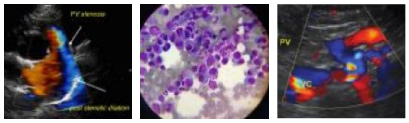
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4.3.23

PATIENT

Bentley Jackson

SPECIES

Canine

BREED

West Highland Terrier

SEX

Neutered Male

AGE

3/28/2010

WEIGHT

7.8 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Spec

REFERRING VET

Dr. Steele

INVOICE

12628

PRESENTING CLINICAL SIGNS

Chronic intermittent GI signs present for at least 3 years. Mainly characterized by excessive licking, intermittent gas/abdominal distention, loud borborygmi, abdominal discomfort, vomiting, reduced appetite, occasional soft stool. Had mild pyloric hypertrophy on AUS last year. History of mild ALP elevation. Travel HX to multiple states in last 3y including FL, Carolinas.

Current Medications: Famotidine 10mg in PM, Omeprazole 10mg once daily in AM, Reconcile once daily, Apoquel once daily, Proviable DC
Lab Results: 3/28--ALP 263.
Date of Previous IntraPet Ultrasound: 3/7/22. 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 and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.48 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate 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 (4.16 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.48 cm at caudal pole) (2.56 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 (0.49 cm at cranial pole) (0.47 cm at caudal pole) (2.15 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 (1.31 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 slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A few small, ill-

defined hyperechoic nodules are observed throughout the organ (the largest measuring 0.96 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen (most of which is gravity-dependent, some of which is suspended). 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 is normal in thickness 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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. (See also "Other" category).

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Lymph nodes
(See "Other" category).

Other
A 0.43 cm anechoic structure is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

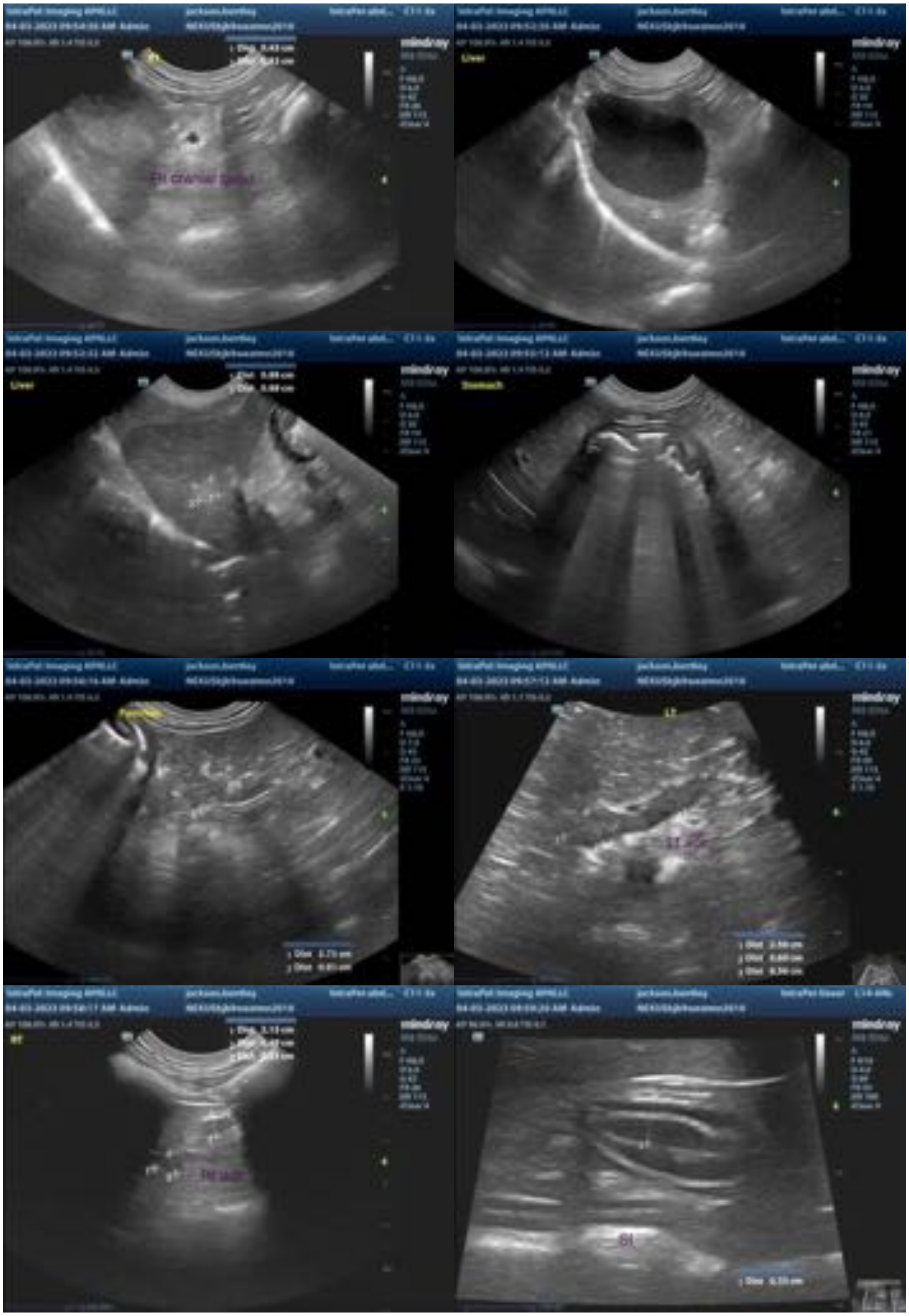
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral nonspecific renal changes with subtle dystrophic mineralization
- Minor age-related pancreatic remodeling

Secondary Findings

- The origin of the small anechoic structure in the right cranial quadrant is unclear. It may represent a cystic lymph node, a cyst within the pancreas or mesentery, other. A benign process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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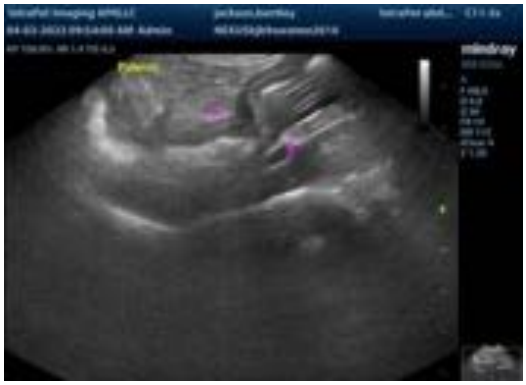

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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