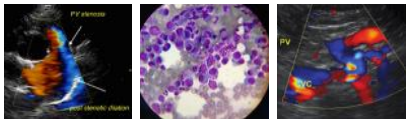
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
12/29/21

PATIENT
Honey Lyons

SPECIES
Canine

BREED
Terrier

SEX
Spayed Female

AGE
5/27/21

WEIGHT
9.16 kg

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

HOSPITAL NAME
Banfield PH f Towson

REFERRING VET
Dr. Chadha

INVOICE
13242

PRESENTING CLINICAL SIGNS

History: Client dropped off for continuing GI concerns. Was presented a month ago for same concerns and was treated supportively.
Per client, has been occasionally doing better, and isn't having as much diarrhea as previously was, but now isn't eating and seems very lethargic.
Client was interested in running radiographs as discussed at a previous visit; did OWP signup with rads+consult added, but told client that if Dr. Chadha deems unnecessary, we can remove before finalizing OWP.
No Pepto Bismol was given to pet. The gi concerns have been On/off for about 1 month.

Current Medications: "Supportive care" – no specifics provided
Lab Results: nsf ; slightly elevated globulins.
Radiographs: X rays show mineral opacity in the cranial abdomen, thickened intestines.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS

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 left kidney presented normal size (4.89 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. Renal vasculature is normal.

The right kidney presented normal size (4.26 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in length (0.36 cm at cranial pole) (0.40 cm at caudal pole) (1.98 cm in length); with a slightly flattened contour. 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 (0.61 cm at cranial pole) (0.57 cm at caudal pole) (1.65 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 (1.37 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 peripheral contours. The parenchyma is hypoechoic relative to the spleen with a finely heterogeneous pattern. Ill-defined hyperechoic parenchyma is observed adjacent to the portal veins. No distinct focal lesions are observed. Intrahepatic biliary tracts and hepatic vasculature are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and is hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally distended with fluid and chyme. There is evidence of hypomotility in some segments. The wall is normal to borderline thickened (up to 0.35 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no ebvious evidence of an obstructive pattern.

Pancreas

The body 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

There is no evidence of free fluid. Several enlarged rounded to irregular, hypoechoic lymph nodes are observed within the abdomen, including the cranial abdomen, right cranial quadrant and at the mesenteric root. The largest node measures 3.58 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma). However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded.
- The hepatic parenchymal changes are nonspecific and could be associated with infiltrative neoplasia, inflammatory disease or other hepatopathy.
- Gastrointestinal stasis

Secondary Findings

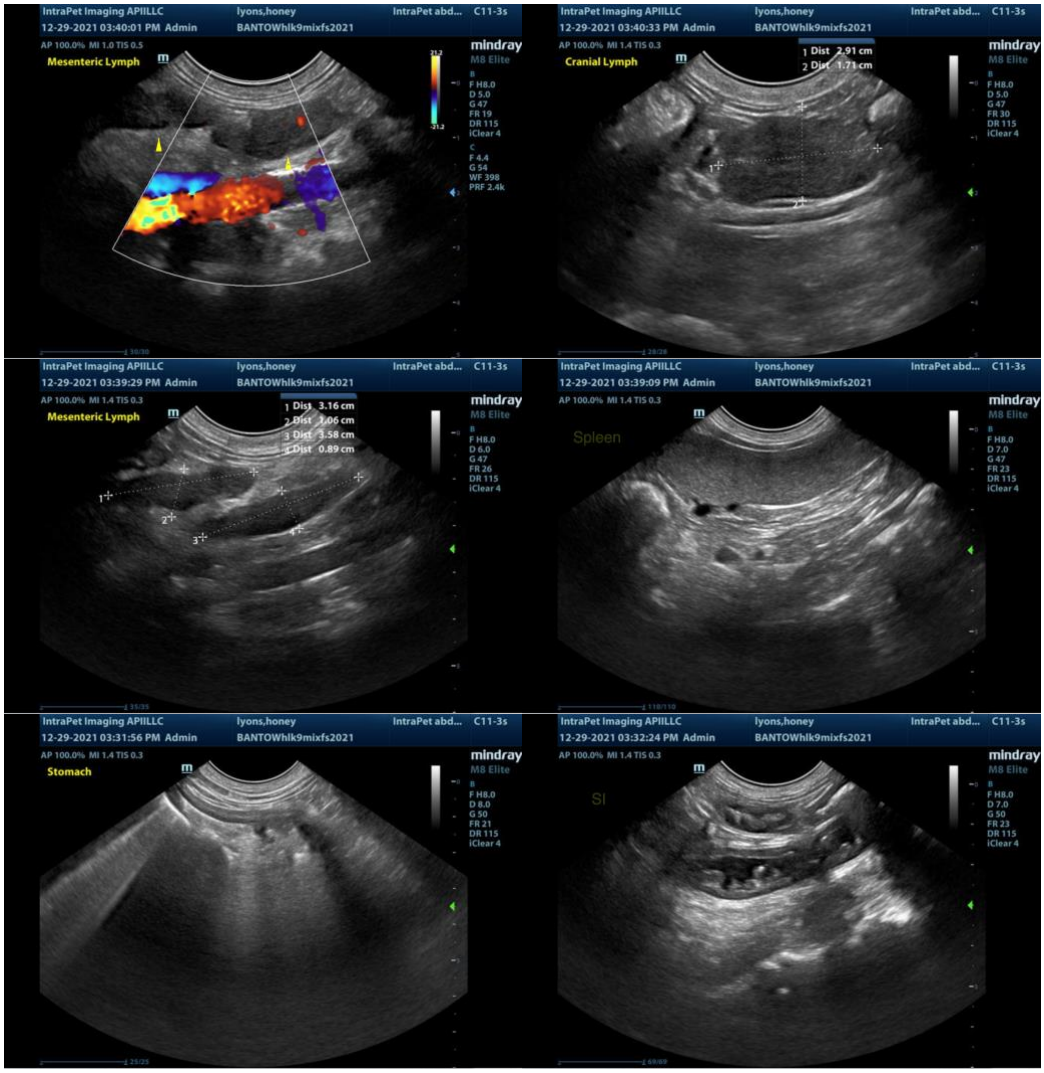
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

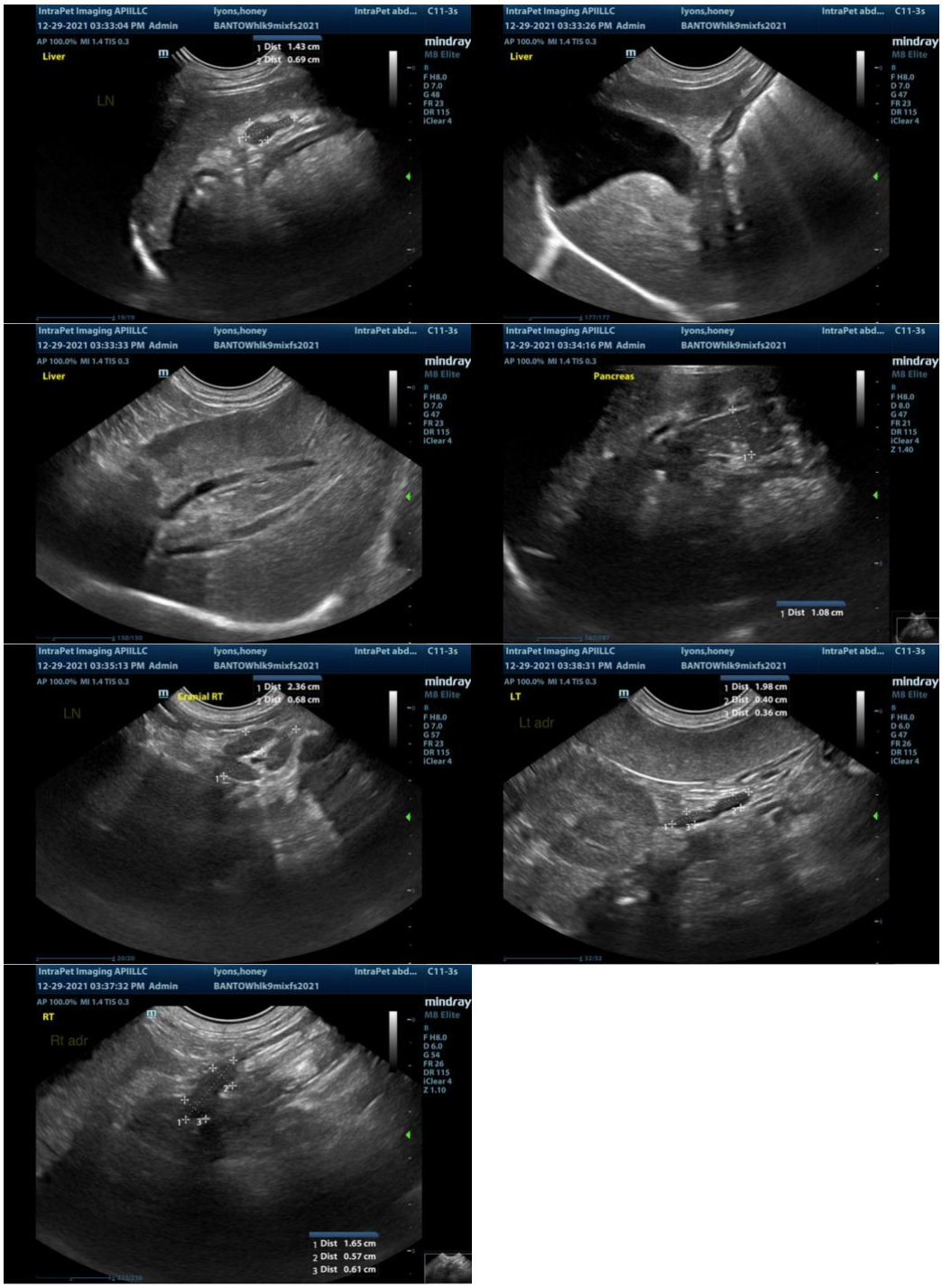
- The flattened left adrenal gland may be a normal variant for this patient or may represent early hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the liver and enlarged abdominal lymph nodes are recommended if clotting status is appropriate. 25-gauge needles should be used.

- Three view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.





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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