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Clinical Sonography & Telecytology

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1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/30/22

PATIENT

Jackson Waskiewicz

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

1/16/10

WEIGHT

6.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Warga
RDCS, RVT

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

41825

PRESENTING CLINICAL SIGNS

Decreased appetite/ weight loss.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
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 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. The right kidney measured 3.68 cm. The left kidney measured 3.48 cm with corticomedullary mineralization and slight pyelectasia. Slight cystic changes noted in both kidneys.

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 2.08 cm x 0.56 cm at the caudal pole and 0.59 cm at the cranial pole. The left adrenal gland measured 2.1 cm x 0.57 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 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

Variable portions of upper **small intestine** revealed infiltrative pattern with loss of structural detail and enhanced surrounding mesentery, consistent with inflammation. Coarse stasis was noted prior to the infiltrative intestinal pattern. The infiltrative portion of intestine appeared to be descending duodenum. The proximal duodenum presented progressive thickening, yet neoplastic criteria was only present at the level of

the descending duodenum just caudal to the right kidney. Slight areas of free fluid noted. Areas of mucosal fogging and striations also noted.

Pancreas

Pancreatic inflammation noted with mixed echogenic changes throughout the cranial abdomen associated with the upper GI tract and duodenum.

Other

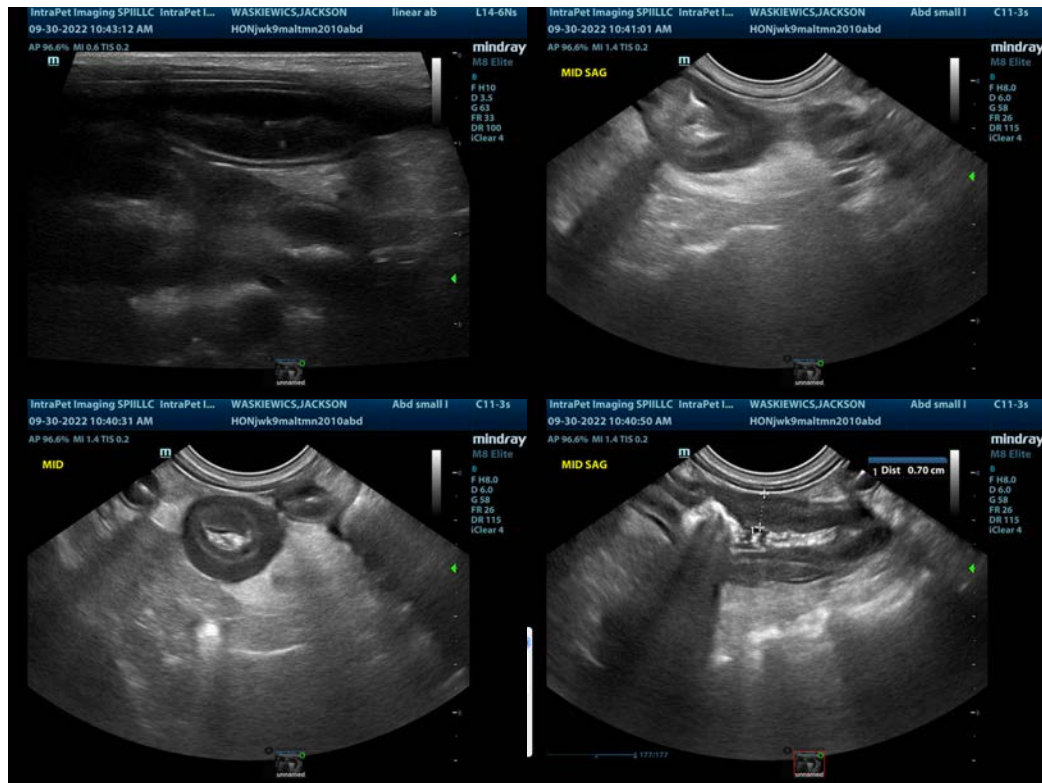
Slight areas of free fluid noted owing to peritonitis.

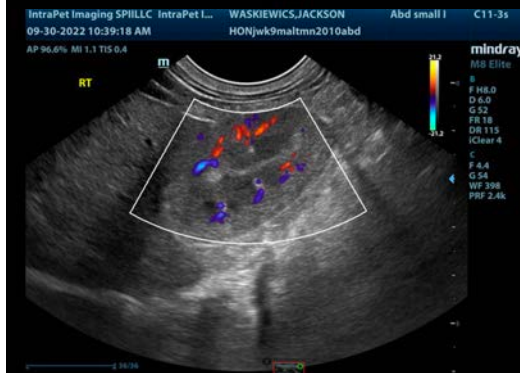
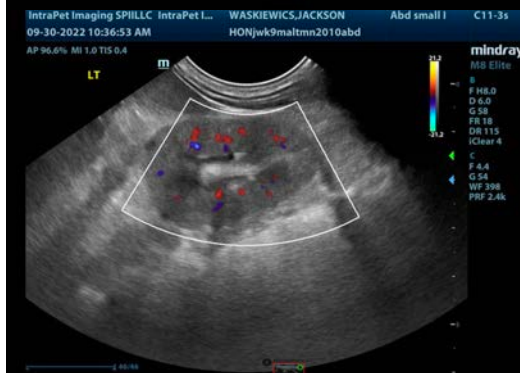
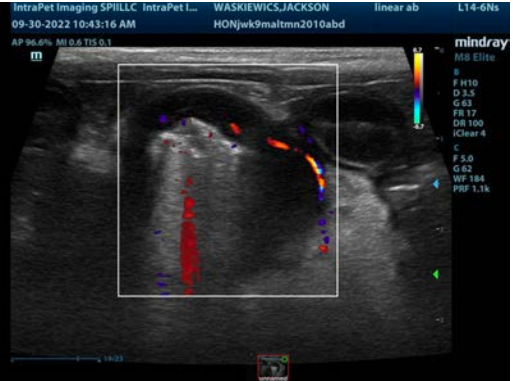
ULTRASONOGRAPHIC FINDINGS

- Infiltrative upper duodenal pattern with concurrent pancreatitis – suspect intestinal lymphoma, complicated inflammatory bowel possible yet less likely
- Moderate degenerative renal changes with minor pyelectasia and mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe that clean resection would be a possibility. This appears to be adjacent to 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
info@SonoPath.com