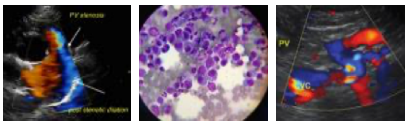
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/19/22

PATIENT

Sadie Gluth

SPECIES

Canine

BREED

German shepherd

SEX

Female, spayed

AGE

10/18/2012

WEIGHT

79.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Kaufman

INVOICE

14121

PRESENTING CLINICAL SIGNS

Leaking urine - orange color

Current Medications: Amp/sublactam - 750 mg iv tid, doxycycline 200mg bid po, Cerenia 36 mg iv sid, Phos-bind - 1 teaspoon bid, IV fluids - (plasmalyte) 140 ml/hr.
Lab Results: Elevated renal values and Liver values - see attached labs
UA - orange yellow SG 1.016 , neg for bilirubin, Lepto snap - neg
Radiographs: Hepatomegaly, non obstructive
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Stat requested by DVM.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is borderline enlarged (8.17 cm in length) with a normal shape and smooth peripheral contours. 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 borderline enlarged (8.43 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.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.69 cm at caudal pole) (2.80 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 (0.76 cm at caudal pole) (2.48 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 (2.44 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No 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 wispy echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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 disease is noted.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic 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. An enlarged (4.01 cm) slightly rounded mildly hypoechoic sublumbar lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

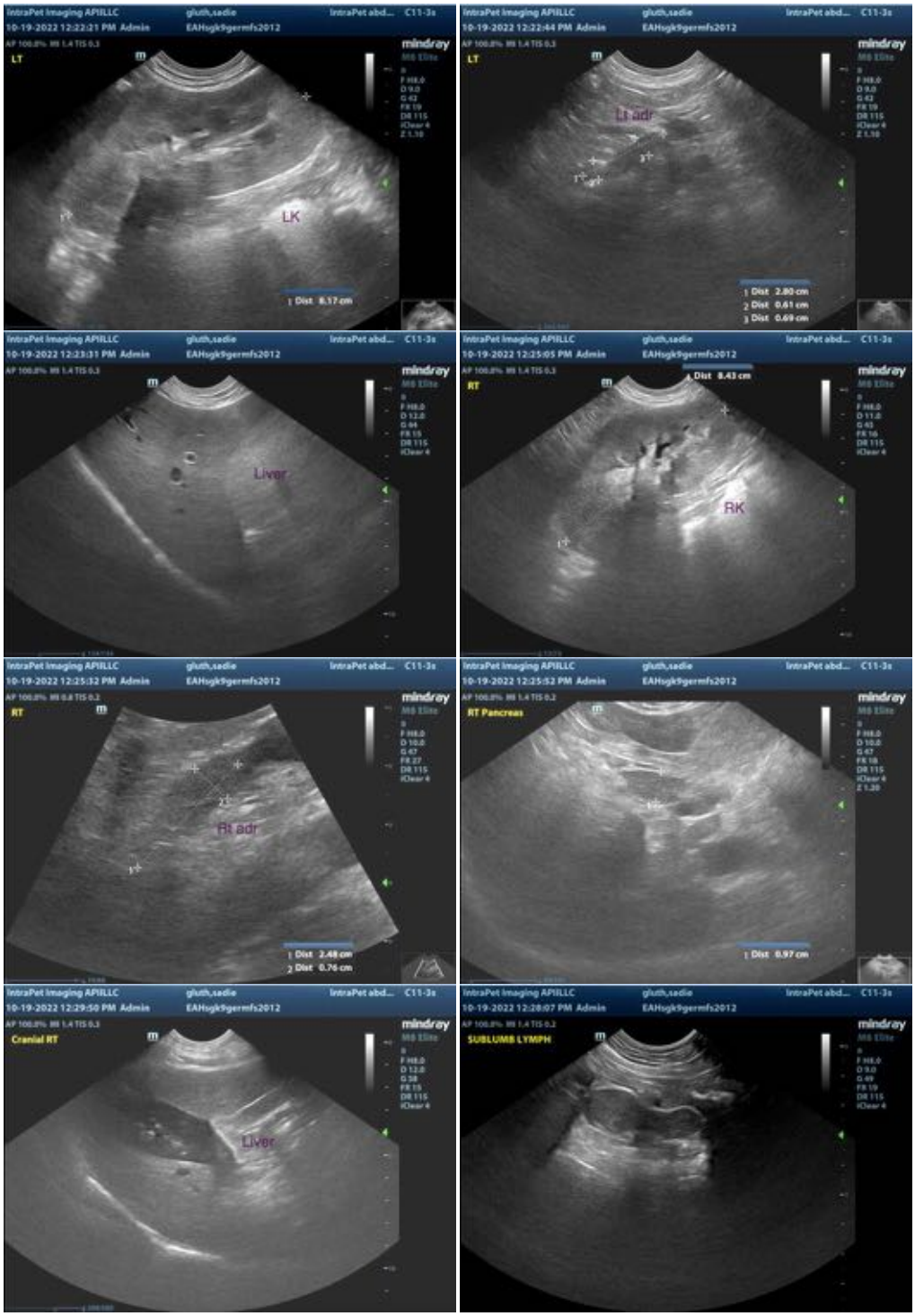
- Minor non-specific hepatic and renal changes.
- The enlarged sublumbar lymph node could be consistent with reactive change or emerging neoplasia.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor age-related pancreatic remodeling +/- fibrosis. Mild chronic pancreatitis may also be present, particularly if the patient's clinical history is supportive of this diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the clinical history, further testing for Leptospirosis (i.e., blood and urine PCR, convalescent titers in 14 days) is recommended.
- Also consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) if clotting status is appropriate, particularly if Leptospirosis testing is inconclusive. If surgical biopsies are pursued, samples should be obtained for aerobic and anaerobic bile cultures as well as copper quantitation.
- In the meantime, empirical treatment for Leptospirosis is recommended including fluid therapy, amoxicillin-clavulanic acid, hepatic antioxidants and symptomatic care.
- Also consider a baseline blood pressure measurement, UPC, and urine culture and sensitivity.
- Regarding the enlarged sublumbar lymph node, consider a thorough evaluation of the hind end (including a rectal exam) for masses/lesions that may be causing its enlargement. A recheck ultrasound of the node is recommended in 2-3 weeks.



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)
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