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DATE

9/29/22

PATIENT

Reggie Vanbergen

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

8/1/20

WEIGHT

76 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Greenwood

INVOICE

41773

PRESENTING CLINICAL SIGNS

Patient presented with vomiting, not interested in eating/drinking on 9/19/22 xray unremarkable. Fecal positive for giardia treated with panacur.

Current Medications: Panacur 76lb dose once daily for 5 days 9/20/22
Lab Results: fecal 9/19/22 giardia positive. 9/19/22 CBC - elevated Neu 13.7, MCH 32.7, MCHC 44.1, platelets WNL's
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 **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. The right kidney measured 7.64 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 2.9 cm x 0.88 cm at the caudal pole and 0.85 cm at the cranial pole. The left adrenal gland measured 2.82 cm x 0.75 cm at the caudal pole and 0.75 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** was subnormal in size and presented increased portal markings. Coarse architecture. The gallbladder was unremarkable.

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

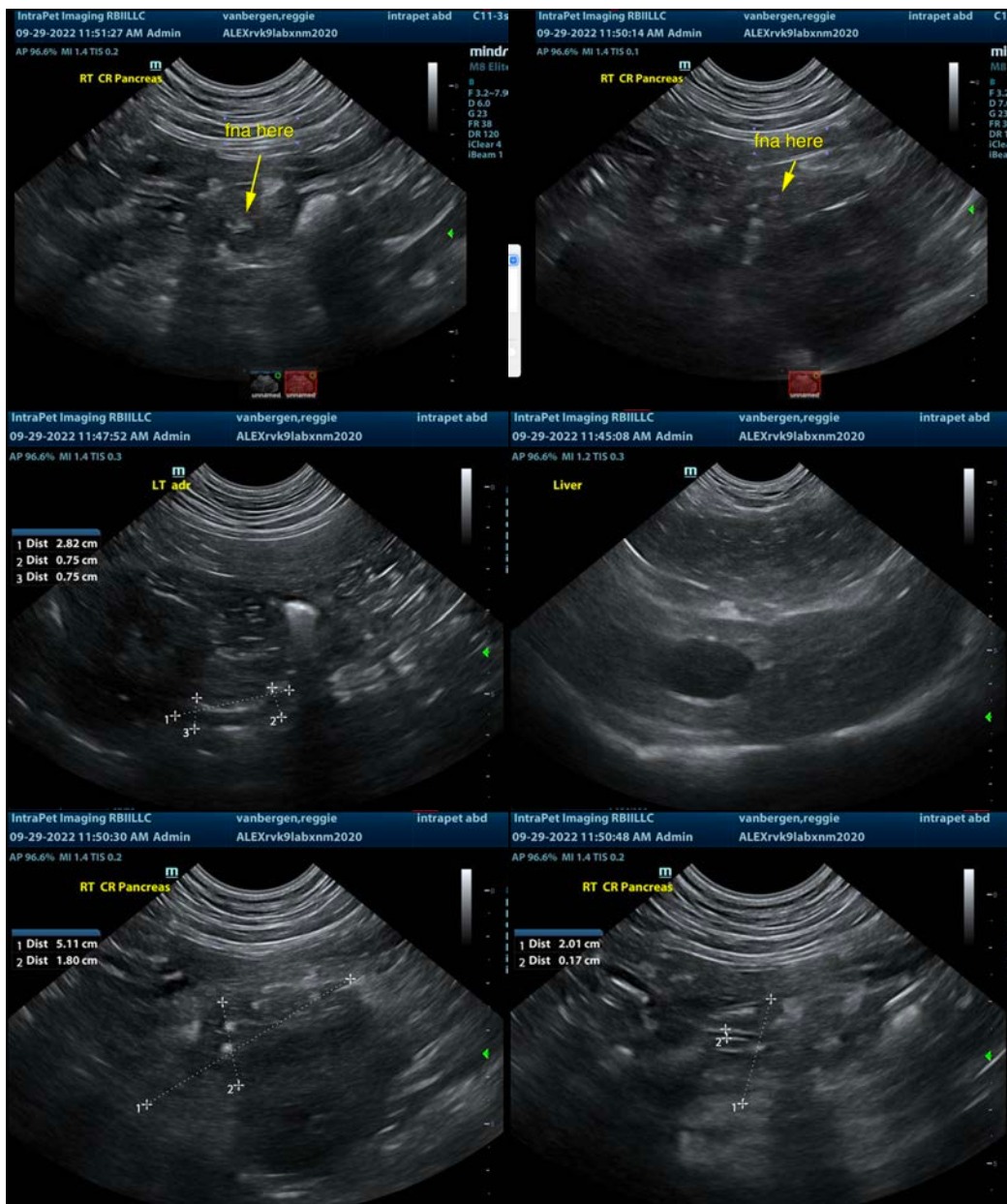
Both limbs of the **pancreas** presented mixed echogenic changes with hyperechoic surrounding fat, suggestive for chronic active inflammation. No evidence of masses. No suspicion of neoplasia.

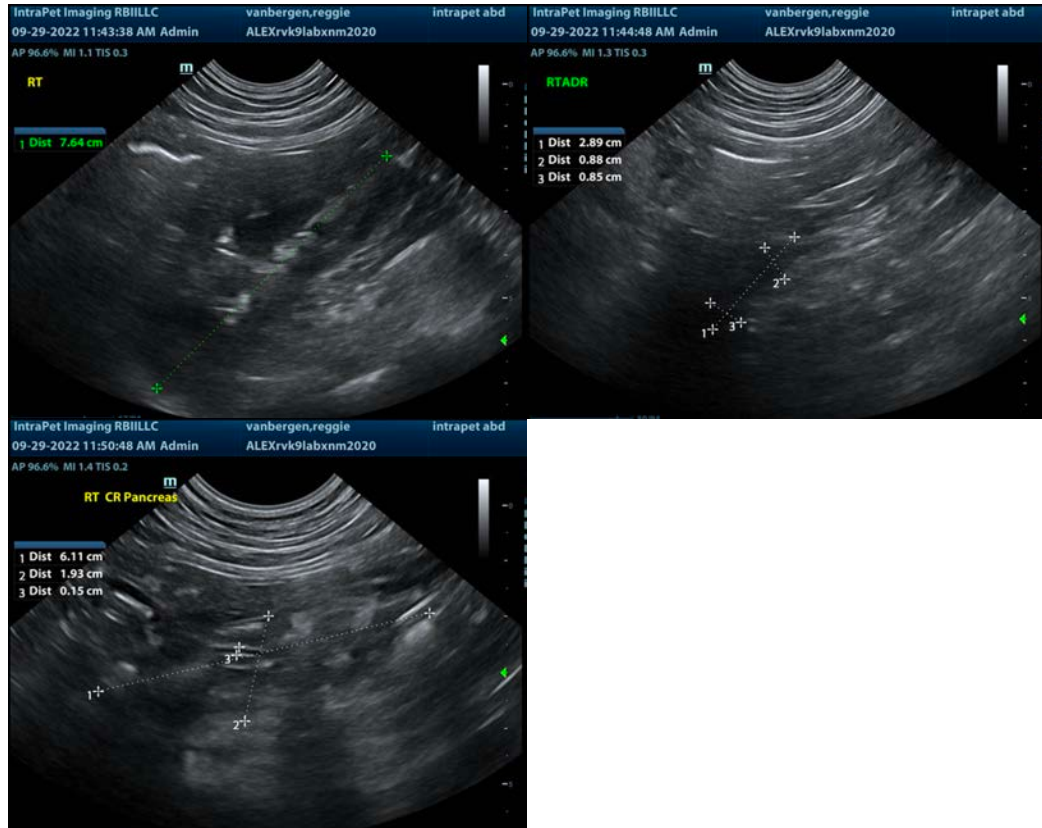
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern
- Hepatic remodeling – history of cholangitis likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile indicated, as mild microhepatica is also present. Diet change, broad-spectrum antibiotics, and GI protectants all indicated. FNA of the hypochoic portion of the pancreatic pathology as well as the liver would be ideal to assess inflammatory cell type. Recheck sonogram in 3-4 weeks.





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.

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