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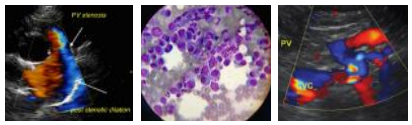
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/10/21

PATIENT

Daisy Maisenholder

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

9/2/14

WEIGHT

18.6 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Bel Air VH

REFERRING VET

Dr. Young

INVOICE

10031

PRESENTING CLINICAL SIGNS

History: Daisy is doing well at home since last ultrasound examination. She had a comprehensive oral health and assessment procedure done during which one tooth was extracted and had mild vulvovaginitis in October that has since resolved with treatment. Follow-up ultrasound requested to evaluate the splenic bulge/mass as well as the bladder wall thickening seen in August.
Current Medications: Heartgard Plus PO monthly.
Lab Results: Attached separately. /13/2021 - CBC: PLT 402 x10^/uL; Chem: Triglycerides 469mg/dL, BUN/Creat. ratio 28; UA: USG 1.052, protein 1 +. (8/25/2021) - Splenic Cytology: Markedly hemodiluted splenic tissue. (10/15/2021) - UA: USG 1.038, pH 7.5, protein trace.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: 8-10-2021.
Sedation: Not required for a full diagnostic ultrasound.
Splenic cytology performed on 8/25/2021 was inconclusive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. A focal area of thickening (up to 0.59 cm) in the dorsal wall is visualized. The remaining wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney is normal in size (4.30 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.48 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.61 cm at caudal pole) (1.93 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 (0.40 cm at cranial pole) (0.56 cm at caudal pole) (1.58 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 overall normal in size (1.40 cm). A 3.02 x 1.26 cm isoechoic to slightly heterogenous swelling/bulge is observed just cranial to the hilus. This lesion causes slight capsular expansion. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic

vasculature is normal with no evidence of thrombosis.

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 region of the gall bladder fossa is unremarkable. (Previous Cholecystectomy)

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 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 or overt infiltrative 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

Primary Findings

- The splenic/bulge is similar in size and appearance compared to the previous sonogram. Given this lack of change, a benign process is favored, although neoplasia cannot be completely excluded.

- The dorsal bladder wall thickening is still present, and is slightly thicker, but this may be related to lack of full luminal distention. Again, given the chronicity, a benign process is favored, with a lower possibility of emerging neoplasia.

Secondary Findings

- Mild bilateral adrenomegaly (previously observed)

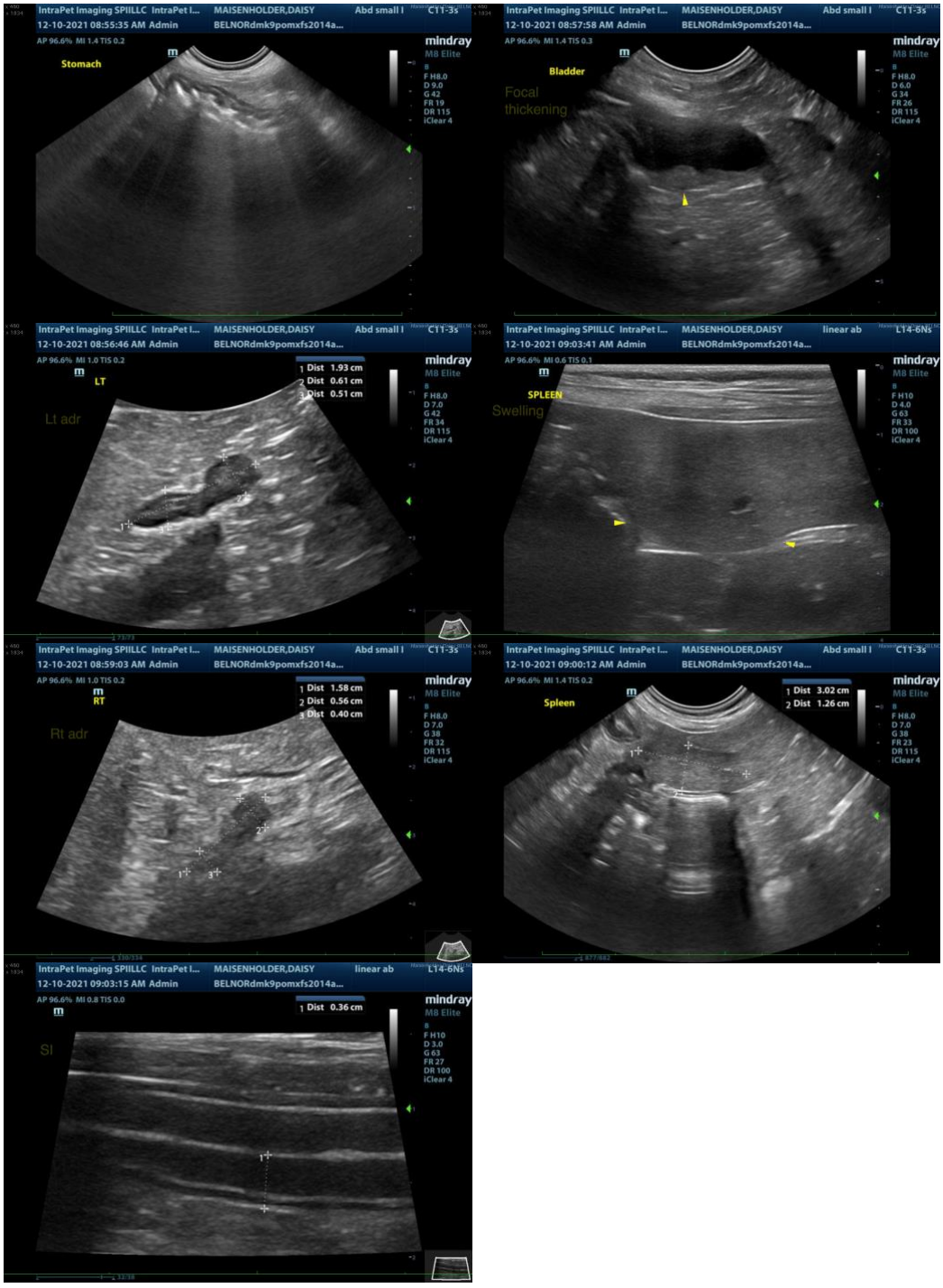
- Chronic nonspecific age-related renal changes with dystrophic mineralization (previously observed)

- 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. (previously observed)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urine BRAF test to further assess the bladder for a neoplastic process.

- As a precaution, a repeat ultrasound in three to four months is recommended to monitor the progression of the previously observed abnormalities.



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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