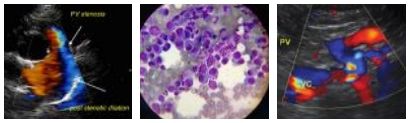
IMAGING PERFORMED BY

IntraPet.com



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DATE

3/28/2022

PATIENT

Sweetie Smith

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

11/20/2010

WEIGHT

19.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Hospital At Southgate

REFERRING VET

Dr. Alexander

INVOICE

10623

PRESENTING CLINICAL SIGNS

Enlarged liver, unregulated diabetic, grade 3/6 heart murmur.

Current Medications: Vetsulin, Cerenia, Metro, Clavacillin.

Lab Results: See attached.
ALP 1104. ALT 134. USG 1.039. Glucosuria. Ketonuria. Proteinuria.
Date of Previous IntraPet Ultrasound: No previous.
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 left kidney is normal size (5.32 cm in length); normal shape and architecture with smooth peripheral margins. 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 (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A pinpoint hyperechoic, mineralized focus is observed in the lateral cortex. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.06 cm at cranial pole) (0.72 cm at caudal pole) (2.41 cm in length); with an irregular shape. The parenchyma is heterogenous in appearance. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm at cranial pole) (0.52 cm at caudal pole) (1.72 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 swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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 and is prominent in size. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The mesentery effacing the serosal surface is slightly hyperechoic. 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. 0.95 cm medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific diffuse hepatopathy which may be secondary to diabetes mellites, age-related vacuolar hepatopathy or regenerative nodular hyperplasia, inflammatory disease (less likely), other hepatopathy. Infiltrative neoplasia is possible but considered less likely.
- The pancreatic changes are consistent with age-related remodeling, chronic inflammation/pancreatitis may also be present, particularly if the patient exhibits discomfort on cranial abdominal palpitation.

Secondary Findings

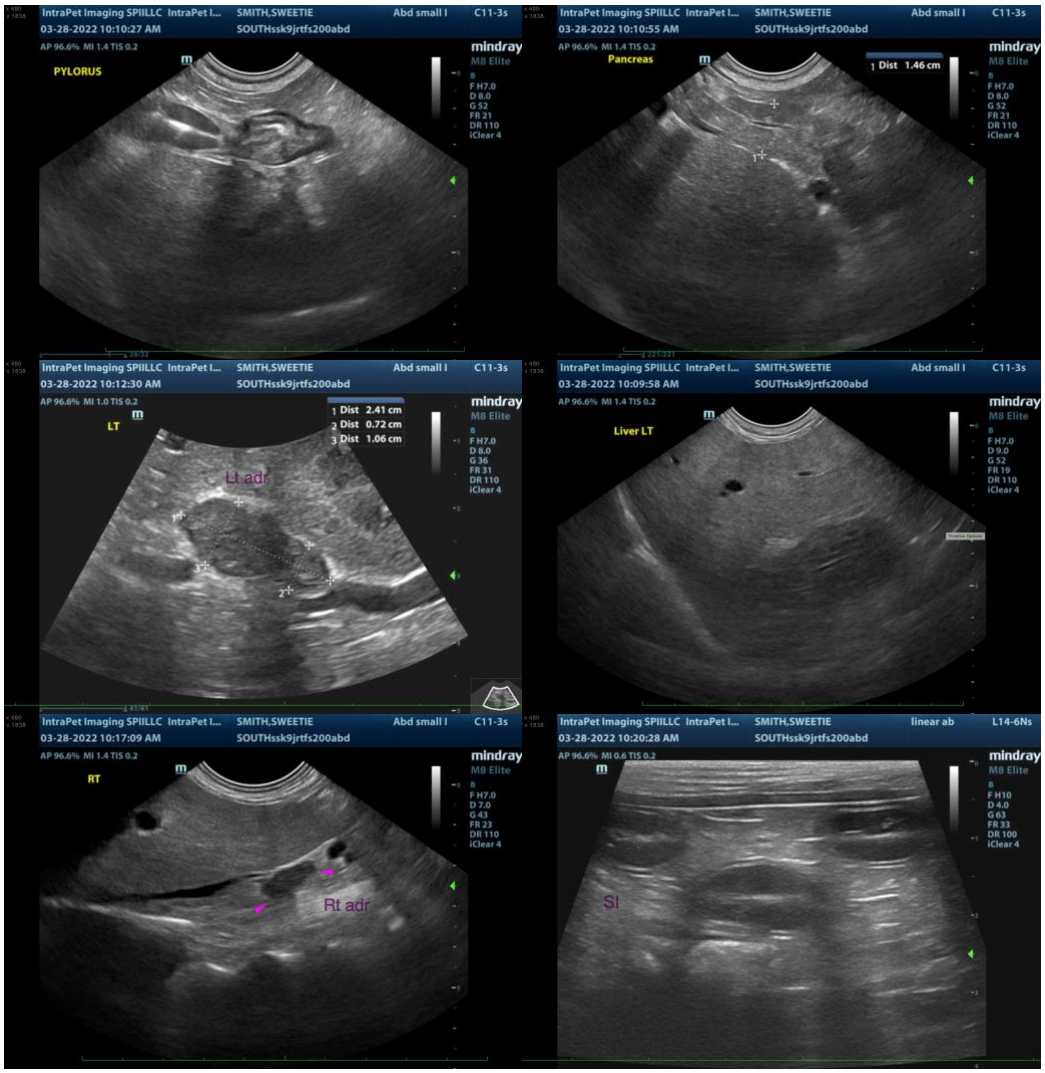
- Minor age-related renal changes with right dystrophic mineralization

**The unregulated diabetes may be secondary to chronic pancreatitis, occult urinary tract infection, hyperadrenocorticism, occult neoplasia, insulin antibodies, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity to assess for occult pyelonephritis
- Three-view thoracic radiographs to evaluate cardiopulmonary status
- Malabsorption panel, including serum cobalamin, folate, TLI and PLI

- When the patient's diabetic ketoacidosis is stabilized, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). In the meantime, supportive care for diabetic ketoacidosis is recommended including IV fluid therapy, gastric protectants, antiemetics (as needed), regular insulin, and broad-spectrum antibiotics (while awaiting urine culture and sensitivity results).



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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