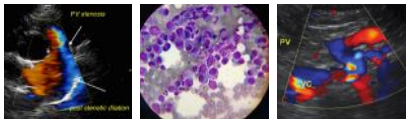
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/11/21

PATIENT

Fred Griffiths

SPECIES

Canine

BREED

Welsh Corgi

SEX

Neutered Male

AGE

3/20/17

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency H

REFERRING VET

Dr. Willer

INVOICE

13016

PRESENTING CLINICAL SIGNS

History: Not eating, lethargic. Won't take meds and is not eating Presented to rdvm Monday - gave injection of cerenia and convenia - noted to eat Monday PM and Tuesday - stopped again on wednesday - will try to bite if owner tried to pill him No vomiting or diarrhea Lethargic Will hold stuff in his mouth and then drop it
Current Medications: Buprenorphine, Maropitant, Pantoprazole.
Lab Results: 12/10/21 CA >16.0 (7.9-12), ALT 224 (10-125), PCV 61 (37-55), TS 8.0 (5.0-8.0). 12/11/21 CA 19.1 (7.9-12).
Radiographs: 2 view abdomen gas in colon, no obvious obstruction.
Date of Previous IntraPet Ultrasound: Not previous.
Sedation: Not required to complete 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 is moderately distended. A scant amount of echogenic debris is suspended 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 (0.99 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.56 cm at caudal pole) (2.15 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 (0.73 cm at cranial pole) (0.60 cm at caudal pole) (2.50 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 (1.70 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.72 cm prominent portal lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

- The increase in hepatic portal markings is suggestive of inflammatory disease. However, this may be a normal variant for this patient.
- The prominent portal lymph node could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).

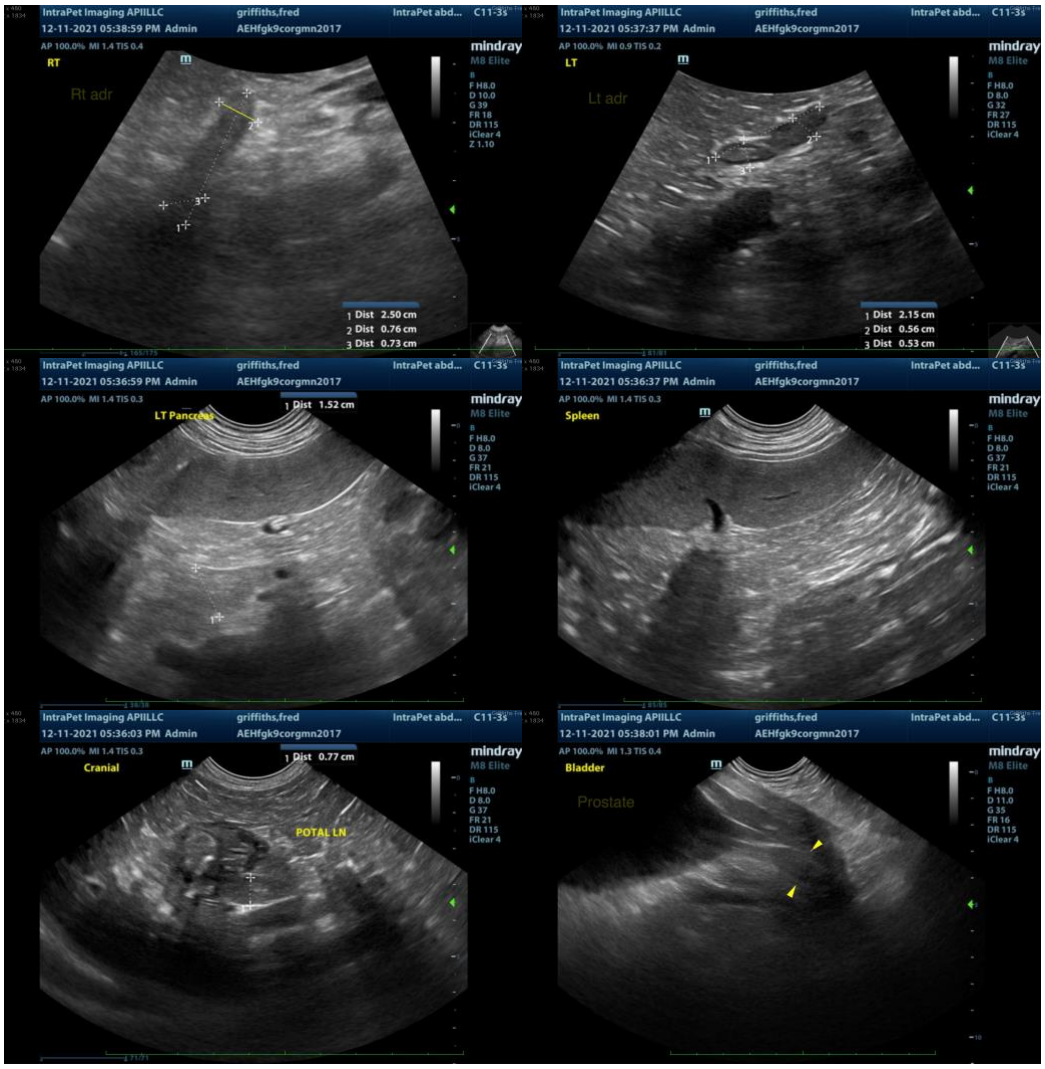
  *An obvious cause for the patient's severe hypercalcemia is not identified in the study. Considerations include occult neoplasia, renal disease, primary hyperparathyroidism, toxicity (i.e., food, rodenticide), other.

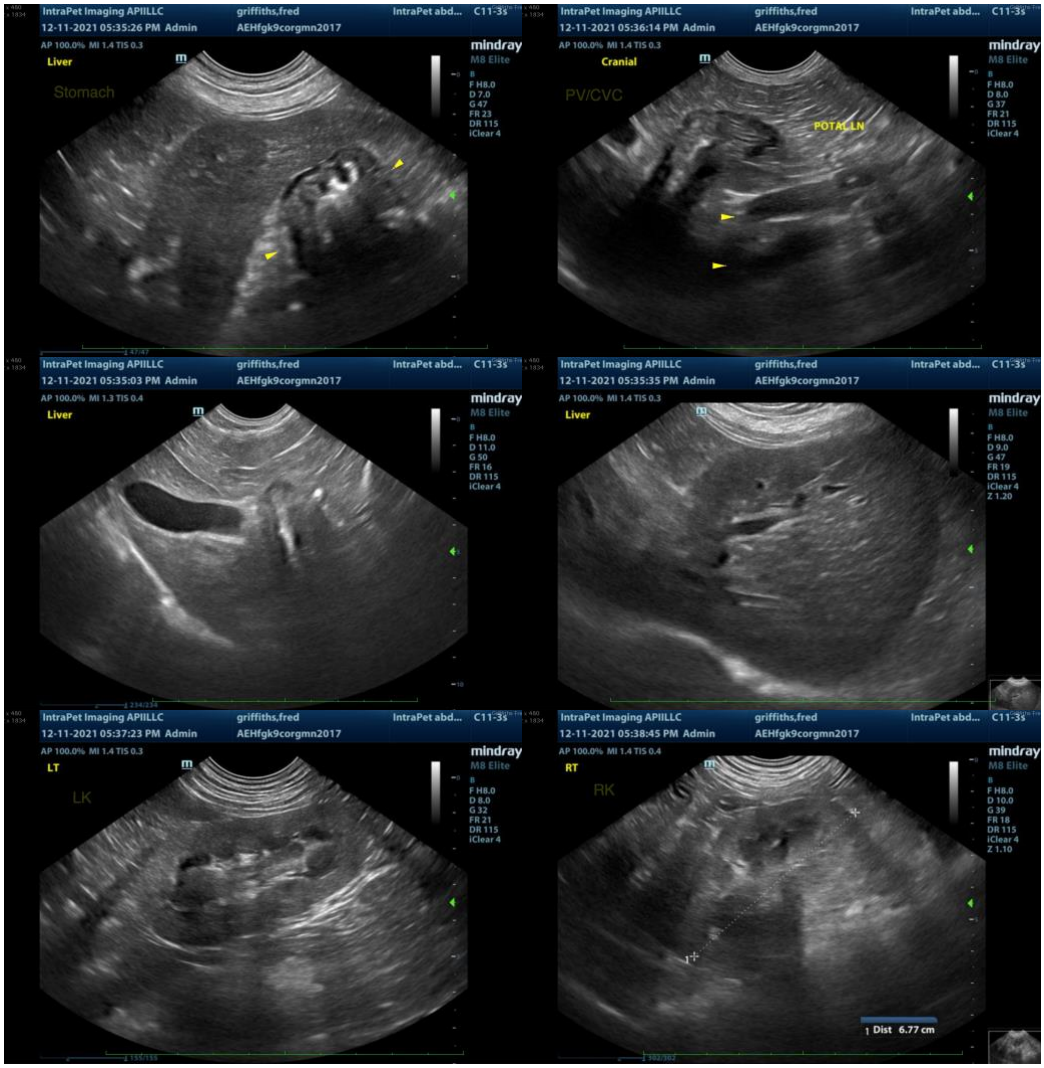
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A thorough rectal examination is also recommended to assess for anal gland tumors.
- An ionized calcium/PTH/PTHrP +/- vitamin D levels should be considered.
- Baseline lab work, including a CBC/full chemistry panel and urinalysis is recommended to assess overall metabolic function (if not already performed).

- Renal values should be monitored closely, as persistent hypercalcemia can result in mineralization of the renal tissue and subsequent renal failure.

- Given the elevated ALT, a fine needle aspirate of the liver can be considered if clotting status is appropriate.





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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