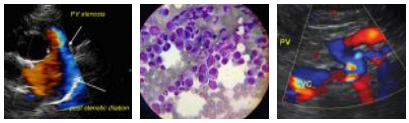
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/18/2022

PATIENT

Petals Mills

SPECIES

Canine

BREED

Bichon

SEX

Spayed Female

AGE

10-30-2008

WEIGHT

20.2 Lbs.

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Jones

INVOICE

10420

PRESENTING CLINICAL SIGNS

History: PC: 2 days V/D/anorexia; lethargic. PE: depressed; mild dehydration; uncomfortable abdomen.

Current Medications: Given 2/17: SQF, Cerenia 9mg SQ.
Lab Results: Ca 8.5, GGT 64; tbili 1.4.
Radiographs: Attached separately.
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 is normal in size, 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.

The right kidney is normal in size (4.97 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.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.54 cm at caudal pole) (1.73 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 (0.68 cm at cranial pole) (0.56 cm at caudal pole) (1.88 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 (1.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.47 cm hyperechoic nodule is observed at the cranial pole. A few smaller hyperechoic nodules are also observed near the hilus. 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. A 0.58 cm ill-defined hyperechoic nodule is observed. The parenchyma is otherwise homogenous. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal to borderline thickened (up to 0.62 cm) with apparent retention of the 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. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. On mesenteric lymph node is visualized (1.46 x 0.41 cm). The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mild gastric wall thickening may be a normal variant for this patient or may be secondary to gastritis. Emerging neoplasia is possible but considered less likely.

  **An obvious cause for the patient's clinical signs is not identified in this study. Differentials include low-grade pancreatitis, gastroenteritis, other.

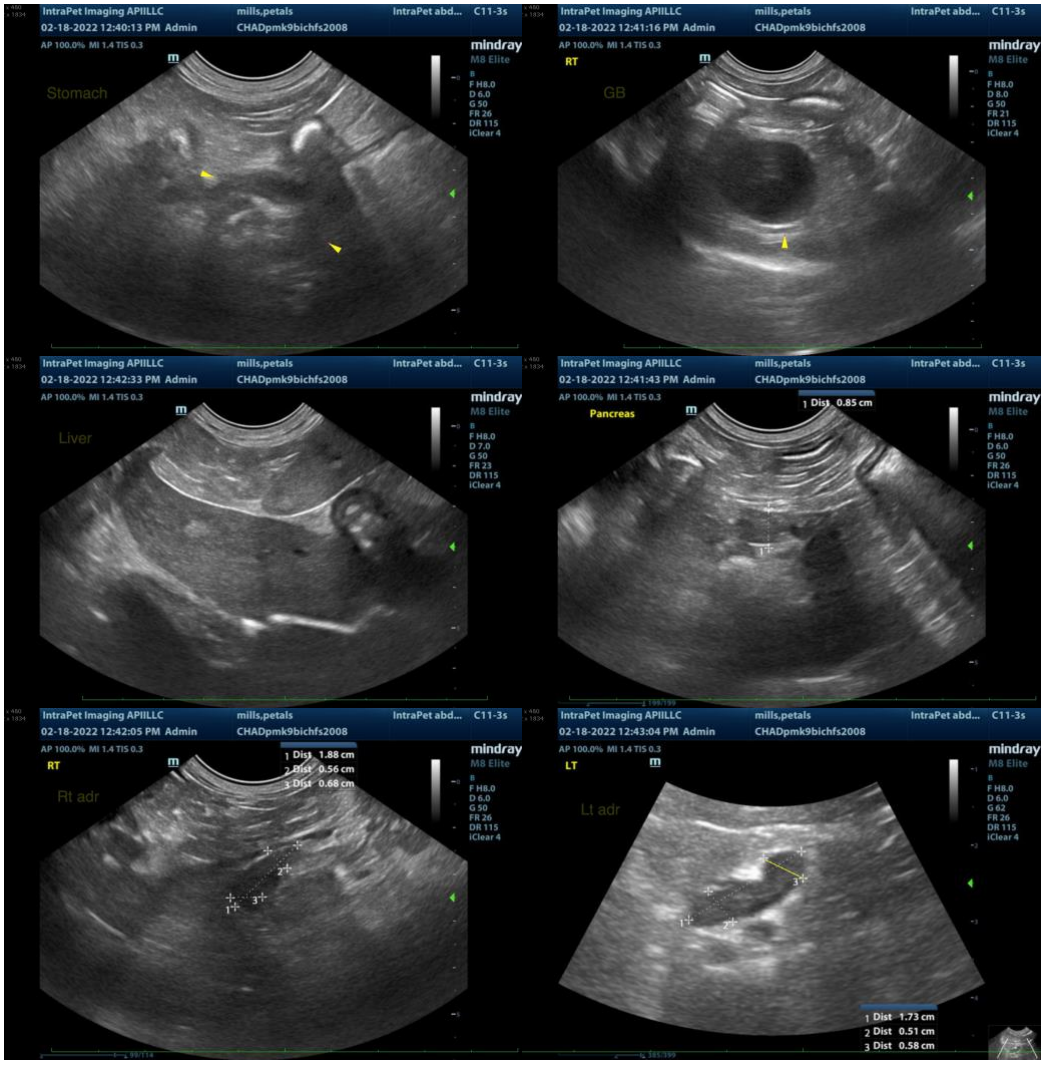
Secondary Findings

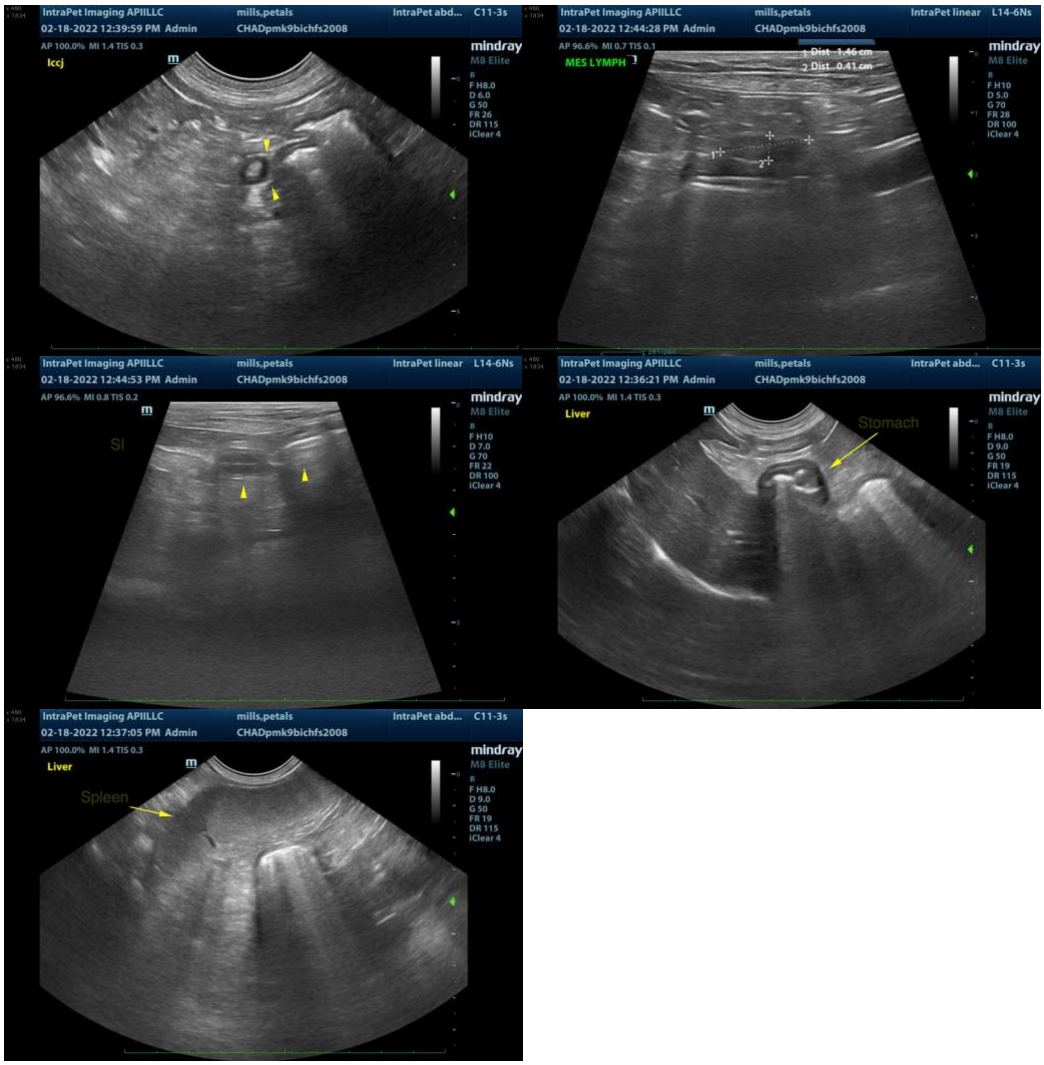
- Bilateral age-relate renal changes with dystrophic mineralization
- The hyperechoic splenic nodules likely represent small myelolipomas.
- The hyperechoic hepatic nodule is likely benign (regenerative nodule), with a low possibility of emerging neoplasia.
- The prominent mesenteric lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia

- Consider a cPLI to further assess for low-grade pancreatitis.
- Supportive care for acute gastroenteritis is recommended. If the patient's clinical signs do not improve within 24-72 hours of supportive care, a more advanced GI workup may be warranted.





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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