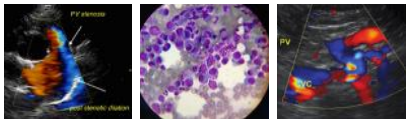
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3/9/2022

PATIENT

Furball McKenna

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

2/15/201

WEIGHT

11lbs

INTERPRETED BY

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

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Twardzik

INVOICE

10520

PRESENTING CLINICAL SIGNS

History: Owner reports pickier appetite for about a year; comes and goes. Currently maintaining weight after a period of weight loss but will only eat tuna and Temptations treats. On exam, patient has a 2/5 BCS with resistance to hip extension.

Current Medications: Amlodipine 2.5mg ¼ SID #15- started 12/15, Gabapentin 100mg/mL- 1mL the night before and 2 hours prior to arrival for scan.
Lab Results: CBC/Chem/T4 WNL. Spec fPL mildly elevated at 3.9, USG 1.016. BPs 198, 198 size 3 cuff left front leg.

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 is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 (3.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.97 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 curvilinear peripheral contours. A 1.19 x 1.04 cm multi-septated cystic lesion is observed on the left side. In addition, a 2.44 x 2.30 irregular cystic lesion is observed on the right. The remaining parenchyma is homogenous and of appropriate echogenicity and echotexture. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. There is a suspected bilobed conformation. The wall is normal in thickness. A small amount of aggregated, echogenic, gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

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 is normal to mildly thickened (up to 0.29 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent, with normal curvilinear peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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

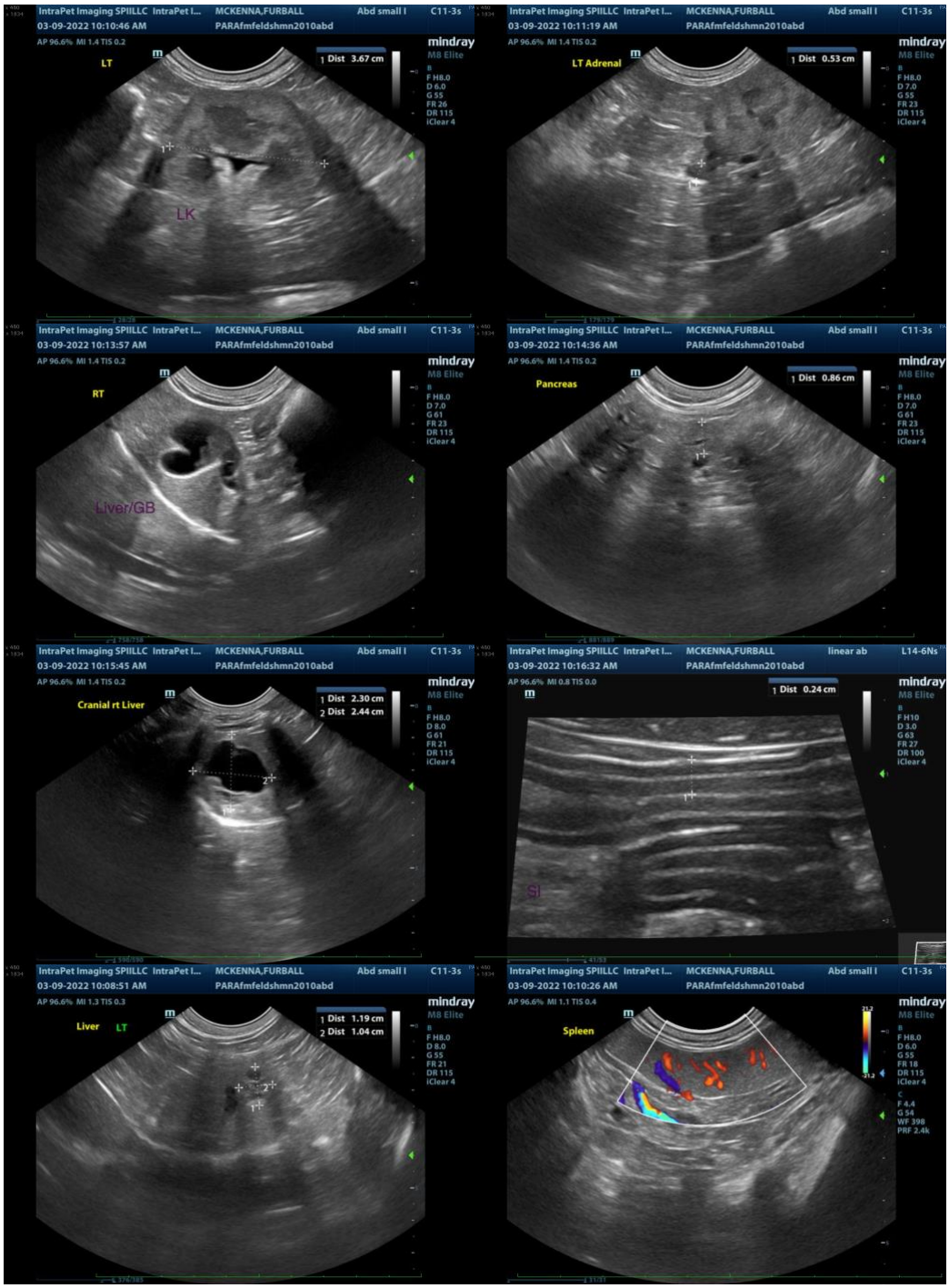
- Based on the clinical history and the sonographic bowel changes, inflammatory bowel disease is suspected. There is some potential for emerging lymphoma. However, neoplasia is less likely to be present at this time.
- The pancreatic changes could be consistent with low-grade pancreatitis. However, the changes may be a normal variant for this patient.

Secondary Findings

- The cystic hepatic lesions could be consistent with benign cysts, biliary cystadenomas, or less likely, cystadenocarcinomas.
- Bilateral degenerative renal changes with left pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further GI workup could include a malabsorption panel (send to Texas A&M), fecal evaluation for ova and Giardia and gastrointestinal biopsies (i.e., endoscopic or surgical). A 6-week limited antigen diet trial can also be considered, if the patient will tolerate it. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- hypoallergenic diet). The client should be educated as to the potential risks of treatment without a definitive diagnosis in this scenario. Given the left pyelectasia, a urinalysis +/- a urine culture and sensitivity should be considered.



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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