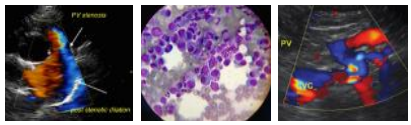
IMAGING PERFORMED BY

IntraPet.com



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DATE

1/13/2022

PATIENT

Mozart Wienecke

SPECIES

Canine

BREED

Canine Poodle

SEX

Male Neutered

AGE

1/1/2015

WEIGHT

29 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Banfield Pet Hospital of White Marsh

REFERRING VET

Dr. Gutwillig

INVOICE

10142

PRESENTING CLINICAL SIGNS

History: History of chronic hepatopathy.

Current Medications: Denamarin.
Lab Results: 8/01/2020: ALKP >2000, 8/26/2020: ALKP >2000, 01/05/2022: ALKP 1727, ALT 405.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.68 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.26 cm) in the longitudinal plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.53 cm at caudal pole) (2.14 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.52 cm at cranial pole) (0.52 cm at caudal pole) (2.32 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and texture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits a finely heterogenous appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. There is appropriate echogenicity and echotexture. No overt structural evidence of

inflammatory, infiltrative or regenerative pathology is evident. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with fluid and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. A benign process (i.e., regenerative nodular hyperplasia or vacuolar hepatopathy) is suspected. However, the recent elevation in ALT could suggest and underlying inflammatory or hepatotoxic component. Neoplasia is possible but considered less likely.
- Gall bladder debris, non-mucoceles

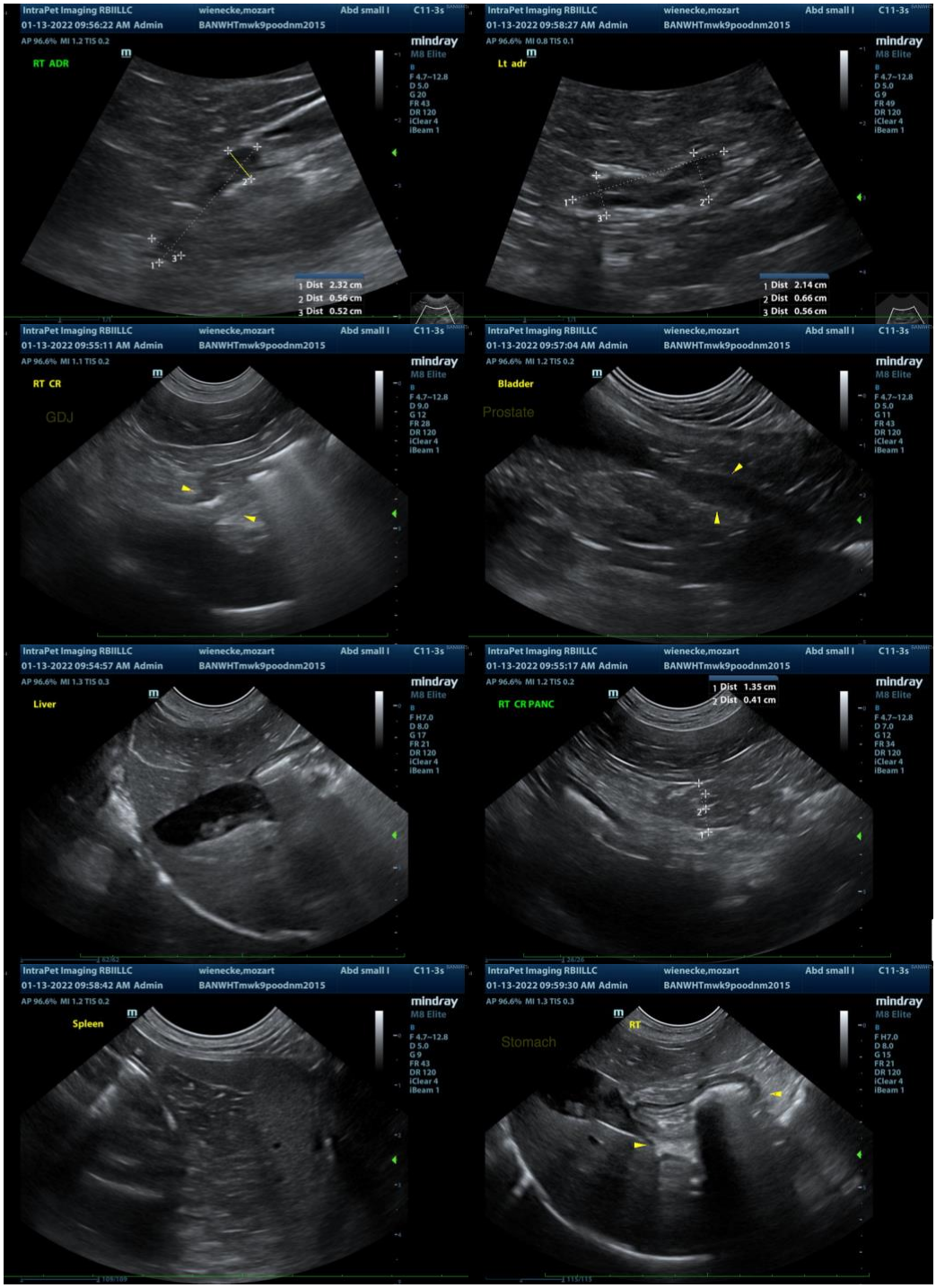
Secondary Findings

- Mild right pyelectasia. This may represent age-related remodeling or pyelonephritis. Correlation with clinical findings is recommended.
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and post-prandial serum bile acids to assess overall hepatic function.
- Consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy, if clotting status is normal). If surgical biopsies are pursued, aerobic and anaerobic cultures and additional hepatic tissue samples for potential copper quantitation are recommended.
- Given the recent ALT elevation, Leptospirosis testing can also be considered
- If the patient is exhibiting clinical signs of Cushing's Disease, further testing (i.e., low-dose

dexamethasone suppression test or ACTH stimulation test should 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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