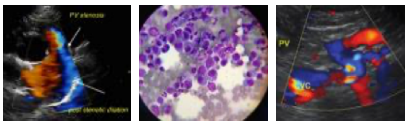
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/14/23

PATIENT

Ollie Hudson

SPECIES

Canine

BREED

Dachsund

SEX

Male, neutered

AGE

4/20/2010

WEIGHT

9.7 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Animal Medical Center

REFERRING VET

Dr. Chaudry

INVOICE

14737

PRESENTING CLINICAL SIGNS

Not eating for couple days and vomiting.

Current Medications: Cerenia 16mg SID for 3 days, Gabapentin 100mg/mL 0.5mL q8-12hrs PRN for pain.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. Several small cystic calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.56 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several non-obstructive 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 (1.00 cm at cranial pole) (0.78 cm at caudal pole) (2.49 cm in length) with a slightly irregular shape. A 1.23 x 0.87 cm hyperechoic nodule is observed at the cranial to mid-aspect. The parenchyma at the caudal aspect is mildly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is enlarged (0.69 cm at cranial pole) (0.55 cm at caudal pole) (2.66 cm in length) with an irregular shape. A 1.23 x 1.17 cm hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.44 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of stranding echogenic 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 not distended. 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 ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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 obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor, age-related pancreatic remodeling +/- fibrosis.

Secondary Findings:

- Cystic calculi.
- Bilateral chronic renal changes with non-obstructive nephrolithiasis.
- The bilateral adrenal nodules could be consistent with benign nodular hyperplasia or emerging tumors.

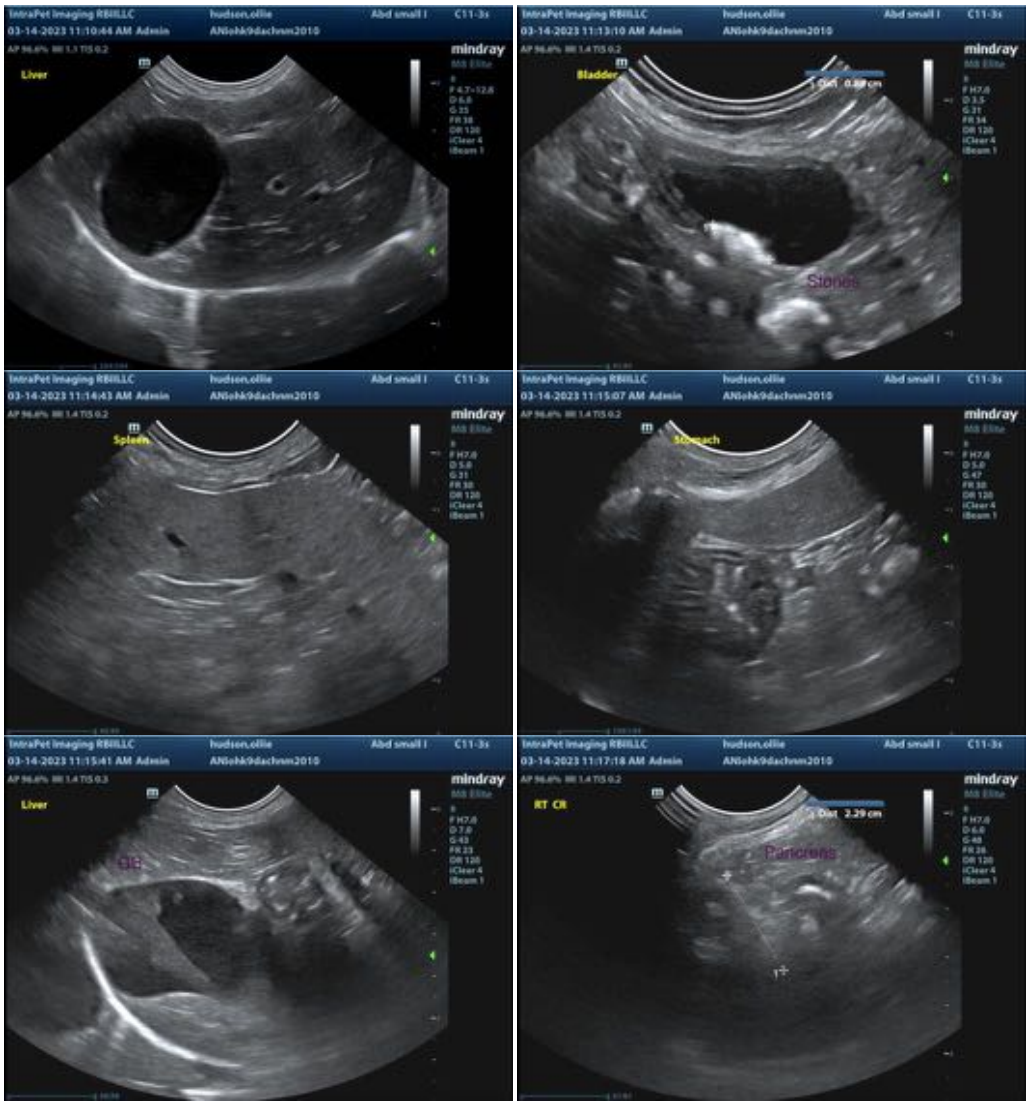
*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary GI disease (i.e., dietary indiscretion, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, mild pancreatitis, other.

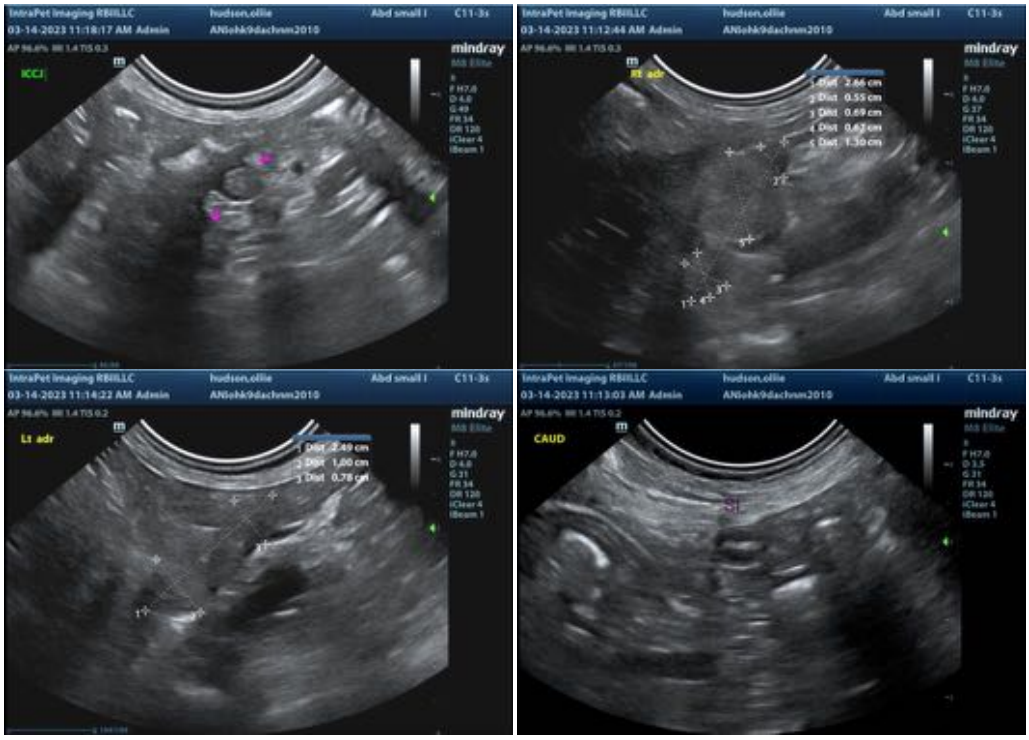
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- A fecal evaluation for ova and Giardia is also recommended.
- Other diagnostic considerations include the following:
    1. Baseline labwork including a CBC chemistry panel, urinalysis and T4.
    2. GI panel including serum cobalamin, folate, TLI and PLI.
    3. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be warranted.

- Regarding the cystic calculi, consider a cystotomy with stone removal, analysis and culture. If a cystotomy is not performed at this time, an attempt at medical dissolution can be considered. However, if the stones are persistent, cystotomy should be revisited.

- 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.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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