.7 cm. Epigastric lymph node measured 0.9 cm.

Pancreas

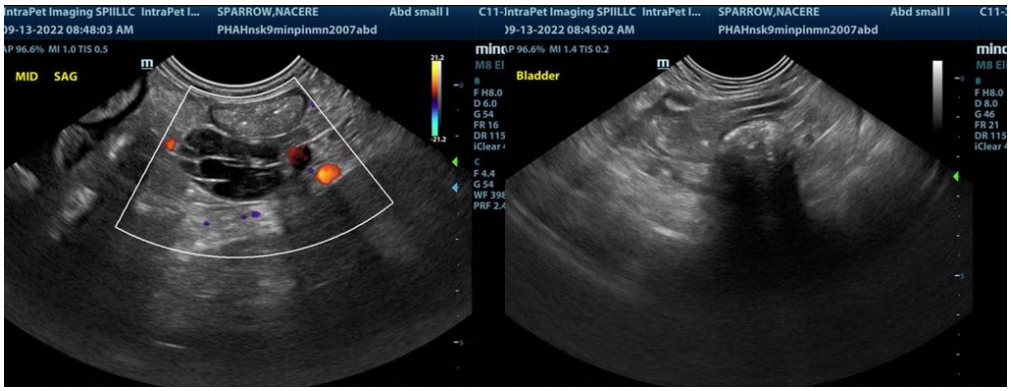
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

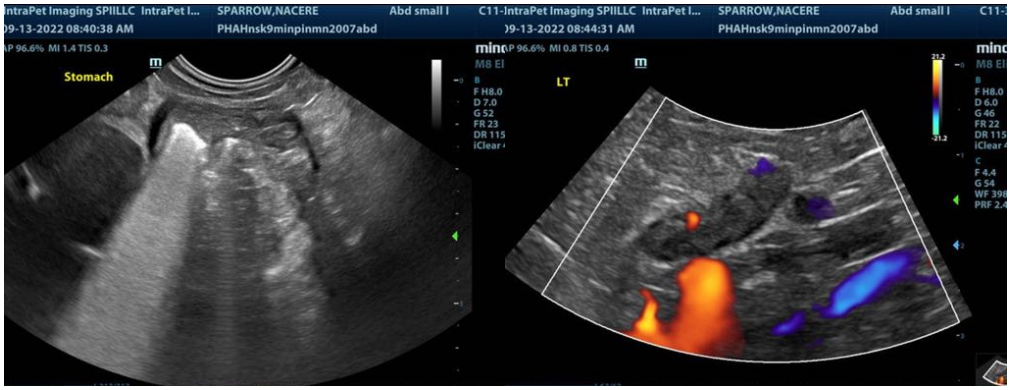
ULTRASONOGRAPHIC FINDINGS

Geriatric abdominal changes.

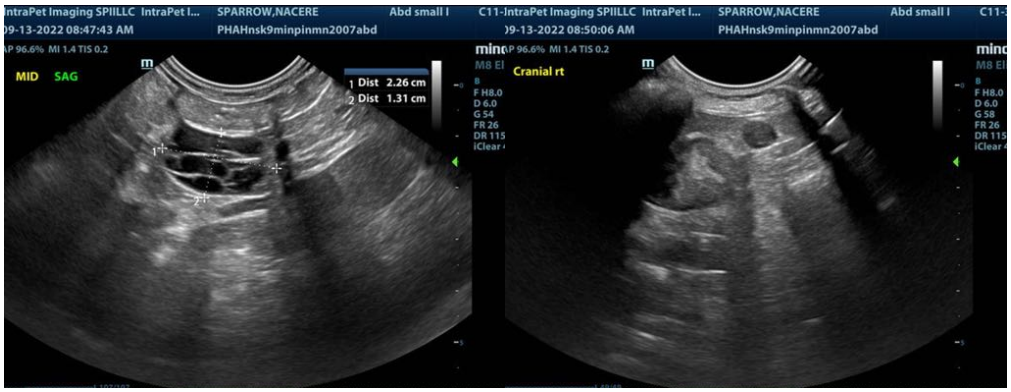
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal with mucosal biopsies. The lymph nodes are likely reactive and cystic as well as benign. There was no overt evidence of neoplasia. There is a potential for minor mucosal neoplasia; however, hyperplasia is most likely owing to chronic inflammatory disease.






RT
1 Dist 3.82 cm
RT
1 Dist 1.58 cm
2 Dist 0.63 cm
3 Dist 0.65 cm


MID SAG
1 Dist 2.26 cm
2 Dist 1.31 cm
Cranial rt


1 Dist 0.34 cm
STOM


Liver

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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