**DATE PRESENTING CLINICAL SIGNS**

9/9/22

Chronic/recurrent pancreatitis.

Current Medications: Metronidazole 50mg EOD and I/D low fat, Fluoxetine 15mg SID.

Date of Previous IntraPet Ultrasound: 5/6/22. See attached.

**PATIENT**

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Griffey DePasquele

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Canine

**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 was noted. Ureteral papillae were normal.

**BREED**

Yorkie Poo

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. The left kidney measured 4.27 cm.

**SEX**

Neutered male

**AGE**

5/30/11

**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 1.51 x 0.46 cm. The left adrenal gland measured 1.61 x 0.51 cm at the cranial pole and 0.49 cm at the caudal pole.

**WEIGHT**

13.9 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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.

**HOSPITAL NAME**

Honeygo AH

**Liver****REFERRING VET**

Dr. Wright

The **liver** revealed mild coarse architecture with uniform parenchyma. 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.

**INVOICE**

32815

**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

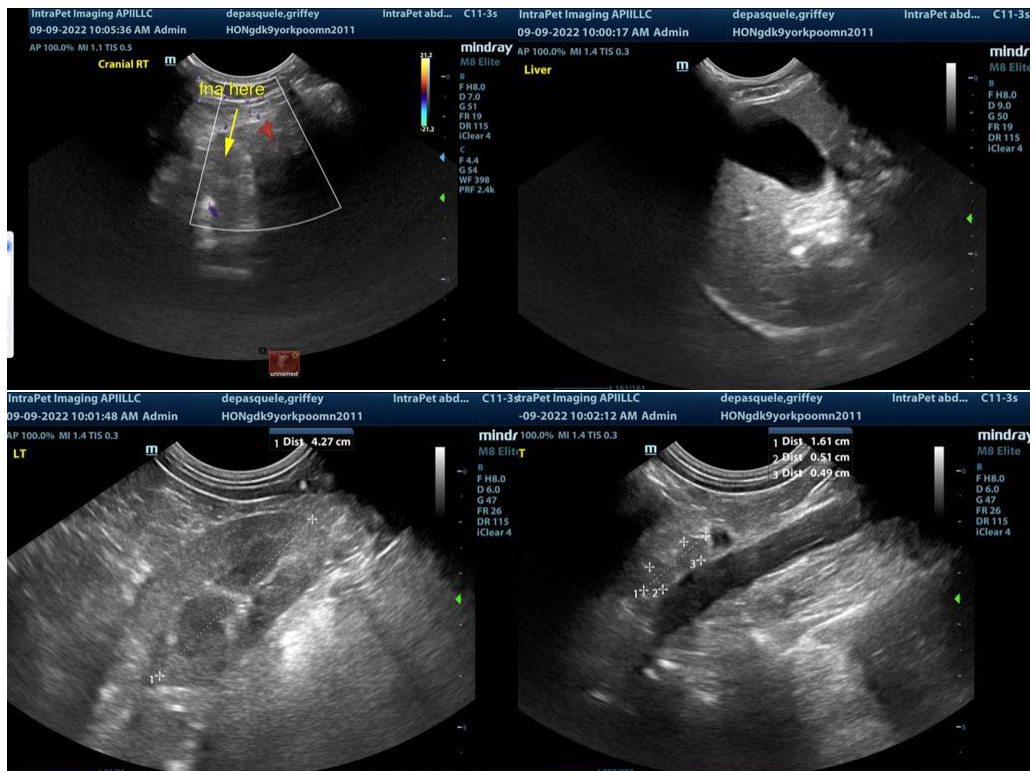
The **pancreas** revealed an enlarged right limb that measured 2.45 cm with irregular contour and moderate remodeling. Minor, enhanced surrounding mesentery was noted. There is a potential for concurrent low-grade inflammation.

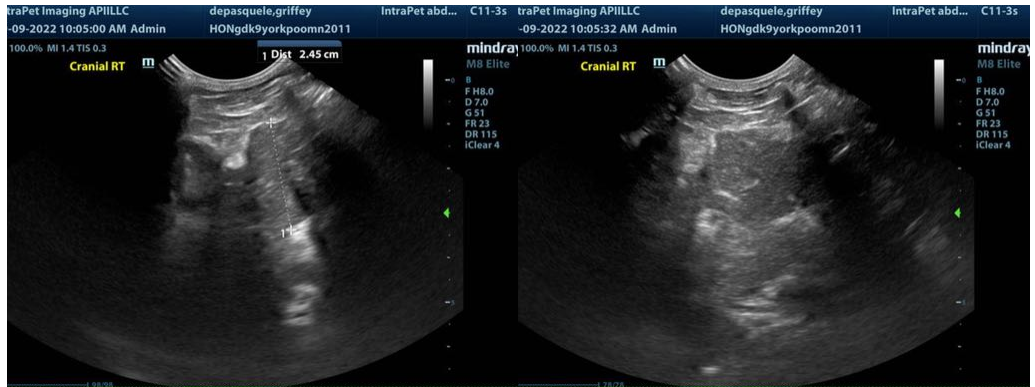
## ULTRASONOGRAPHIC FINDINGS

Prominent, irregular pancreatic limbs.  
Stable benign hepatopathy.  
Otherwise-geriatric abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreatic changes would be ideal to assess for active inflammation as well as assess inflammatory cell type. Neoplasia is not suspected.





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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