IMAGING PERFORMED BY

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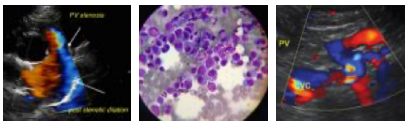

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DATE
12/14/21

PATIENT
Jericho Hill

SPECIES
Canine

BREED
Retriever Mix

SEX
Male, neutered

AGE
3/12/11

WEIGHT
60.2 lbs.

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Churchville VC

REFERRING VET
Dr. Uhland

INVOICE
12711

PRESENTING CLINICAL SIGNS

History: History of MCT, two new MCT noted - pursuing AUS prior to sx to ensure no overt mets or other significant concurrent disease.

Current Medications: diphenhydramine 50 mg bid (started 11/15/2021).
Lab Results: lab work and thoracic rads pending day of AUS.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 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 normal in size (0.92 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 (6.48 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and hyperechoic to slightly heterogeneous in appearance. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.46 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and hyperechoic to slightly heterogeneous in appearance. There is mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.36 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.89 cm at cranial pole) (0.68 cm at caudal pole) (3.34 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.

The right adrenal gland is normal size (0.78 cm at cranial pole) (0.70 cm at caudal pole) (3.04 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 (1.85 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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 slightly 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. A scant amount of mostly gravity-dependent echogenic debris is observed within the lumen. 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 right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled and heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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 obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic and splenic parenchymal changes are most consistent with benign age-related change. Infiltrative neoplasia (i.e., mast cell disease) cannot be completely excluded but is considered less likely. With regard to the hepatic changes, correlation with the patient's bloodwork findings is recommended.

Secondary Findings:

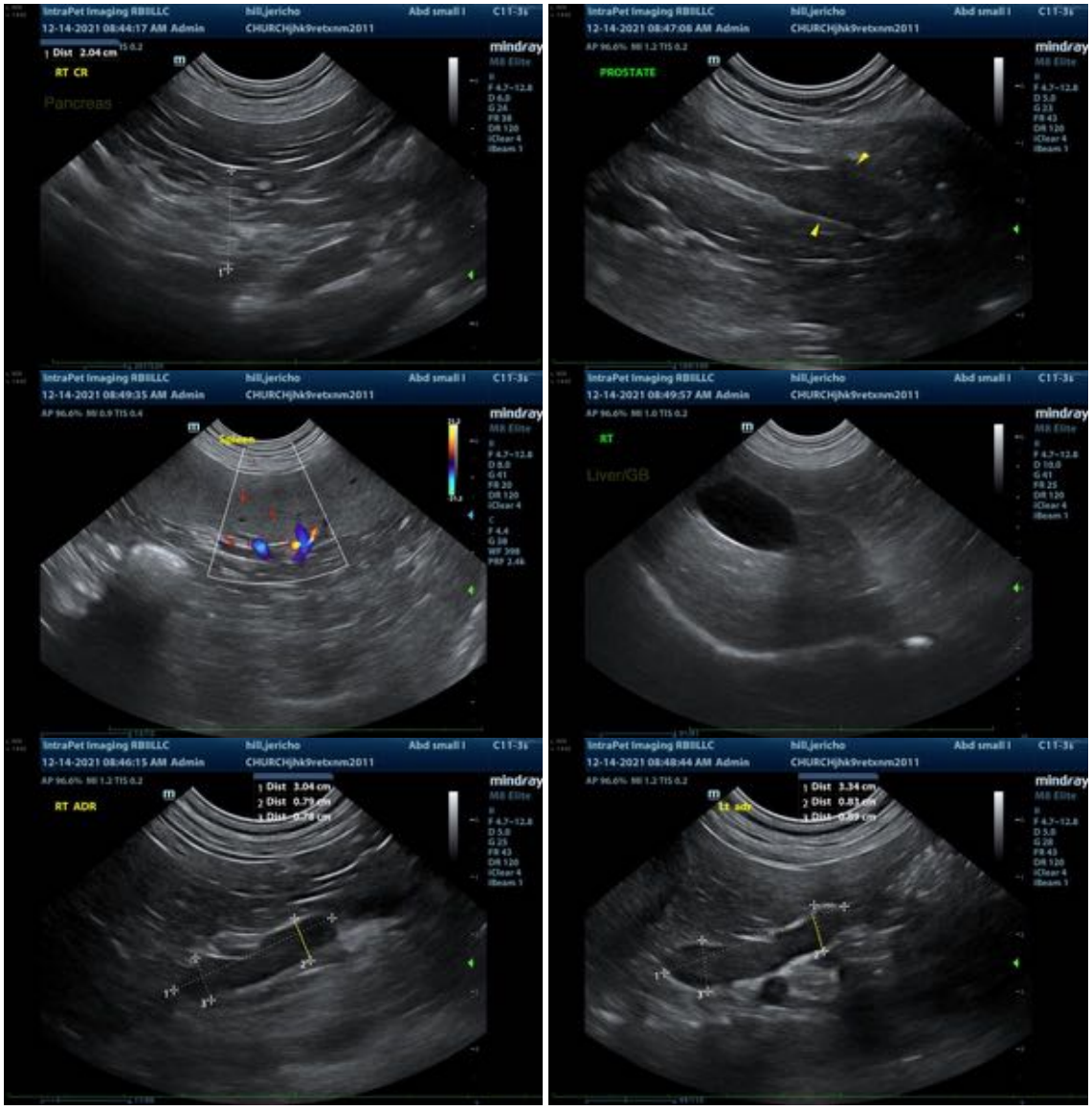
- Age-related pancreatic remodeling/fibrosis. Concurrent low-grade inflammation may be present, particularly if the patient is painful on cranial abdominal palpation.

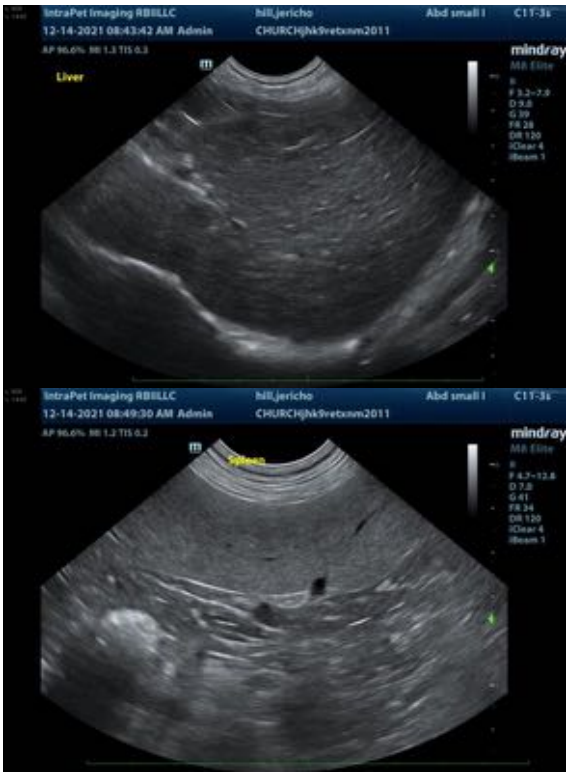
- Bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Although the clinical suspicion for mast cell infiltration of the liver and spleen is low, fine needle aspirates of these organs can be considered (if clotting status is appropriate). 25-gauge needles should be used and the patient should be pre-treated with diphenhydramine 15 minutes prior to aspiration.

- Further recommendations should be based on the patient's bloodwork and thoracic radiographic findings.





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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