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**DATE**

9/2/22

**PATIENT**

Ralph Haxel

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Neutered Male

**AGE**

3/1/19

**WEIGHT**

33 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Hickory Vet Hospital

**REFERRING VET**

Dr. McNesby

**INVOICE**

41032

**PRESENTING CLINICAL SIGNS**

Patient presented July 2022 as new client, history of intermittent gastrointestinal signs (anorexia, vomiting, diarrhea/bloody diarrhea). GI signs respond to symptomatic treatment, labwork including electrolytes WNL. Presumptive diagnosis of IBD and pet treated with diet change to hydrolyzed diet and probiotic. Symptoms persisted, increased in frequency. Plan at that time, check pancreatic value (spec cpl) next time symptomatic, added Cobalaquin, continued Provable, owner to use Cerenia and Metronidazole as needed. Patient presented 8/2022 for inappetance, vomiting. Treated with SQ fluids, cerenia injectable, labwork. Physical exam at that time - generally normal other than tense / splinting abdomen. Labwork: spec CPL markedly increased, Mild increase in SDMA, creatinine / BUN WNL, Na:K ratio 37.

Current Medications: Cerenia 40 mg Q24 hours, Cobalaquin PO, Metronidazole 250 mg BID PRN  
Date of Previous IntraPet Ultrasound: No previous.  
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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralizations noted. The left kidney measured 4.87 cm. The right kidney measured 5.02 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 2.2 cm x 0.61 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.07 cm x 0.51 cm at the caudal pole and 0.64 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 were noted.

**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***

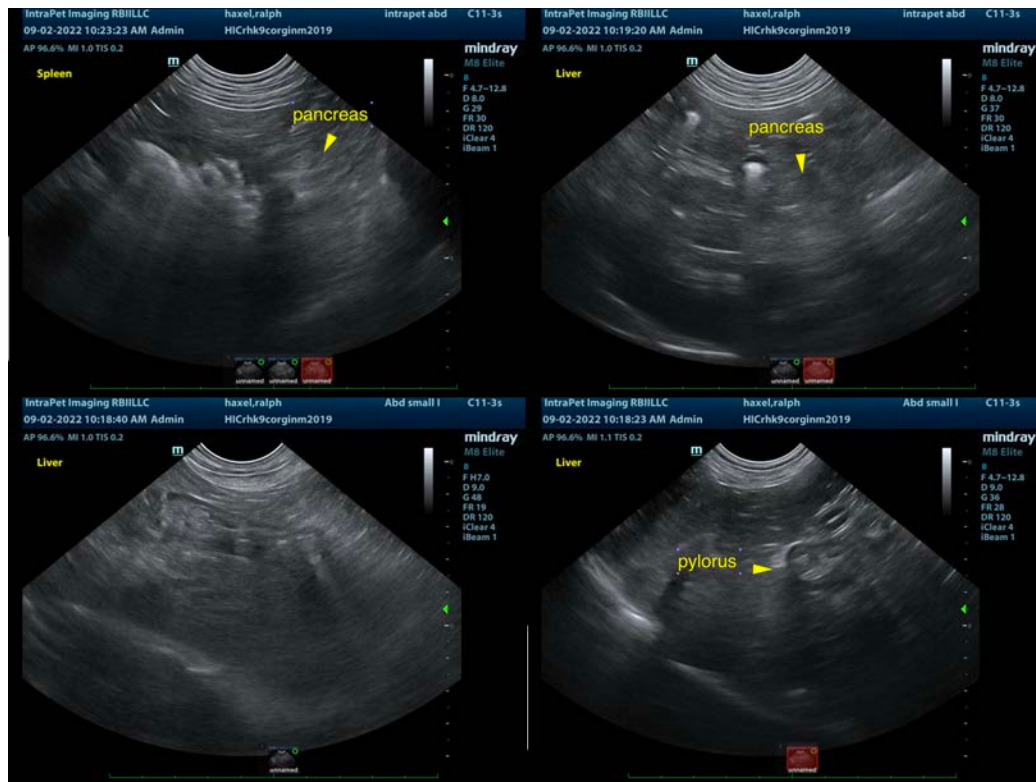
The pancreas revealed minor ill-defined parenchymal changes. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

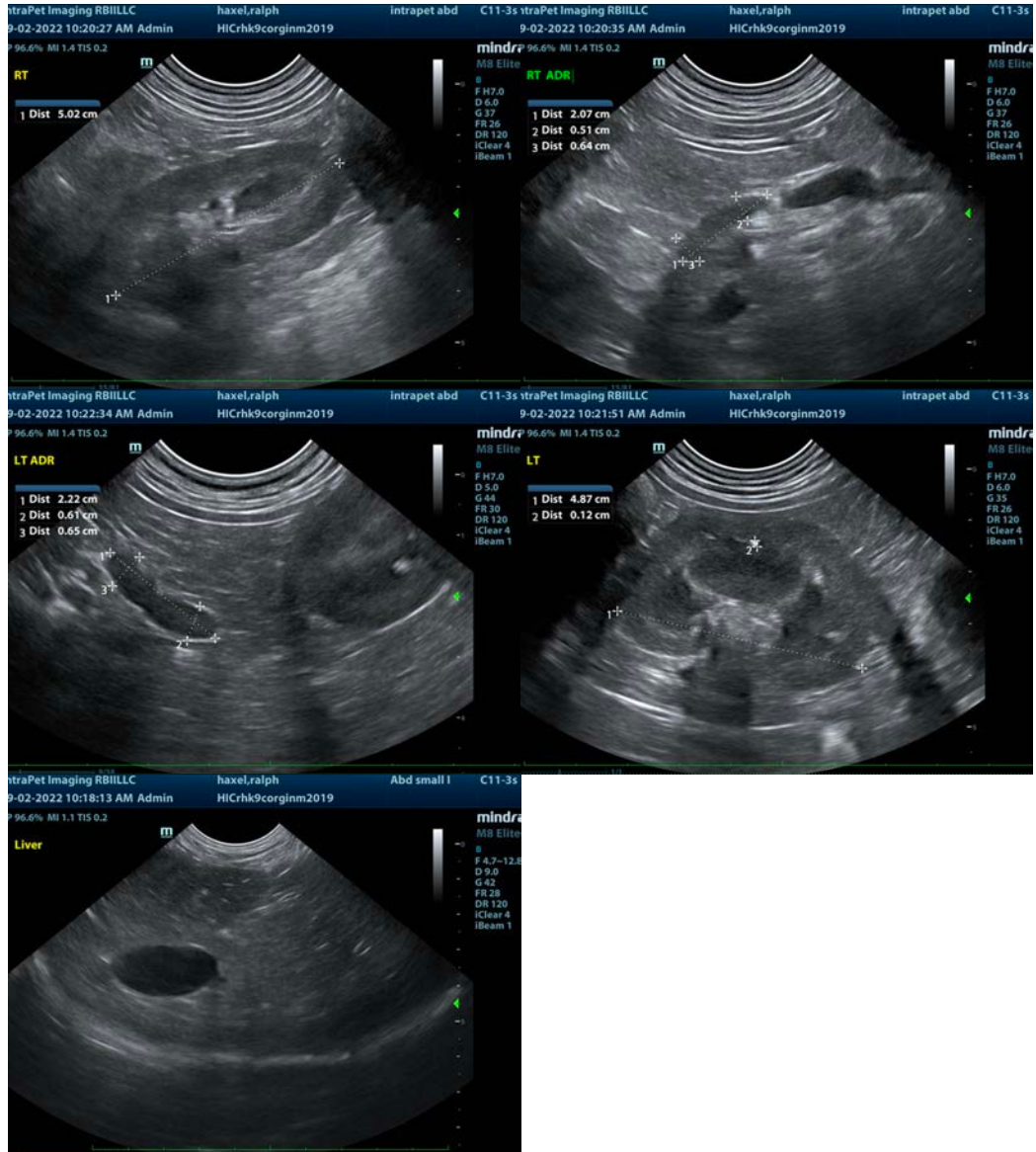
## **ULTRASONOGRAPHIC FINDINGS**

- Largely unremarkable abdomen with slight pinpoint renal mineralizations and subtle pancreatic remodeling.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care should prove effective. Dietary intolerance likely an underlying issue in this patient. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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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