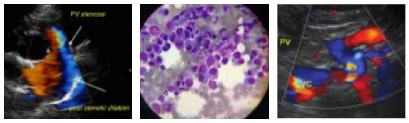
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

10.28.2022

PATIENT

Macky Tipton.

SPECIES

Canine

BREED

Labrador Retr

SEX

Spayed Female

AGE

9/14/2011

WEIGHT

78.7lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

11927

PRESENTING CLINICAL SIGNS

Hx of primary supraventricular tachycardia, primary systemic hypertension and diabetes mellitus. Presented for ascites of unknown etiology on 10/26/22. Acting normally otherwise. Labs NSF, BP WNL for this P in the hospital.

Current Medications: Vetsulin 16U BID, Amlodipine 5mg BID, Sotalol 40mg BID.
Lab Results: BG 283 just before evening dose of insulin due WBC 4.99 (>5.05), Lym 1.02 (>1.05).
Date of Previous IntraPet Ultrasound: 9/22/21. See attached.
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 and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal size (7.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.77 cm at caudal pole) (2.91 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 (0.86 cm at cranial pole) (0.79 cm at caudal pole) (2.22 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 (1.31 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 irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. The left lateral lobe is prominent and rounded. Deep on the left side, adjacent to the diaphragm, a 5-6 cm irregular, isoechoic to slightly heterogenous swelling/mass is visualized. The remaining parenchyma is relatively homogenous. Hepatic vasculature and intrahepatic 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 distended with fluid, gas and slightly shadowing hyperechoic material. 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. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A moderate amount of anechoic free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

A brief visualized of the heart reveals no obvious evidence of chamber enlargement, pericardial or pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Deep, left hepatic swelling/mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) versus a benign process (i.e., focus of nodular hyperplasia). The diffuse hepatic parenchymal changes are nonspecific and may be secondary to vacuolar hepatopathy, age-related remodeling, or less likely, infiltrative neoplasia.

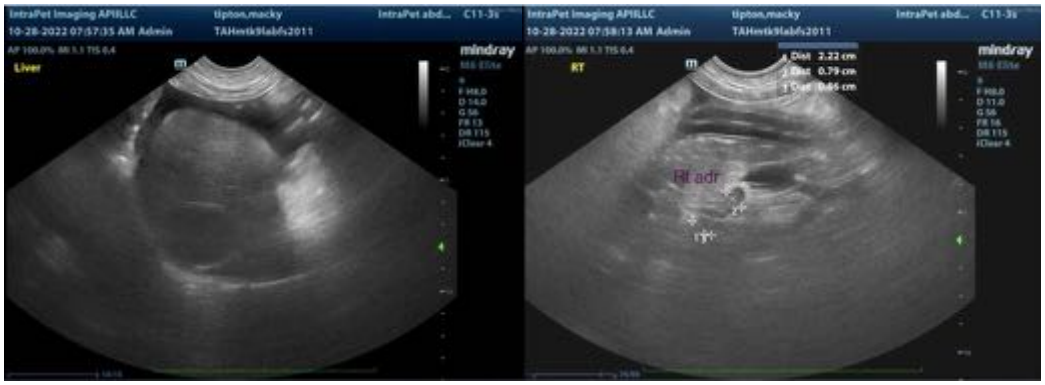
- Ascites. Differentials include increased vascular permeability (i.e., vasculitis), increased hydrostatic pressure (less likely), low oncotic pressure (given the lack of hypoalbuminemia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

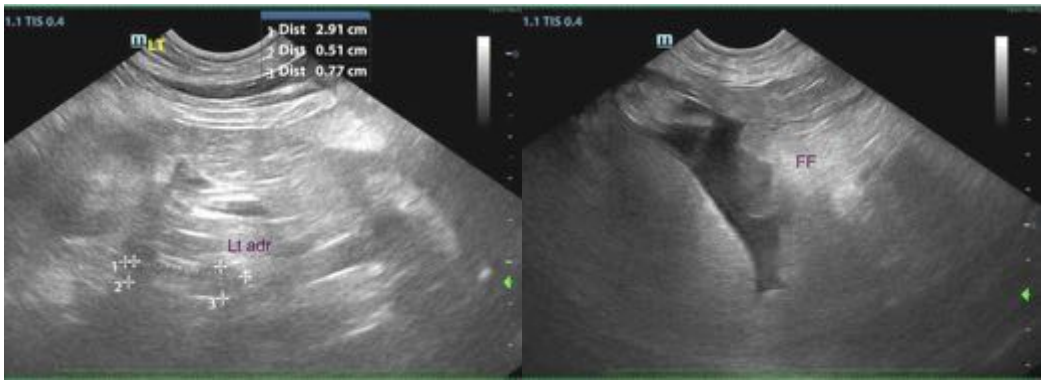
Consider cytologic evaluation of the abdominal fluid. If inconclusive, consider fine-needle aspirates of the liver, with particular attention to the lesion deep on the left side (if accessible).

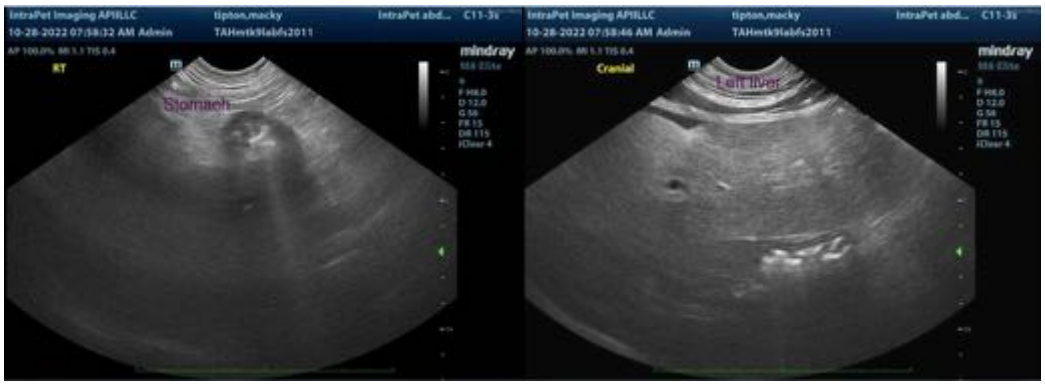
Other diagnostic considerations include the following:

1. Pre-and postprandial serum bile acids to assess hepatic function
2. Three-view thoracic radiographs a
3. Full echocardiogram to assess for primary cardiac disease as a cause for the ascites.
4. +/- surgical biopsies of the liver


Liver
RT
Rt adr


LIVER
Spleen


LT
Dist 2.91 cm
Dist 0.51 cm
Dist 0.77 cm
Lt adr
FF


RT
Stomach
Cranial
Left liver

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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