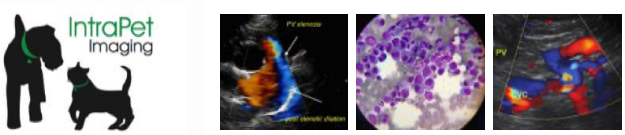
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

10/11/2021

PATIENT

Winnie Cardwell

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female, spayed

AGE

11/2/2012

WEIGHT

17.1 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Haviland

INVOICE

12333

PRESENTING CLINICAL SIGNS

Current Medications: Vetsulin 5.5 units BID - diagnosed 2019, Compounded DES 0.2 mg weekly (been on this > 5 years), Cefpodoxime 100 mg PO SID for vaginal/vulvular discharge- started 10/5/2021.
Lab Results: Tbili 1.0, diabetic, everything else wnl, UA 1.027, negative for ketones- inactive sediment.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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 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 is normal size (5.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is 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 moderate 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 (0.55 cm at cranial pole) (0.67 cm at caudal pole) (1.93 cm in length) with a relatively normal shape. A 0.65 x 0.65 ill-defined hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail in the remainder of the gland is unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.62 cm at cranial pole) (0.54 cm at caudal pole) (2.15 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 subjectively normal in size (0.95 cm in width at the level of the hilus) with normal peripheral margins and a folded contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled in appearance with several ill-defined hypoechoic nodules throughout the parenchyma. 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 suspended echogenic debris is observed within the lumen. 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.47 cm) with a normal layering pattern. There is evidence of mucosal speckling and occasional mucosal striations in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive 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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a possibility of concurrent lymphangiectasia.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, infiltrative neoplasia and/or age-related remodeling. Inflammatory disease is considered less likely in light of the normal ALT.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings:

- Bilateral, age-related renal pathology.
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the liver to rule out round cell neoplasia. A 25-gauge needle should be used for aspiration and clotting times should be assessed prior to anesthesia.
- Other diagnostic considerations include:
    - Three-view thoracic radiographs to assess for occult neoplasia in the chest.
    - Malabsorption panel including serum cobalamin, folate, TLI and PLI.
    - If the above diagnostics are inconclusive and appetite does not improve, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgery is pursued, a liver biopsy should also be obtained.


IntraPet Imaging RBIILLC
cardwell,winnie
Abd small I
C11-3s
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EAHwck9sczrsf2012
Liver
mindray


IntraPet Imaging RBIILLC
cardwell,winnie
Abd small I
C11-3s
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EAHwck9sczrsf2012
Stomach
mindray


IntraPet Imaging RBIILLC
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mindray


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linear ab
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mindray


IntraPet Imaging RBIILLC
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1 Dist 2.15 cm
2 Dist 0.57 cm
3 Dist 0.62 cm
Rt adr
mindray


IntraPet Imaging RBIILLC
cardwell,winnie
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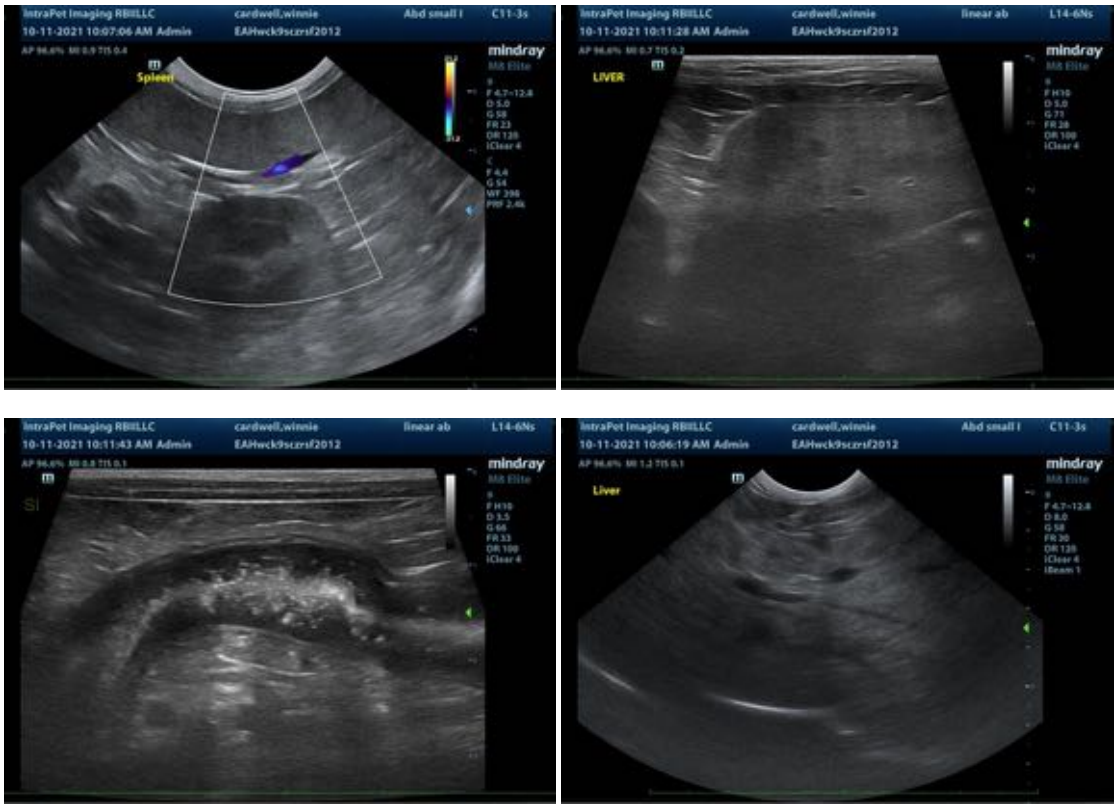
2 Dist 0.65 cm
mindray



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 ACVIM (*Small Animal Internal Medicine*)
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