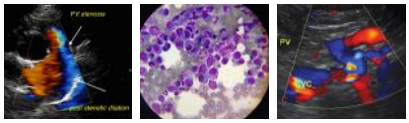
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/15/2022

PATIENT

Bam Bam Rogge

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

4-5-2010

WEIGHT

13.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fork Veterinary Hospital

REFERRING VET

Dr. Doherty

INVOICE

10378

PRESENTING CLINICAL SIGNS

History: Early January 2022 dog found to have swelling the to left lower lip and a firm mass to the left cervical region which was thought to be an enlarged lymph node. Dog otherwise was healthy with no other oral lesions or other peripheral lymph node enlargement. Placed on course of oral antibiotics without any change in appearance or status. Discussion about possible sedation and biopsy of the lip and/or FNA or biopsy of the lymph node. Chest rads were clear and the blood profile was WNL except a slight elevation to the liver enzymes ALT and ALKP.

Current Medications: None currently.
Lab Results: 2/2/2022 ALT 132 (18-121), ALKP 221 (5-160), Lipase 504 (0-250). 2/9/22: Bile acids Pre-14.6 and Post 45.6.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 not definitively visualized due to its pelvic location.

The left kidney is normal in size (4.42 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.31 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.57 cm at cranial pole) (0.73 cm at caudal pole) (1.71 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.60 cm at cranial pole) (0.72 cm at caudal pole) (1.58 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal to slightly prominent in size (1.05cm in width at the level of the hilus) with slightly irregular peripheral contours. In the region of the hilus, a 2.18 cm subtly hyperechoic swelling is observed. A small myelolipoma is observed in the region of the hilus. The remaining peripheral contours are curvilinear. The remaining parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. A 1.55 cm irregular hyperechoic nodule is observed on the right side. At least 2 smaller hyperechoic nodules are also seen on the right side. 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 small amount of aggregated echogenic partially dependent 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 mildly distended with ingesta. 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
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

Thyroid
The left thyroid lobe measures 1.93 x 0.32 cm. The left thyroid lobe is normal in size with a normal shape and smooth peripheral contours. A normal-sized (0.17 cm) parathyroid gland is visualized within the parenchyma.

The right thyroid lobe measures 2.37 x 0.37 cm. The right thyroid lobe is normal in size with a normal shape and smooth peripheral contours. A normal-sized (0.24 cm) parathyroid gland is visualized within the parenchyma.

A 2.43 x 1.59 cm well circumscribed vascular nodule/mass is observed cranial and lateral to the left thyroid lobe.

ABDOMINAL ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. Differentials include vacuolar hepatopathy, regenerative nodular hyperplasia, inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper), and/or other hepatopathy.
- The hyperechoic hepatic nodules trend toward the benign (i.e, regenerative nodules), with a lower possibility of emerging neoplasia.
- Gall bladder debris, non-mucocele

- The splenic swelling near the hilus could be consistent with a benign process (i.e, lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively, emerging neoplasia (i.e, round cell tumor), is also possible.

Secondary Findings

- Bilateral age-relate renal changes with dystrophic mineralization and right nonobstructive nephrolithiasis
- Mild bilateral adrenomegaly
- The pancreatic changes are consistent with age-relate remodeling +/- fibrosis. Low-grade pancreatitis may also be present, particularly if the patient exhibits cranial abdominal pain on palpation.
- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

CERVICAL ULTRASONOGRAPHIC FINDINGS

- Cervical mass, the origin of which is unclear. It may be arising from lymph node, soft tissues (i.e, fascia), a stalk of of the left thyroid lobe, other. Differentials include neoplasia, granuloma, reactive lymph node, abscess, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An ultrasound-guided fine-needle aspirate of the cervical mass is recommended if clotting status is appropriate. A 25-gauge needle should be used, particularly given the mass's vascular appearance.
- Regarding the elevated bile acids and liver enzymes, hepatic tissue sampling (fine-needle aspirate or surgical biopsy) would be necessary to further investigate these abnormalities.
- Consider a fine-needle aspirate of the splenic swelling to further evaluate for a neoplastic process.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.


IntraPet Imaging SPIILLC IntraPet I... ROGGE,BAM BAM Abd small I C11-3s
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LT
Lt adr
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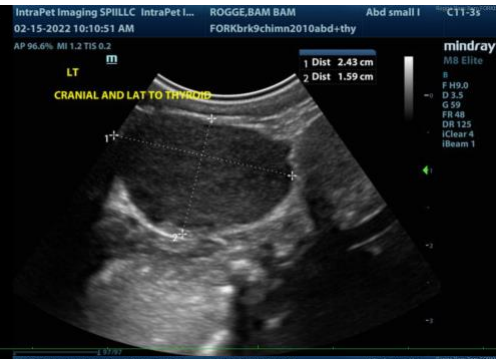
2 Dist 0.73 cm
3 Dist 0.57 cm
mindray
M8 Elite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CRANIAL AND LAT TO THYROID
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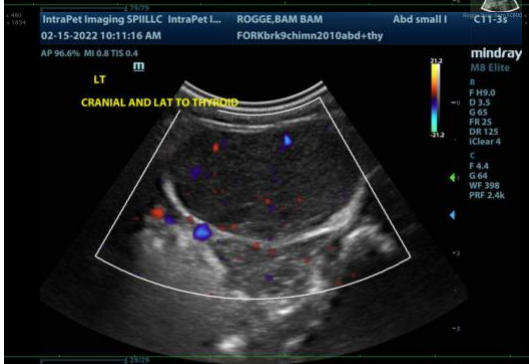
2 Dist 1.59 cm
mindray
M8 Elite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CRANIAL AND LAT TO THYROID
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... ROGGE,BAM BAM Abd small I C11-3s
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RT
Rt adr
1 Dist 1.58 cm
2 Dist 0.72 cm
3 Dist 0.60 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... ROGGE,BAM BAM linear ab L14-6Ns
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AP 96.6% MI 0.6 TIS 0.1
LT THY
1 Dist 1.93 cm
2 Dist 0.32 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... ROGGE,BAM BAM Abd small I C11-3s
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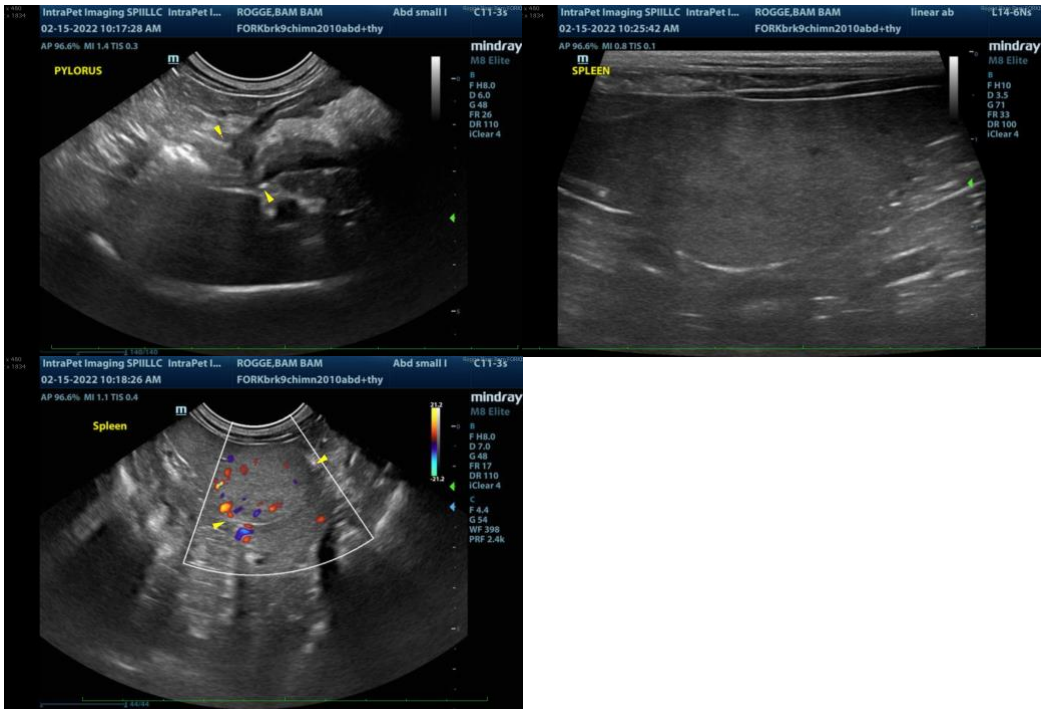
AP 96.6% MI 1.4 TIS 0.3
RT
Liver
1 Dist 1.55 cm
2 Dist 1.19 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... ROGGE,BAM BAM linear ab L14-6Ns
02-15-2022 10:14:22 AM FORKbrk9chimn2010abd+thy
AP 96.6% MI 0.8 TIS 0.1
RT THY
1 Dist 2.37 cm
2 Dist 0.37 cm
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... ROGGE,BAM BAM Abd small I C11-3s
02-15-2022 10:22:23 AM FORKbrk9chimn2010abd+thy
AP 96.6% MI 1.4 TIS 0.2
RT Pancreas
1 Dist 0.75 cm
mindray
M8 Elite



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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