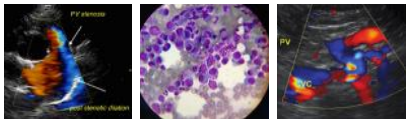
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/16/2022

PATIENT

Lil Bit Anderson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

3/17/2010

WEIGHT

15 lbs

INTERPRETED BY

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

HOSPITAL NAME

Alexander Animal Hospital

REFERRING VET

Dr. Alexander

INVOICE

10912

PRESENTING CLINICAL SIGNS

Pt has had increased frequency of urinating in house for ~1 year. Owner unsure if behavioral due to anxiety, stress, marking.

Current Medications: 9/4/21- Proin Trial-25mg- 1/2 BID. 10/19/21- O says no improvement and elects to try Fluoxetine-10mg 1 SID. 5/2/22- O says no improvement and elects to try Gabapentin-100mg BID.
Lab Results: 8/16/21- UA- USG 1.020, pH 6.5, no other abnormalities.
Radiographs: 10/13/21 WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: telazol.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS

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 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 (4.88 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.94 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.72 cm at caudal pole) (1.93 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.

The right adrenal gland is borderline enlarged (0.74 cm at cranial pole) (0.60 cm at caudal pole) (2.15 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 (0.85 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. The parenchyma is isoechoic to hyperechoic relative to the spleen and subtly heterogenous in appearance. A 1.06 cm irregular, hyperechoic nodule is observed on the right side. 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 suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. No obstructive disease is noted.

Pancreas

A portion of pancreas is obscured by the gastric distention. In the visualized portions no obvious pathology is observed.

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

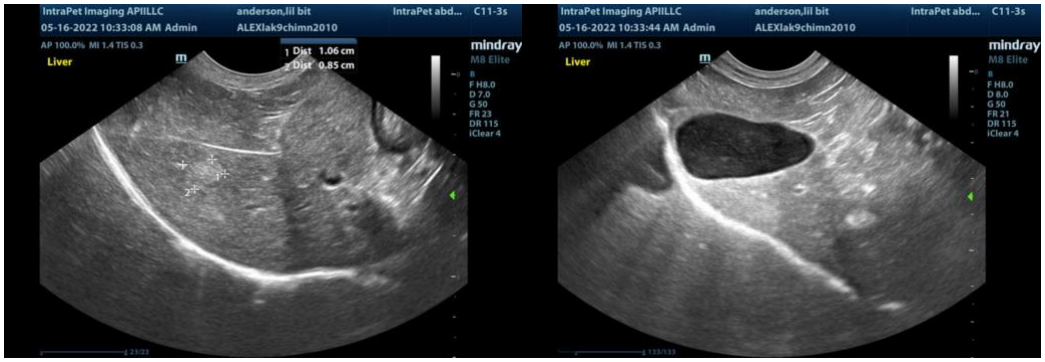
- Bilateral, age-related renal changes
- Bilateral, borderline adrenomegaly

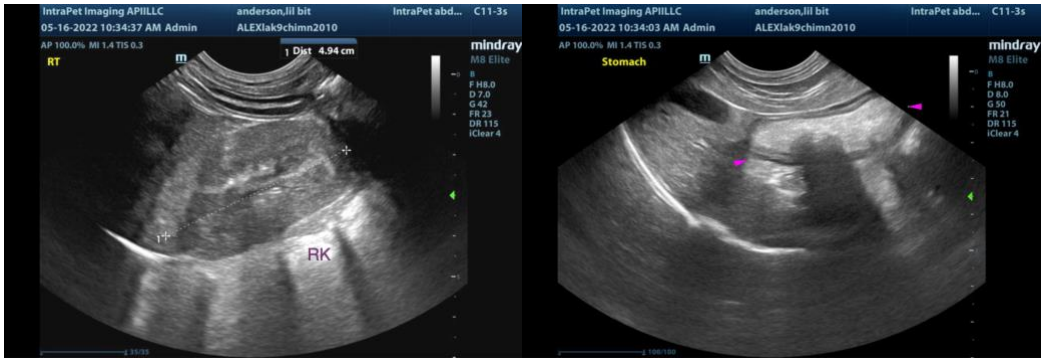
Secondary Findings

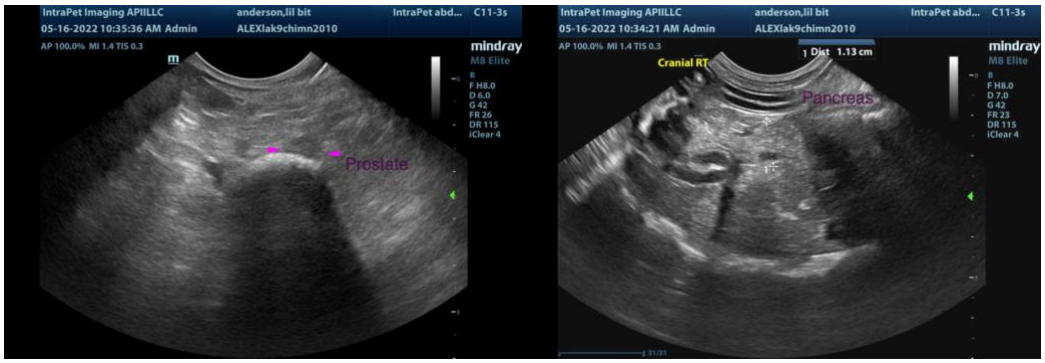
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely

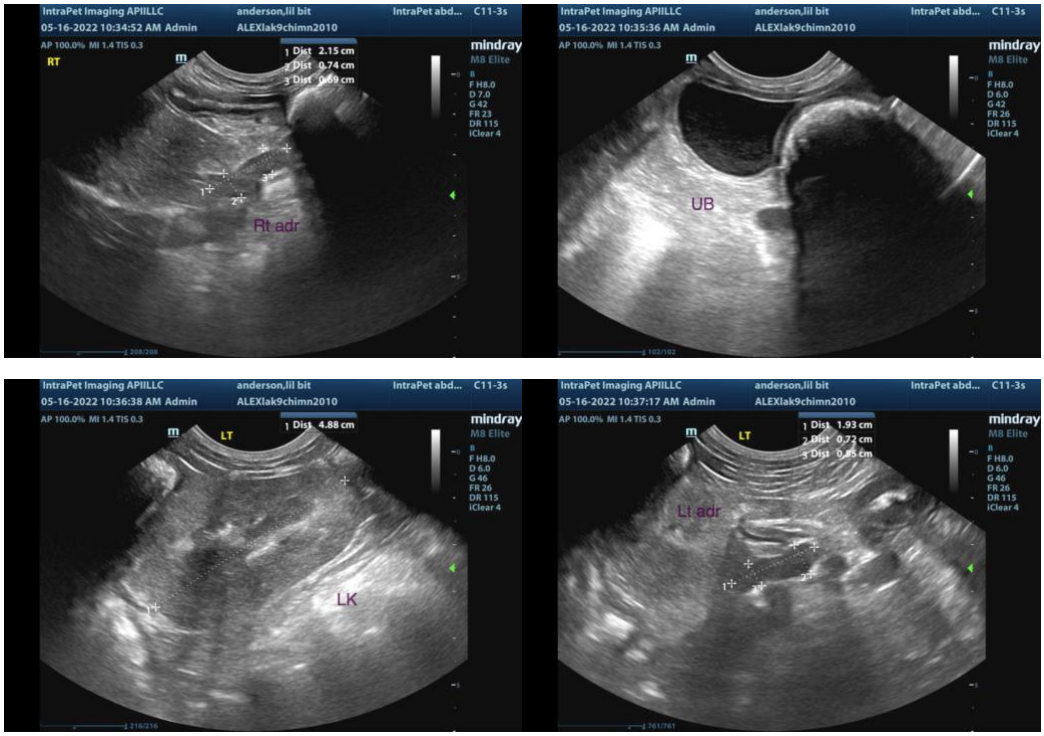
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC Chemistry panel and T4 is recommended, if not already performed.
- A urine culture and sensitivity is also recommended to assess for occult pyelonephritis.
- Cushing's Testing (i.e., low-dose dexamethasone suppression test) can also be considered, particularly if the patient has an elevated ALP.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status.









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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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