

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: chronic vomiting; episodic hematochezia (8/30/21, 9/12/21); weight loss; total protein (5.2); hypokalemia (3.5) 8/30/21; grade 1/6 L apice shm.

PATIENT

Sammy Hofmann

Current Medications: metronidazole 60mg BID - restarted 9/13/21 (prev administered 8/30/21), Cerenia 24mg - 1/2 tab PO Q24hrs, Pepcid 5mg Q 24hrs long term.

Lab Results: mildly decreased TP, mild hypokalemia, pending fecal.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Italian Greyhound

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.

SEX

Neutered male

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 right kidney measured 5.08 cm. The left kidney measured 4.47 cm.

AGE

6/24/09

WEIGHT

12.8 lbs

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 1.71 cm x 0.77 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 1.5 cm x 0.55 cm at the caudal pole and 0.49 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was uniform. Caudal folding of the spleen was noted.

HOSPITAL NAME

Northwind AH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted Hypoechoic right cranial nodule was noted, measuring 0.81 cm.

REFERRING VET

Dr. Miller

Gastrointestinal**INVOICE**

13143

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

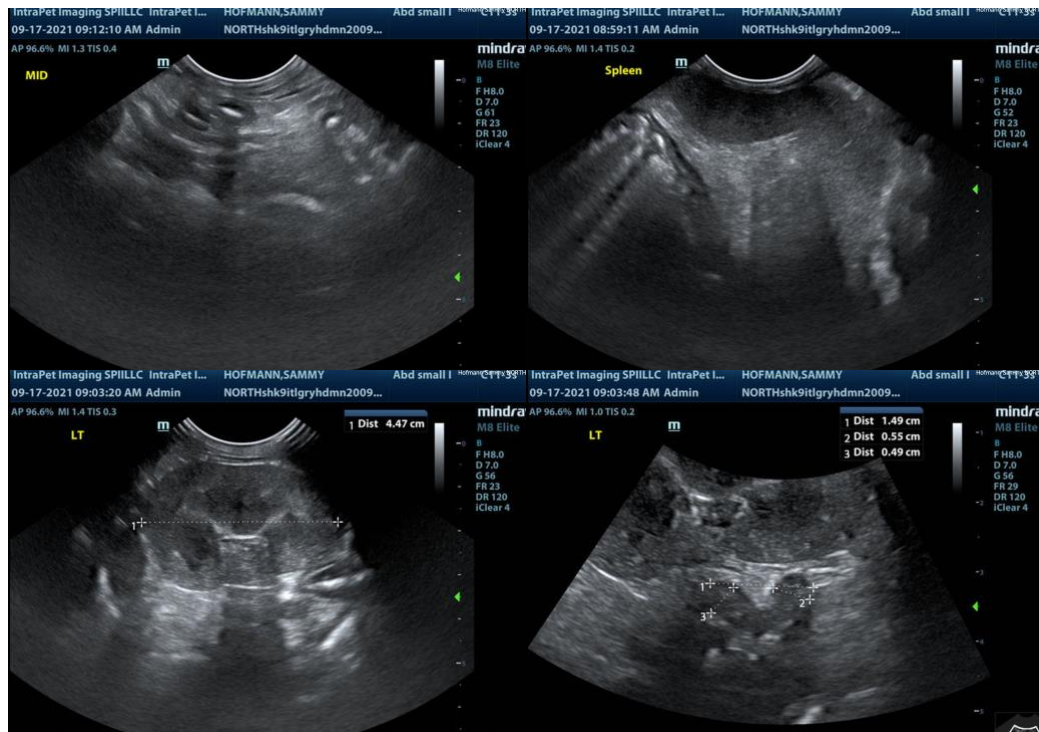
The **pancreas** revealed heterogeneous parenchymal changes in the right limb, measuring 1.93 cm.

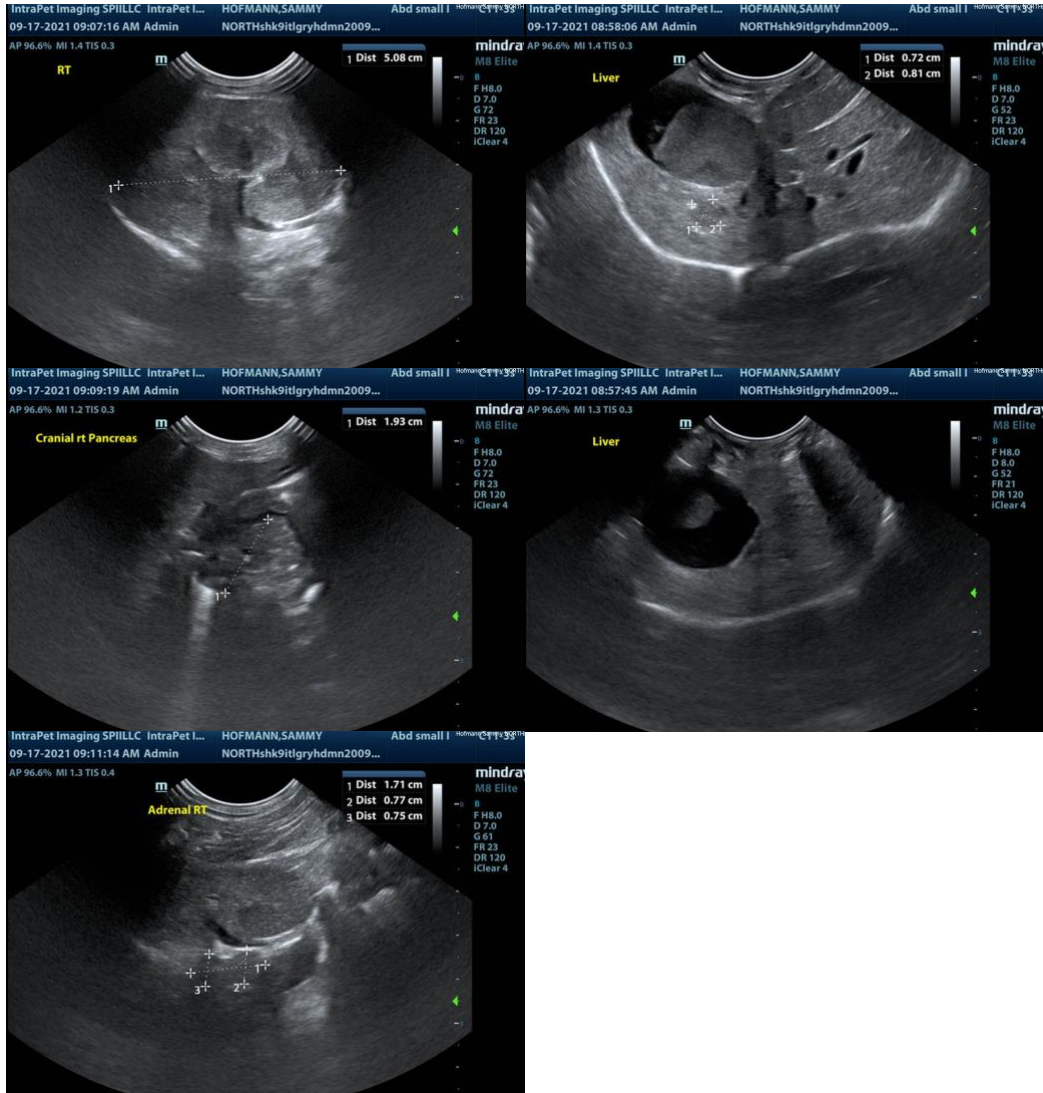
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Pancreatic remodeling
- Splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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