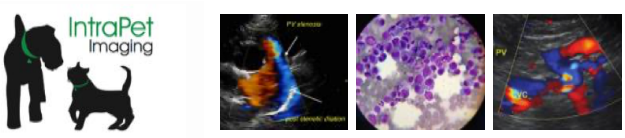
IMAGING PERFORMED BY

IntraPet.com



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DATE

11/1/2021

PATIENT

Jedi Gilmore

SPECIES

Canine

BREED

Pomeranian mix

SEX

Male, neutered

AGE

10/15/2008

WEIGHT

11 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. Smith

INVOICE

12448

PRESENTING CLINICAL SIGNS

History: inappetant, lethargic, vomiting.

Current Medications: Sucralfate 250mg BID, Cimetidine 75mg BID.
Lab Results: Mild neutrophilia with a monocytosis. Low albumin 2.1. Borderline low globulin 2.6. USG 1.049, trace proteinuria, inactive sediment. T4 normal.
Radiographs: Lateral abdominal radiograph WNL
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 upper limits of normal size (0.96 cm in width) with a normal shape and glandular echogenicity. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.01 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 (3.96 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 (0.53 cm at cranial pole) (0.53 cm at caudal pole) (1.78 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 (0.49 cm at cranial pole) (0.50 cm at caudal pole) (1.34 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 (1.27 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 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

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. In at least one small intestinal segment, the wall is thickened (up to 0.57 cm) and irregular with a loss of the normal layering pattern. In other segments, there is evidence of mucosal fogging and/or speckling. The remaining segments are normal in thickness with a normal with a normal layering pattern. The colonic wall is normal.

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

Trace free fluid is observed. 1-2 prominent mid-abdominal lymph nodes are visualized, the largest measuring 0.70 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The thickened small intestinal segments are concerning for infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma). However, a severe inflammatory process can also not be completely excluded.
- The trace ascites is likely secondary to low oncotic pressure and/or increased vascular permeability (due to bowel pathology).

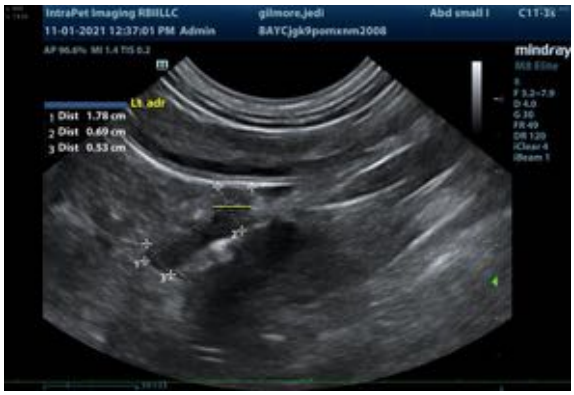
Secondary Findings:

- Minor geriatric hepatic and renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The prominent prostate may be a normal variant for this patient, may represent late in life neutering or could be consistent with emerging neoplasia. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

- Ultimately, to get a definitive diagnosis, surgical gastrointestinal biopsies would be necessary.
- A GI panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia should also be considered.



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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