IMAGING PERFORMED BY

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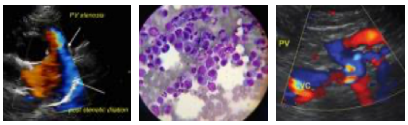

SonoPath
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DATE

1/31/23

PATIENT

Teddy Davidson

SPECIES

Canine

BREED

Mini Poodle

SEX

Male, neutered

AGE

4/12/2013

WEIGHT

7.1 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

14523

PRESENTING CLINICAL SIGNS

History of diabetes mellitus diagnosed 4 years ago. Previously well managed on 7u Vetsulin BID. Following dental in November had a hypoglycemic event and reduced to 4u, then changed to Novolin and now on 3u BID. More glycemic variability and greater propensity for hypoglycemia than in the past.

Current Medications: Novolin 3u BID, Starting diclofenac OU BID today.
Lab Results: 11/3: ALP 187.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.36 cm) with an irregular mucosal surface. The wall tapes to a normal thickness as it extends toward the cystourethral junction. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Within the cortex at the cranial aspect, a 1.80 cm hypoechoic to anechoic lesion with foci of mineralization is observed. A few small non-obstructive nephroliths are also visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (4.25 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.48 cm at cranial pole) (0.53 cm at caudal pole) (1.94 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 borderline enlarged (0.60 cm at cranial pole) (0.57 cm at caudal pole) (2.21 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 (1.21 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder

lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The base and limbs of the pancreas are normal in size 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral chronic renal changes with non-obstructive nephrocalcinosis. The lesion in the left kidney may represent a complex, mineralized cyst, emerging tumor, inflammatory focus, granuloma, abscess, other.
- Trace ascites.

Secondary Findings:

- The urinary bladder wall changes may be artifactual due to lack of full luminal distention. Alternatively, mild cystitis may be present. Correlation with the patient's urinalysis findings is recommended.
- The hepatic parenchymal changes are most consistent with vacuolar hepatopathy (i.e., secondary to diabetes mellitus) with a lower possibility of inflammatory disease or emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.


IntraPet Imaging APIILLC
davidson,teddy
IntraPet abd...
C11-3s
01-31-2023 09:10:03 AM Admin
NEXUSdk9poodmn2013
mindray
Liver


IntraPet Imaging APIILLC
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C11-3s
01-31-2023 09:10:57 AM Admin
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mindray
Cranial
Stomach


IntraPet Imaging APIILLC
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C11-3s
01-31-2023 09:11:17 AM Admin
NEXUSdk9poodmn2013
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Spleen


IntraPet Imaging APIILLC
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mindray
FF


IntraPet Imaging APIILLC
davidson,teddy
IntraPet abd...
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01-31-2023 09:12:13 AM Admin
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mindray
Pancreas
1 Dist 2.82 cm
2 Dist 0.93 cm


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IntraPet abd...
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LT
LK lesion
1 Dist 0.80 cm


IntraPet Imaging APIILLC
davidson,teddy
IntraPet abd...
C11-3s
01-31-2023 09:14:27 AM Admin
NEXUSdk9poodmn2013
mindray
LT
LL adr
1 Dist 1.94 cm
2 Dist 0.48 cm
3 Dist 0.55 cm


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C11-3s
01-31-2023 09:14:55 AM Admin
NEXUSdk9poodmn2013
mindray
Bladder

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com