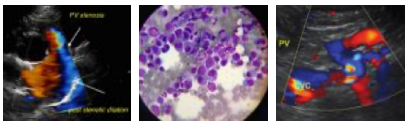
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

10/18/2021

PATIENT

Milo Cook

SPECIES

Canine

BREED

Morkie

SEX

Male, neutered

AGE

7/26/2011

WEIGHT

11.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

12369

PRESENTING CLINICAL SIGNS

History: Patient has history of chronic pancreatitis with multiple flare ups. He also has a very sensitive GI tract. Severe congestive heart failure. Recently developed seizures.

Current Medications: eating Royal Canin cardiac food; Gabapentin 50 mg po twice daily.
Lab Results: Labs mostly good.
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 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 not definitively visualized due to its pelvic location.

The left kidney is normal in size (4.18 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A small cortical cyst is observed at the caudolateral aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.30 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nephroliths are visualized. Trace pyelectasia is present (0.22 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.59 cm at caudal pole) (1.98 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 (0.58 cm at cranial pole) (0.58 cm at caudal pole) (2.00 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 (0.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly gas 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. In the right cranial quadrant, a segment of bowel, which is thought to be colon, is thickened (up to 0.59 cm) with a loss of the normal layering pattern. The remaining bowel segments are normal in thickness with a normal layering pattern. No obvious obstructive disease is noted.

Pancreas
See *Other.*

Free Abdomen
Trace free fluid is observed.

Lymph Nodes
See *Other.*

Other

A few possible B-lines are suspected.

In the right cranial quadrant, a 2.99 x 1.97 cm slightly irregular heterogeneous mass effect is observed. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The origin of the mass effect in the right cranial quadrant is unclear. It may be arising from pancreas, lymph node, mesentery or a combination thereof. Regional peritonitis is present. The thickened bowel segment in this region may represent infiltrative neoplasia or a severe inflammatory process.

Secondary Findings:

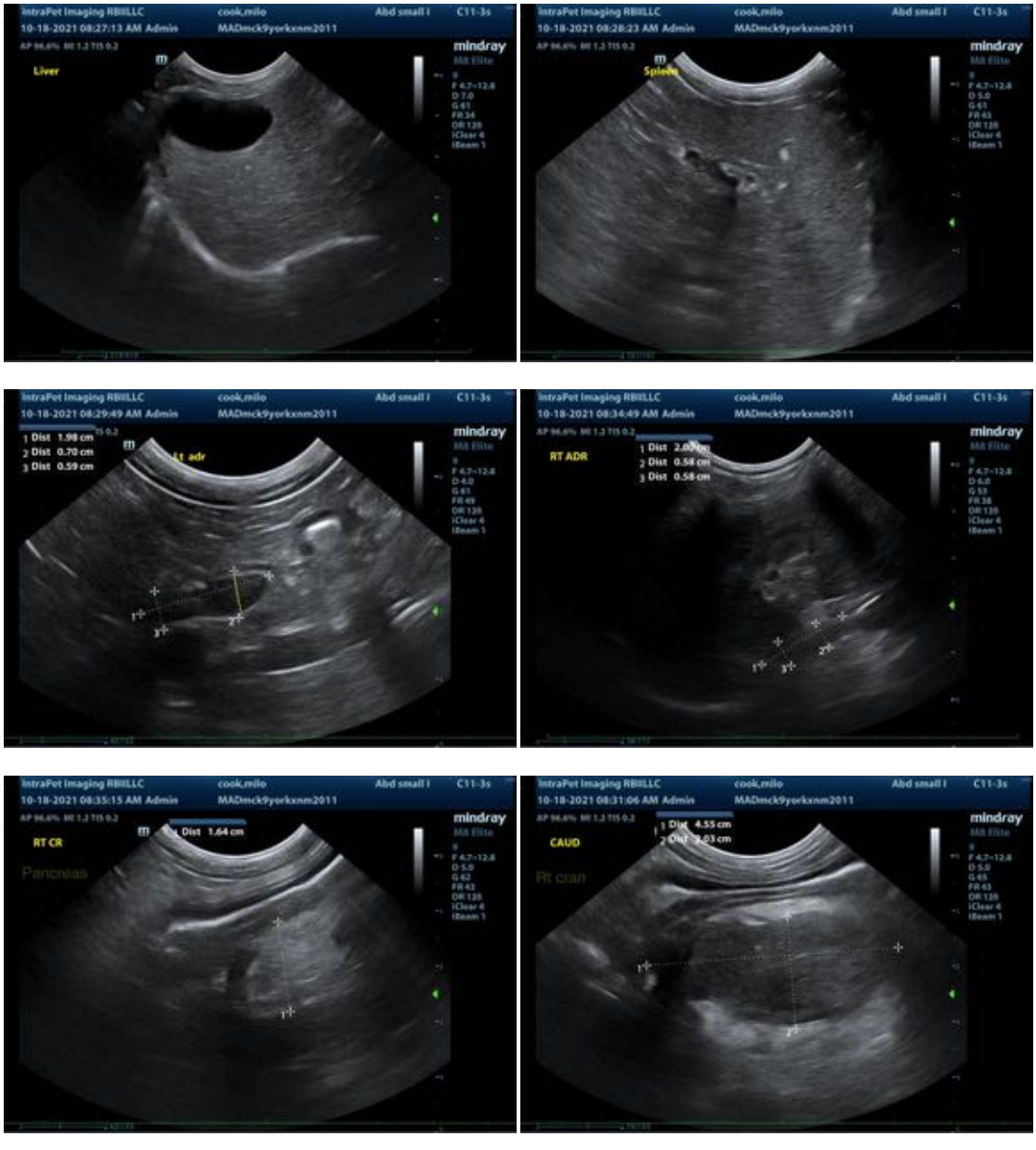
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive right nephrolithiasis.
- Mild bilateral adrenomegaly.
- The presence of B-lines in the thorax is suggestive of pulmonary parenchyma disease.

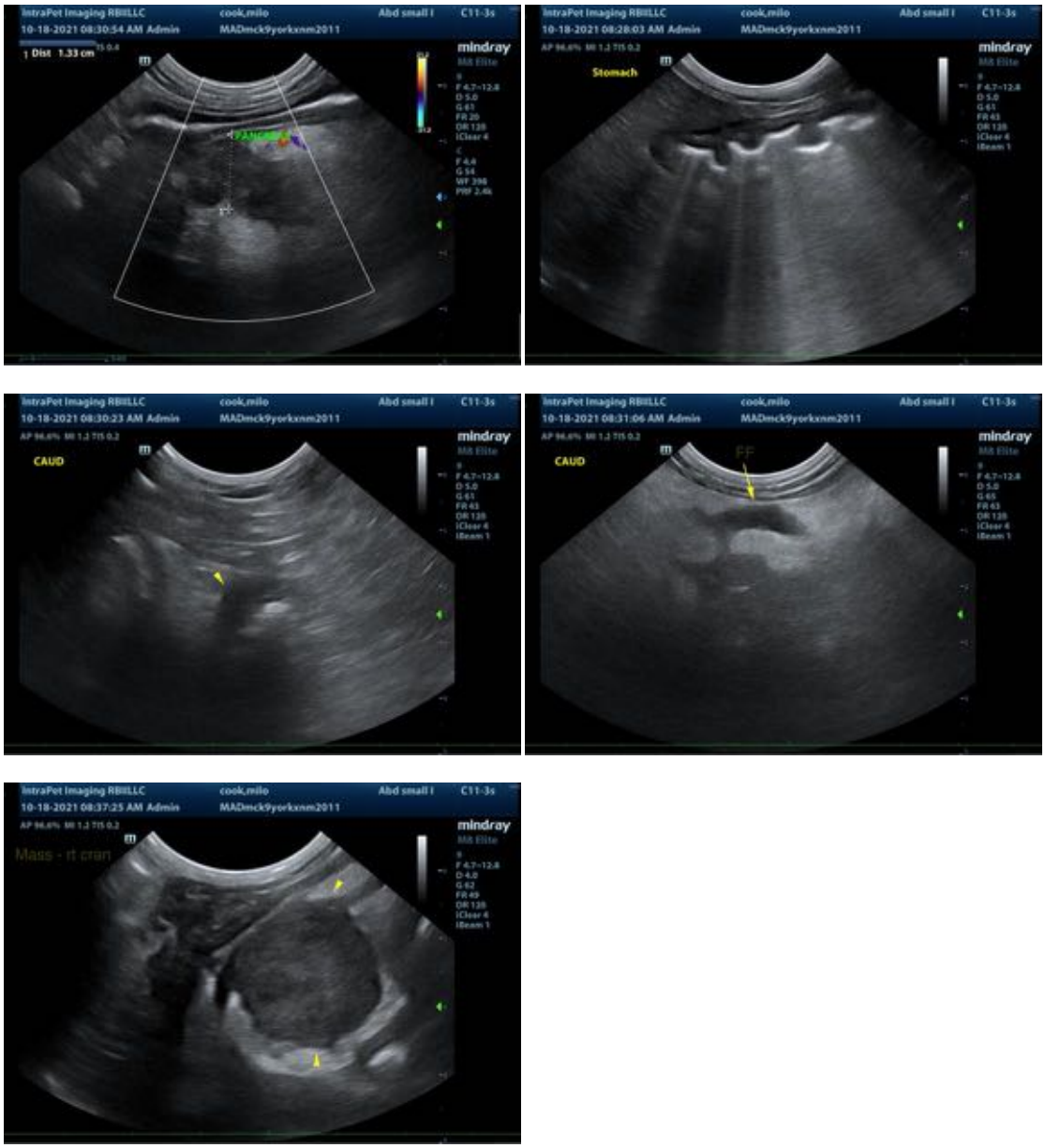
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- Consider a fine needle aspirate of the mass in the right cranial quadrant if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If cytologic evaluation is inconclusive or if the mass is not accessible, an abdominal exploratory with biopsy +/- removal of the mass can be considered. If surgery is pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications. The thickened bowel should also be biopsied at the time of surgery.

- If a conservative approach is desired, consider palliative care as well as a malabsorption panel.





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*)
Andrea.nicastro@sonopath.com