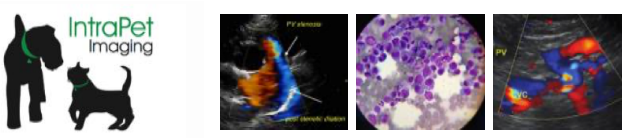
IMAGING PERFORMED BY

IntraPet.com



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DATE

5/24/22

PATIENT

Beretta Arnold

SPECIES

Canine

BREED

SEX

Female, spayed

AGE

2/1/2010

WEIGHT

54 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

13425

PRESENTING CLINICAL SIGNS

Increased appetite, but losing weight.

Current Medications: None.
Lab Results: Fecal neg. CBC/Chem WNL.
Radiographs: Liver appears small, loss of detail.
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 is caudally located. 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 the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.08 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 (5.99 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 borderline enlarged (0.78 cm at cranial pole) (0.71 cm at caudal pole) (2.24 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 normal size (1.24 cm at cranial pole) (0.59 cm at caudal pole) (2.48 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 (1.73 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 small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogeneous in appearance. No focal lesions are observed. Vascular and 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 not distended. The gastric wall is 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 ileocecal colic junction is normal. The colonic wall is normal to borderline thickened (up to 0.36 cm) with a normal layering pattern. The colonic lumen contains some shadowing fecal material. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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:

- Suspected microhepatica. This may be a normal variant for this patient or may be secondary to a chronic hepatic disease (i.e., portal vein hypoplasia, chronic inflammatory disease, fibrosis, other).

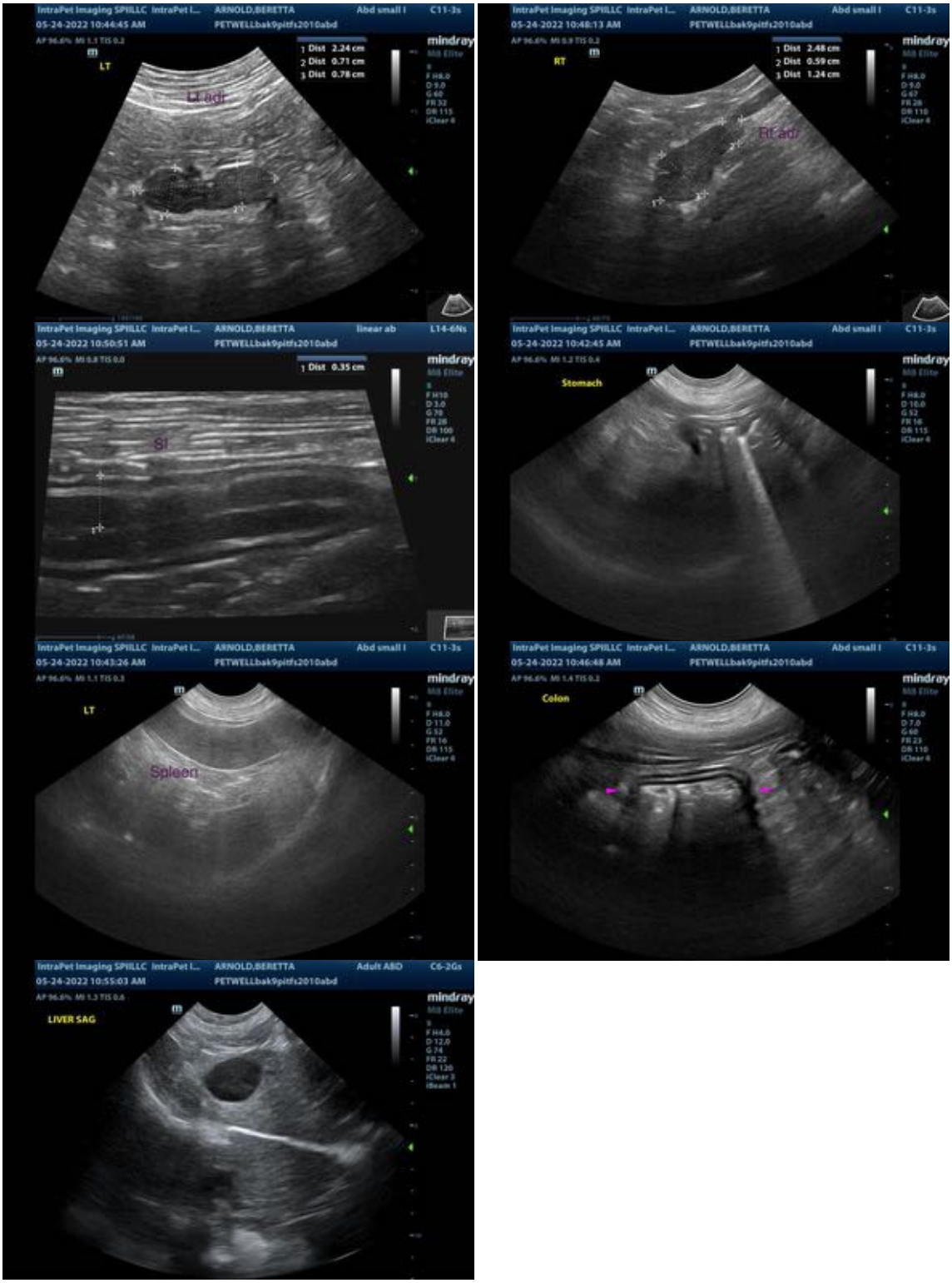
Secondary Findings:

- Minor, age-related renal changes,
- Mild left adrenomegaly.
- The colonic wall thickening may be a normal variant for this patient or may represent mild inflammatory disease. Correlation with the patient's clinical signs is recommended.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include maldigestion/malabsorption, brain tumor, other occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Also consider a fecal evaluation for ova and Giardia.
- Given the microhepatica, consider pre- and post-prandial serum bile acids to assess hepatic function.
- A neurological examination is also recommended as weight loss can be the sole clinical sign for patients with brain tumors.
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.



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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com