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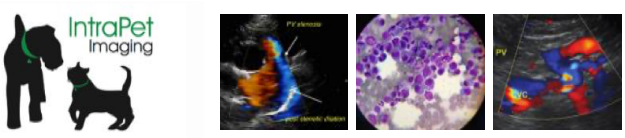

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DATE

11/15/2021

PATIENT

Hailey Noel Jones

SPECIES

Canine

BREED

Papillon

SEX

Female, spayed

AGE

10/19/2009

WEIGHT

16.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Everhart VC

REFERRING VET

INVOICE
12528

PRESENTING CLINICAL SIGNS

History: Pt presented on 10/25 for annual wellness. PE nsf except BCS 7/9, o does report increased panting.
Lab Results: ALP 1166.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
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 mostly 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 (4.34 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few small nephroliths are seen. Pinpoint hyperechoic foci are also observed within the cortex. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size with a normal shape and smooth peripheral contours. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few small nephroliths are seen. Pinpoint hyperechoic foci are also observed within the cortex. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.52 cm at caudal pole) (1.70 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 (0.44 cm at cranial pole) (0.44 cm at caudal pole) (1.67 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 subjectively normal in size (1.54 cm in width at the level of the hilus) with slightly irregular contour at the cranial aspect and normal curvilinear peripheral contours in the remainder of the spleen. There is appropriate echogenicity and echotexture. A few small, irregular hyperechoic nodules are seen throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with rounded peripheral contours. The parenchyma is isoechoic to isoechoic relative to the spleen and heterogeneous in appearance. No distinct 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. 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.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS
Primary 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.

Secondary Findings:

- Bilateral age-related renal changes with non-obstructive nephrolithiasis and dystrophic mineralization.

- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is exhibiting other clinical signs of Cushing's disease (i.e., PU/PD), consider further testing (i.e., a low dose Dexamethasone suppression test or ACTH stimulation test).

- Given the history of panting, consider three-view thoracic radiographs.

- A fine needle aspirate of the liver can be considered to rule out round cell neoplasia. However, this differential is considered of lower likelihood relative to benign age-related pathology.

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, consider a repeat abdominal ultrasound +/- hepatic tissue sampling.

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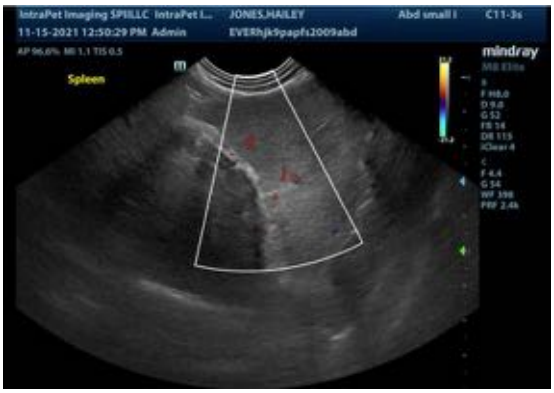

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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