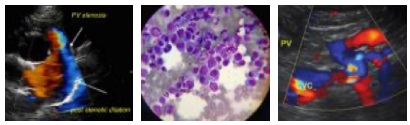
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/4/2021

PATIENT

Naia McDonald

SPECIES

Canine

BREED

English Bulldog

SEX

Female, spayed

AGE

7/7/2012

WEIGHT

67 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Veterinary Housecall Services

REFERRING VET

Dr. Golden

INVOICE

12280

PRESENTING CLINICAL SIGNS

History: Increased Panting. SC MCT on left thigh first noted 4/2021 is getting larger. Her appetite has become more selective, yet she is gaining weight. She is panting more. No pu/pd/v/d/c/s noted. She is now walking with a "wobble". Diet: RC Satiety support Wt. mgmt. Exam: Wt. 67.6lbs, BCS-8/9. HR-140-160bpm, RR-Panting. BAR. Aggressive with owner but did fine in exam room without muzzle. EENT: Mild tear staining OS>OD otherwise NSF. Oral: #304 crown fractured at gum line and other teeth severely worn. H/L: HR-140-160bpm possible 2/6 L systolic HM noted. RR-Panting, referred upper airway sounds. Abd: Tense, but not painful and no obvious mass effect noted. Rectal: WNL. LN: WNL. Integ: SC MCT on lateral left thigh now 3cm x 2cm (increased from 1cm in April). Left metatarsal pink dermal skin tag ~ 2mm. Probable small adenomas on ventral tail. M/S/N: Stifles swollen, suspect right drawer and left as well. Assessment: Dental disease with fractured #304, Probable bilateral CCL injuries. SC MCT Left thigh. Skin tag. Plan: CBC/Chemistry/T4 -----> Idexx. proBNP ----> Idexx. Will consider surgical removal of MCT and other masses pending BW results.

Current Medications: Previcox 227mg: 1/2 tab once daily. Gabapentin 300mg q 12 hrs. Movoflex 40-80: 1 chew once daily. ST once a month.
Lab Results: (9-21-21) ProBNP 1119 (0-900), GLU 119, SDMA 11, CR 1.6, BUN 39. (4-17-21): GLU 128, SDMA 10, CR 1.5, BUN 32. (2-10-20): GLU 115, CR 1.2, BUN 20.
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 left kidney is normal size (5.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.70 cm at cranial pole) (0.42 cm at caudal pole) (2.04 cm in length); normal shape; smooth peripheral contours. A 0.97 x 0.73 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail are normal at the caudal pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.51 cm at caudal pole) (2.17 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 (1.32 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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 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 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.

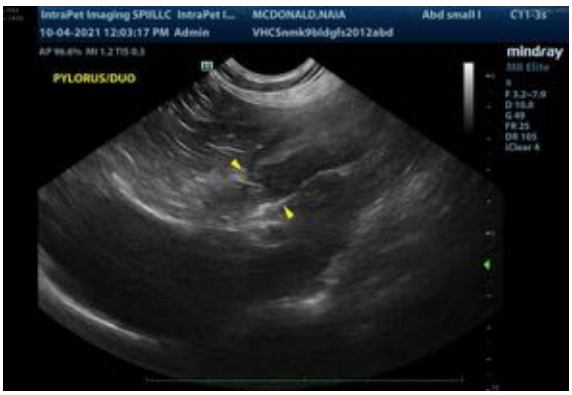
Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Minor age-related renal changes.
- The left adrenal nodule trends toward the benign (i.e., a focus of nodular hyperplasia) with a lower possibility of an early neoplastic process. There is no evidence of metastatic disease in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, it is reasonable to remove the subcutaneous mast cell tumor and submit it for histopathology.



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.

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