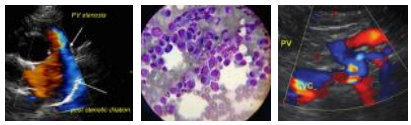
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/29/21

PATIENT

Maggie Kane

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12/12/2009

WEIGHT

78 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Imaging Performed By: Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Peterson

INVOICE

10087

PRESENTING CLINICAL SIGNS

History: Mass by P anus, prolapsed, issues w/ diarrhea and not producing BM.

Current Medications: Lactulose 0.5-1.0mL every 8 hours.
Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

CBC unremarkable. Superchem ALT is 181

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 size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. A hyperechoic medullary band is observed adjacent to the cortical medullary junction. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. **A hyperechoic medullary band is observed adjacent to the cortical medullary junction**. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.43 cm at caudal pole) (1.3 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 (0.38 cm at cranial pole) (0.39 cm at caudal pole) (1.29 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 (0.88 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with a finely heterogenous pattern. A few small hypoechoic nodules are

seen throughout the organ, the largest measuring 1.77 cm in length. Hepatic vasculature and intrahepatic 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 small amount of aggregated echogenic, mostly gravity dependent debris/sludge 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 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 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 hepatic parenchymal changes trend towards the benign (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Alternatively, given the mild ALT elevation, inflammatory disease or another hepatopathy cannot be completely excluded.

Secondary Findings

- Bilateral age-related renal changes
- Age-related pancreatic remodeling

*An obvious cause for the patient's diarrhea is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, infectious/parasitic, intestinal dysbiosis), underlying metabolic disease, low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the presence of the perianal mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease, particularly if surgical removal of the mass is to be pursued.
- Regarding the diarrhea, diagnostic considerations include:

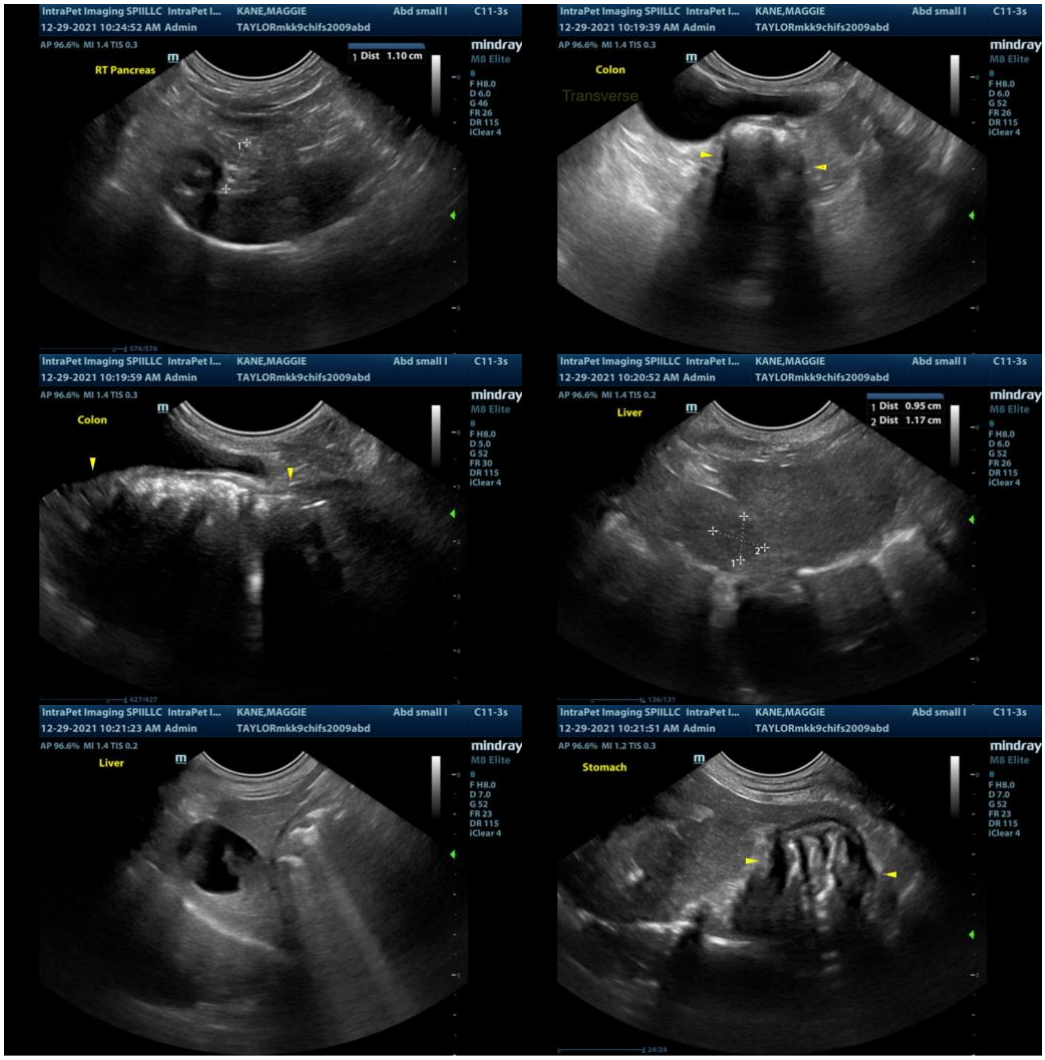
    1. Fecal evaluation for ova and Giardia

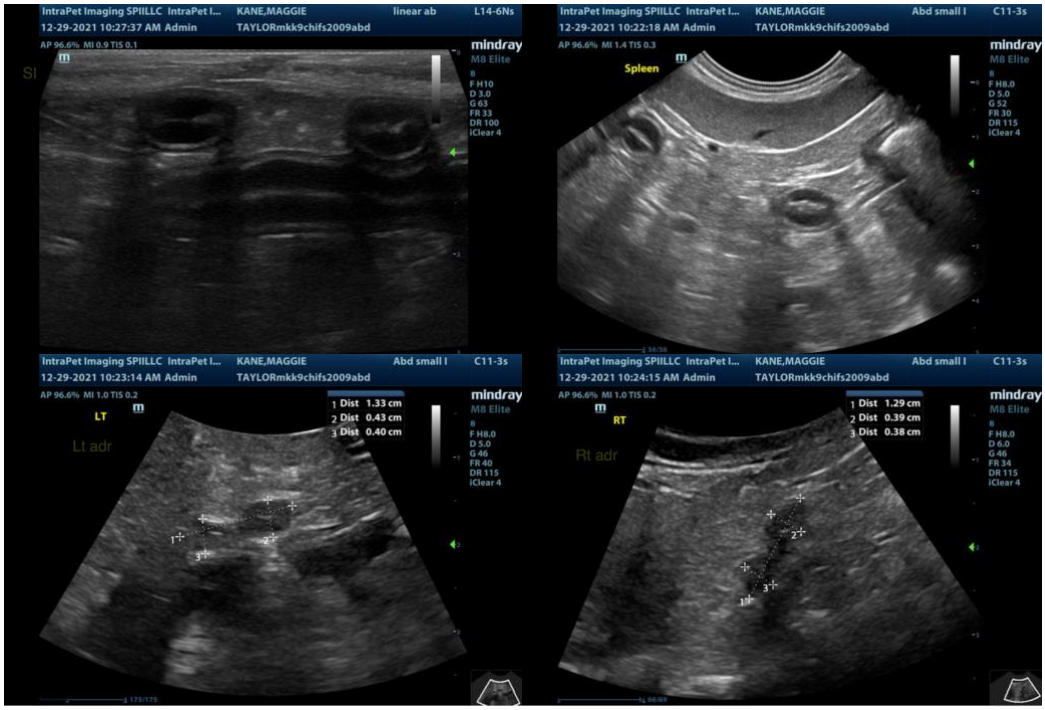
    2. Malabsorption panel including serum cobalamin, folate, TLI and PLI

3. 6-week limited antigen diet trial

4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

5. +/- endoscopic or surgical gastrointestinal biopsies





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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