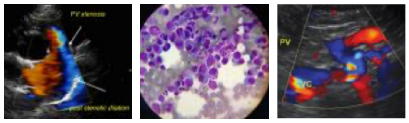
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

11.21.2022

PATIENT

Mozart Kagarise

SPECIES

Canine

BREED

Collie Mix

SEX

Neutered Male

AGE

9/5/2009

WEIGHT

63.4lbs

INTERPRETED BY

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

HOSPITAL NAME

Mt Airy AH

REFERRING VET

Dr. Riley

INVOICE

11892

PRESENTING CLINICAL SIGNS

History of anorexia, vomiting, pancreatitis.

Current Medications: Omeprazole 30mg SID, Cerenia, Ondansetron 8mg.
Lab Results: Elevated liver enzymes.
Date of Previous IntraPet Ultrasound: No previous.
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 wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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 normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.73 cm at caudal pole) (2.77 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 borderline enlarged (1.21 cm at cranial pole) (0.74 cm at caudal pole) (2.92 cm in length) with normal shape and smooth peripheral contours. The parenchyma is subtly heterogenous with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.81 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 normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder 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/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. There is no 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Two to three prominent cranial abdominal lymph nodes are visualized, the largest measuring 1.39 cm in length. The nodes are cystic in appearance. In addition, a 2.79 cm cystic mesenteric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease, mild pancreatitis, underlying metabolic issue, other.

Secondary Findings

- Bilateral degenerative renal changes with right dystrophic mineralization
- The mild right adrenomegaly is most consistent with early hyperplastic change, with a lower possibility of an emerging tumor.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy. Inflammatory and infiltrative disease are considered less likely. Correlation with the patient's liver values is recommended.
- The cystic abdominal lymph nodes are likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for gastroenteritis is recommended. If clinical signs do not improve with medical management, a more advanced GI work-up (i.e., fecal evaluation for ova and Giardia, GI panel (i.e., serum cobalamin and folate, TLI and PLI), resting cortisol level, +/- GI biopsies) may be warranted.


Liver


Cranial RT
LN


Cranial LT
Stomach


Mesenteric Lymph


LT
LI adr


SI


RT
RI adr

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.

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