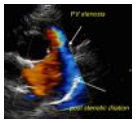
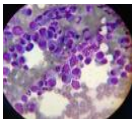
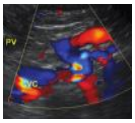
IMAGING PERFORMED BY

IntraPet.com







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DATE
1/12/22

PATIENT
Bailey Gilless

SPECIES
Canine

BREED
Golden Retriever/Cocker Spaniel mix

SEX
Spayed Female

AGE
11/4/08

WEIGHT
39 Lbs.

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

HOSPITAL NAME
Frederick Road VH

REFERRING VET
Dr. Beyer

INVOICE
13396

PRESENTING CLINICAL SIGNS

History: History: drinking more water, heavier breathing (per owner not panting?) declined thoracic rads for now; possible seizure 2016. Elevated ALP-has not been in past. When asked, Mr. does use steroid cream for psoriasis, but has for many years and pet doesn't lick hands-she will also ask neighbor who cares for pet. pet does not lick the cream bottles either.

Lab Results: ALT 91 (18 – 121), AST 25 (16 – 55), ALKP 1215 (5 – 160),
GGT 5 (0 – 13), TBIL 0.1 (0.0 - 0.3), IBIL 0.0 (0.0 - 0.2), DBIL <0.1 mg/dL (0.0 - 0.1). USG 1.027, UPC 0.5. BP was elevated (180 mmHg) but pet very nervous; going to recheck first thing.
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 left kidney presented normal size (5.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.91 cm at caudal pole) (2.91 cm in length); with a slightly irregular shape. A 0.54 cm hypoechoic nodule is observed at the caudal aspect. The remaining parenchymal detail is appropriate. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.63 cm at caudal pole) (2.53 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 (1.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is

normal.

Liver

The liver is subjectively prominent in size with slightly rounded peripheral contours. The parenchyma is mildly hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Given that the ALT is normal, inflammatory disease is considered unlikely. Neoplasia is possible but also considered less likely.
- Gallbladder debris- incidental
- Mild left adrenomegaly. The left adrenal nodule could be consistent with benign nodular hyperplasia or an emerging neoplastic process.

Secondary Findings

- Age-related pancreatic remodeling +/- fibrosis. Concurrent pancreatitis is also possible, particularly if the patient is uncomfortable on abdominal palpation.
- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

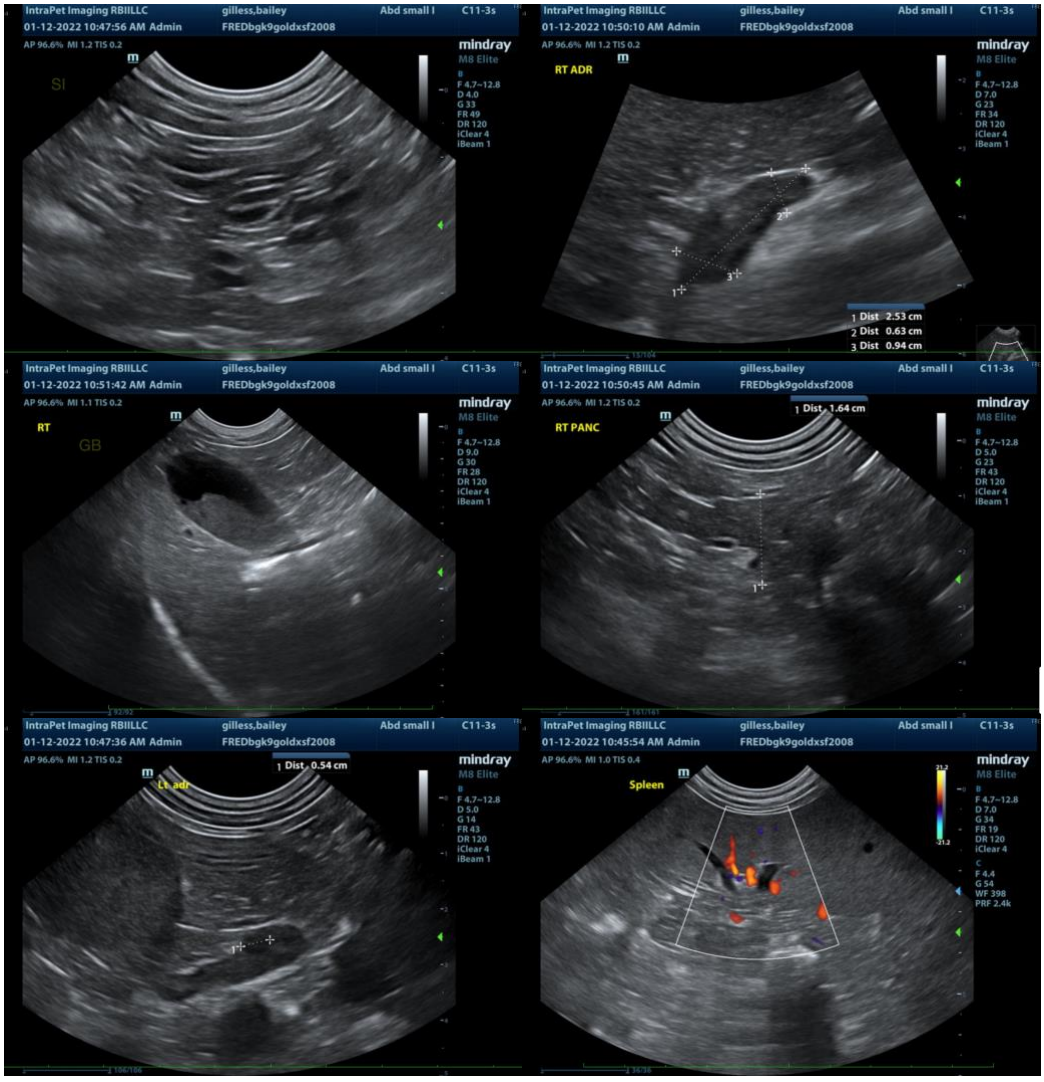
- Given the patients history, consider the following:

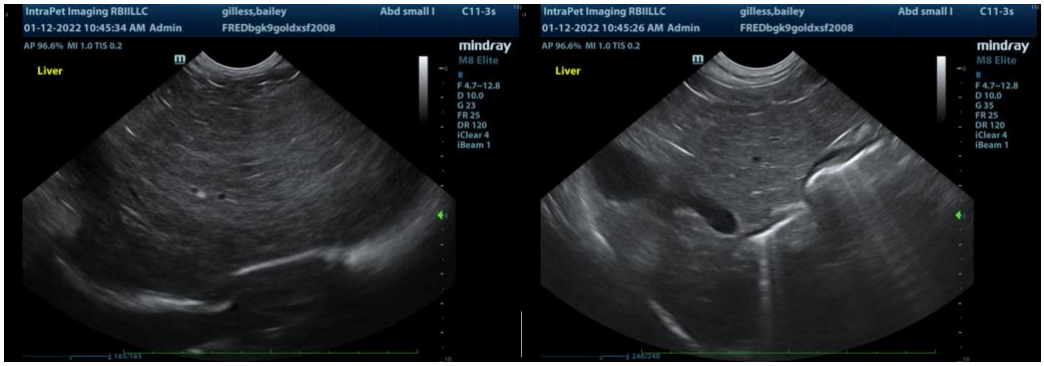
    1. Cushing's testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test)

    2. Three-view thoracic radiographs to assess cardiopulmonary status

    3. If the above diagnostics are inconclusive, consider pre-and postprandial serum bile acids to assess hepatic function. A fine needle aspirate of the liver can also be considered if clotting status is appropriate. However, this diagnostic may be of low yield.

    4. Given the left adrenal nodule, a repeat ultrasound is recommended in 1-2 months to assess for progression.





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.

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