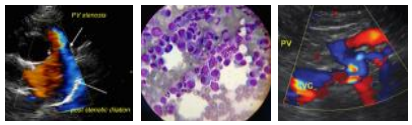
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/16/2021

PATIENT

Molly Nichols

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

4/1/2005

WEIGHT

20.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Kauder

INVOICE

10047

PRESENTING CLINCAL SIGNS

History: Significant wt. loss (7lbs) over past 10 months. Other pet in home passed away a few months ago & o felt appetite dropped after loss of other pet. Very poor appetite for weeks, intermittent diarrhea & vomiting; arrhythmia noted during exam (brief ecg- dropped beats, no VPC's noted).

Current Medications: Elura 1ml (20mg) daily since 12/10; Cerenia 30mg daily since 12/10; Convenia 80mg (1ml) SQ- 12/15/21.
Lab Results: ALT 158, Alk Phos 382 (12/15/21). ALT was 244 on 12/10/21; Abnormal Spec CPL 609 (12/10/21).
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 is moderately distended. A scant 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 left kidney is normal in size (4.37 cm in length) with a slightly irregular shape The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A few cortical cysts are observed, one of which is resulting in capsular expansion. A 0.48 focus of mineralization is observed at the caudal pole. Mild to moderate pyelectasia is present (0.32 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydroureter.

The right kidney presented normal in size (5.11 cm in length); with a slightly irregular shape The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Several cortical cysts are visualized, some of which cause capsular expansion. Mild pyelectasia is present (0.20 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.80 cm at caudal pole) (2.34 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 mildly enlarged (0.84 cm at cranial pole) (0.81 cm at caudal pole) (2.30 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 (1.49 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 enlarged with swollen, slightly irregular peripheral contours and rounding at the left lateral lobe. The parenchyma is diffusely heterogenous in appearance. No distinct focal lesions are

observed. The intrahepatic biliary ducts appear dilated (up to 0.93 cm in diameter). Echogenic debris is observed within the lumen of the biliary tracts. Within the echogenic material, a 0.74 x 0.49 cm irregular hyperechoic to slightly heterogenous structure is observed. Hepatic vasculature is normal, with no evidence of congestion.

The gall bladder is not definitively visualized, despite exhaustive search.

Gastrointestinal
The gastric lumen is mildly to moderately fluid distended and hypomotile. The gastric wall and in the region of the lesser curvature and pylorus is thickened (up to 1.24 cm in the pyloric region), and irregular with suspected loss of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

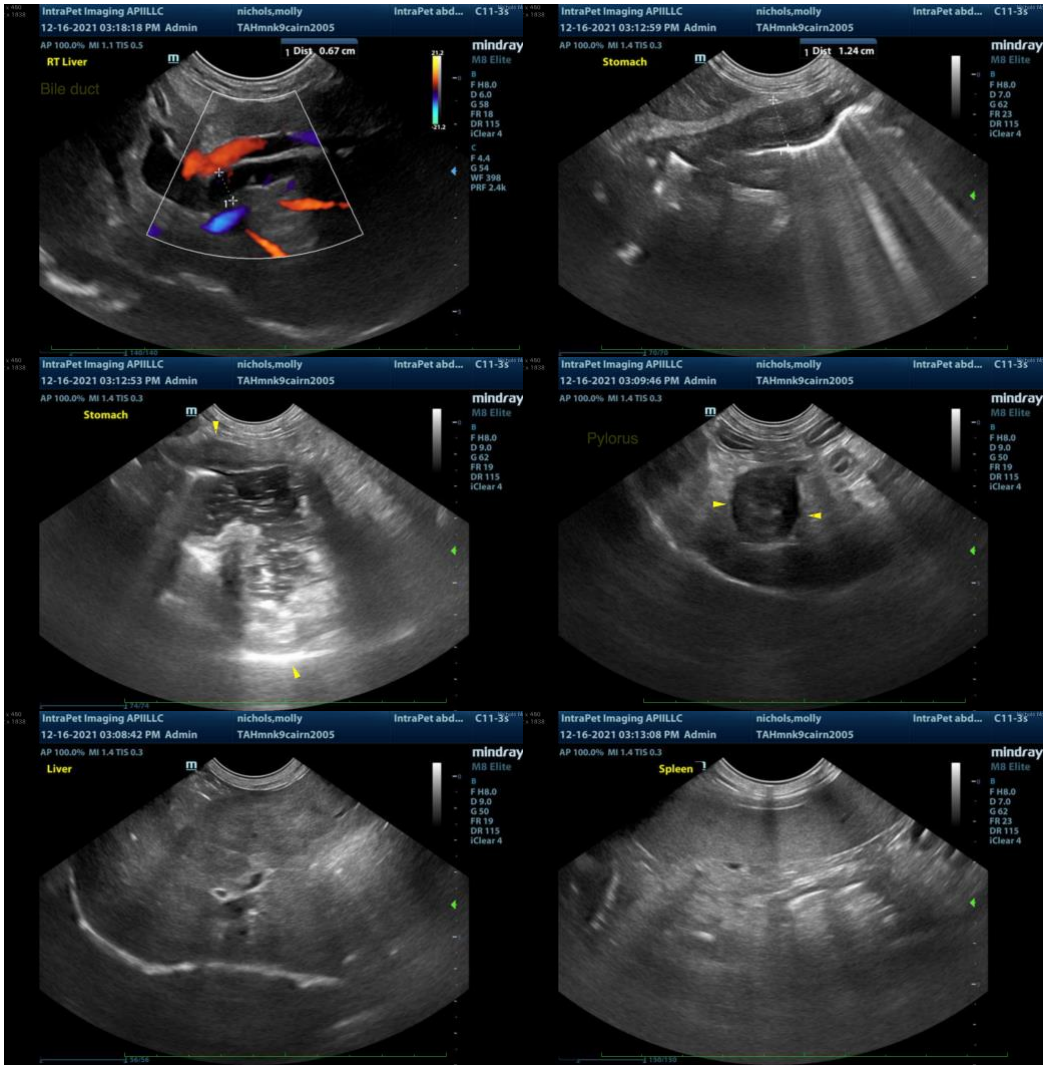
- The gastric/pyloric wall changes are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, benign change (i.e., a severe inflammatory process) cannot be completely excluded. Gastric ileus is present.
- Cranial peritonitis, likely secondary to gastric wall pathology
- Non-specific diffuse hepatopathy. Differentials include benign age-related changes (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia), inflammatory/immune-mediated disease, infiltrative neoplasia (i.e., lymphoma), other hepatopathy. Dilation of the intrahepatic biliary tree. The small echogenic structure within the bile duct lumen may represent an aggregation of mineralized debris or a small mass. The lack of a visible gall bladder may be due to a congenital malformation in the biliary tree. Alternatively, a cholecystectomy may have been performed in the patient's past. Correlation with clinical history is recommended.

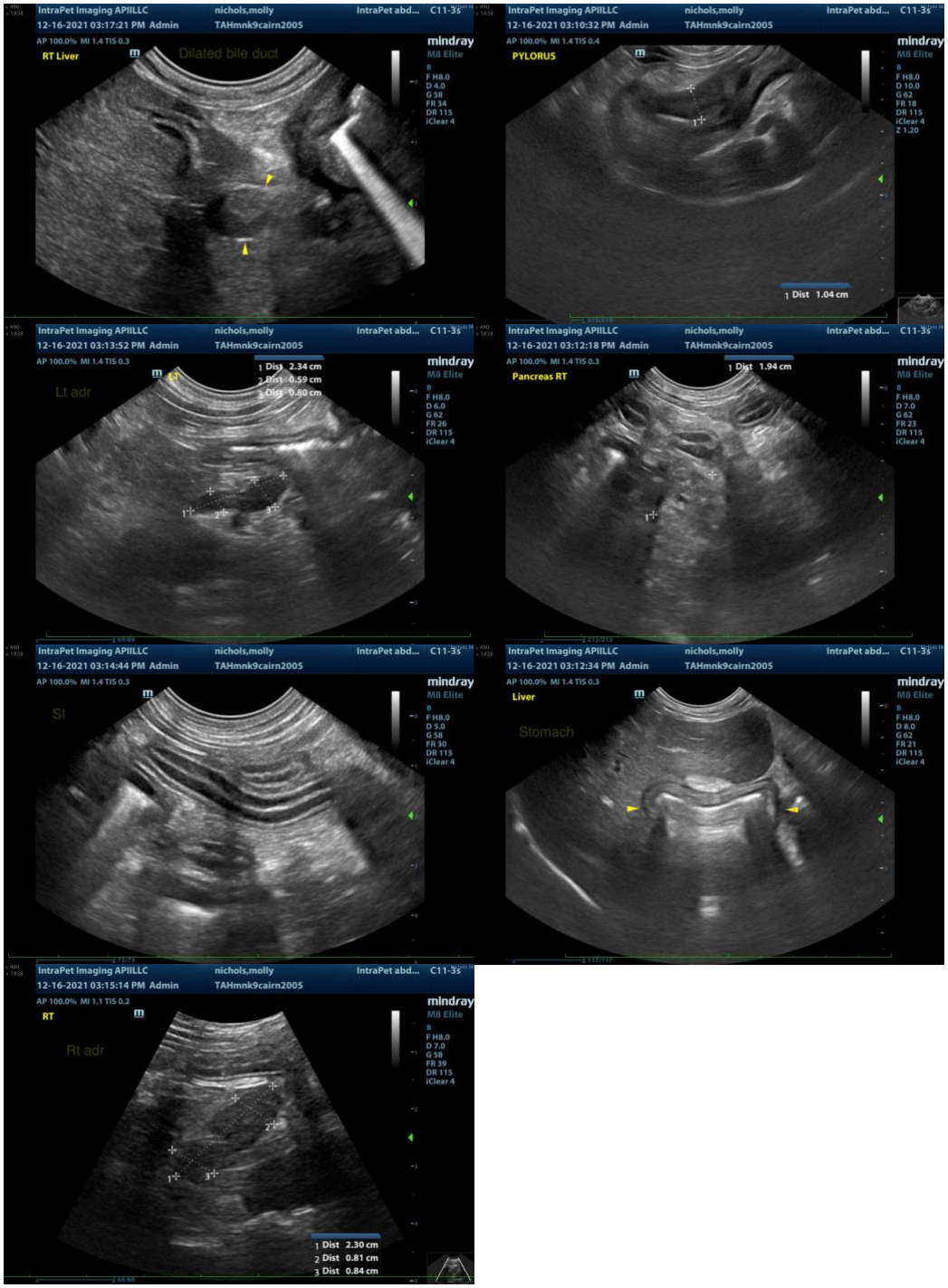
Secondary Findings

- Mild bilateral adrenomegaly, likely secondary to hyperplastic change
- Bilateral age-related renal changes with dystrophic mineralization and cortical cysts
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the liver and thickened gastric wall, if accessible and if clotting status is appropriate. Otherwise, consider an abdominal exploratory with liver and gastrointestinal biopsies.
- A GI panel including serum cobalamin and folate TLI and PLI should also be considered.





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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