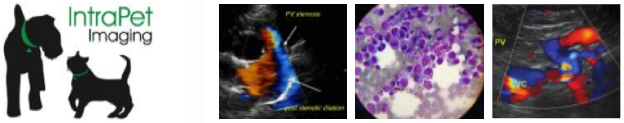
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3.13.23

PATIENT

Aggie Fajardo

SPECIES

Canine

BREED

Mastiff

SEX

Spayed Female

AGE

6/7/2013

WEIGHT

72 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

12407

PRESENTING CLINICAL SIGNS

History of suspected primary GI disease and autoimmune thrombocytopenia. Progressive weight loss, platelets unresponsive to steroids, recurrent UTI/persistent incontinence.

Current Medications: Gabapentin 300mg BID, Prednisone 30mg once daily, Cranadin (paused), Propectalin PRN, Psyllium fiber 1tbsp BID, B12
Incurin 1mg once daily.
Lab Results: ALT 221, ALP 1799, K 6.2, BUN 42, creat 1.8, USG 1.015 but on prednisone (most recent labs Feb 2023).
Date of Previous IntraPet Ultrasound: 6/20/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.90 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0. 53 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (8.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A few small nonobstructive nephroliths are visualized. Mild pyelectasia is present (0.29 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.71 cm at caudal pole) (3.67 cm in length) with a normal shape and 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 in normal size (0.69 cm at cranial pole) (0.77 cm at caudal pole) (3.35 cm in length) with a normal shape and 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 (2.19 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. 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 hypoechoic to isoechoic relative to the spleen and diffusely mottled/heterogenous in appearance. No distinct focal lesions are observed. 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 gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with fluid, ingesta and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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

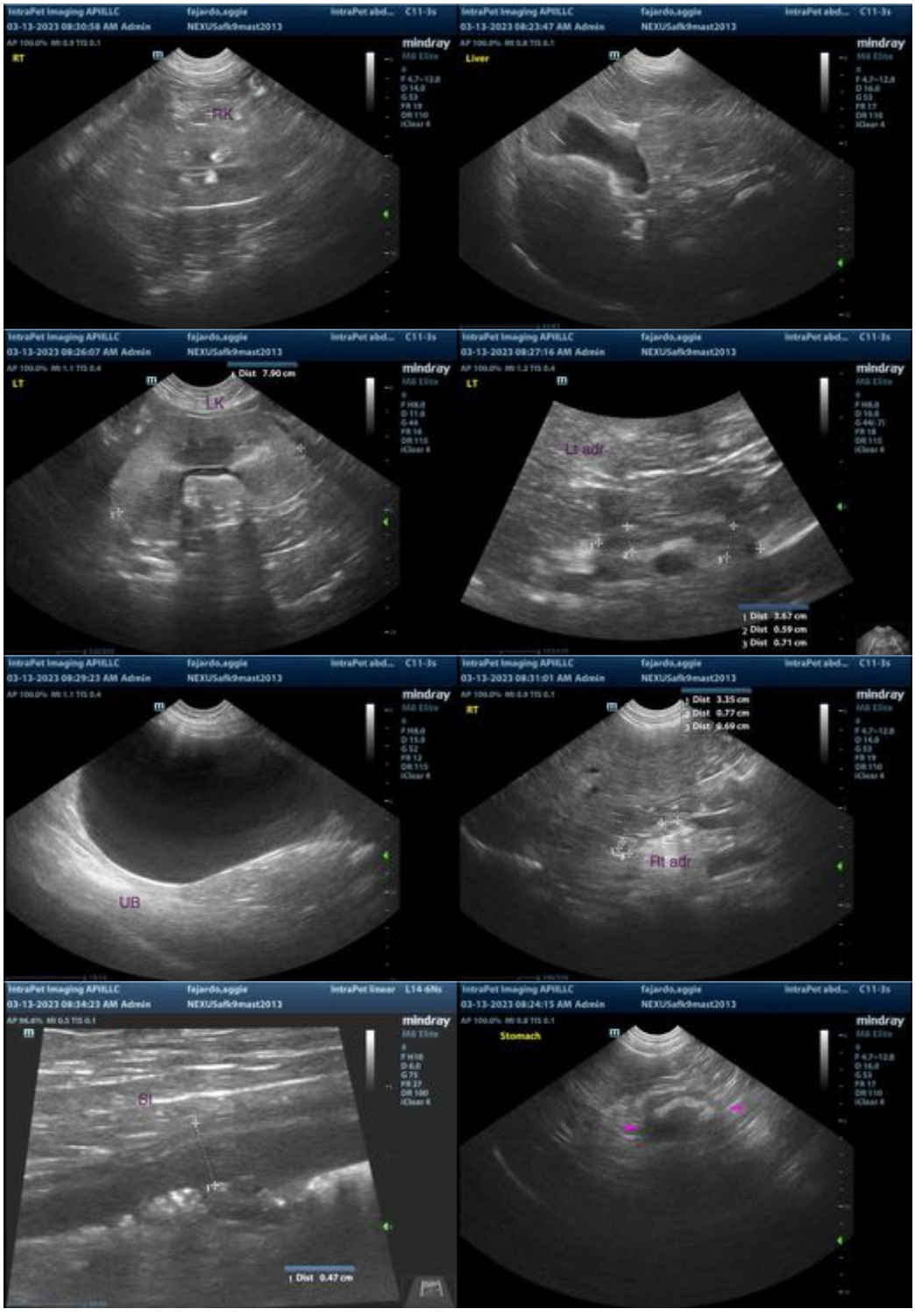
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or similar). However, emerging neoplasia (i.e., lymphoma) is also possible.
- Nonspecific diffuse hepatopathy. A benign process (i.e., steroid hepatopathy and/or regenerative nodular hyperplasia) is suspected. However, inflammatory disease, infiltrative neoplasia, or other hepatopathies cannot be completely excluded.
- The mild bilateral pyelectasia may be secondary to pyelonephritis, fluid therapy (if applicable), PU/PD (if applicable), age-related remodeling, or some combination thereof.
- Nonobstructive nephrolithiasis in the right kidney

Secondary Findings

- The shadowing material within the gastrointestinal tract may represent normal ingesta and/or foreign material (i.e., grass). It appears nonobstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.


IntraPet Imaging APILLC
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IntraPet linear
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Stomach

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com