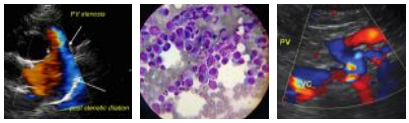
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/25/2022

PATIENT

Layla Patterson

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

1/1/2010

WEIGHT

72 lbs

INTERPRETED BY

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

HOSPITAL NAME

Green Acres Pet Center

REFERRING VET

Dr. Kaschenbach

INVOICE

10955

PRESENTING CLINICAL SIGNS

Weak in rear legs and in general.

Current Medications: None listed.
Lab Results: ALKP 238, Precision PSL 166, rest normal.
Radiographs: Possible mass in area of spleen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.54 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. Renal vasculature is normal.

The right kidney is normal in size (6.77 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.89 cm at cranial pole) (0.80 cm at caudal pole) (2.70 cm in length); with a normal shape and smooth peripheral contours. A 1.00 x 0.54 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.78 cm at cranial pole) (0.89 cm at caudal pole) (2.53 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 subjectively normal in size (1.47 cm in width at the level of the hilus) with a mild swelling of the medial contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swelling/rounding of the left, lateral lobe. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. A 3.16 cm isoechoic nodule is observed deep on the right side, adjacent to the diaphragm. 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 to moderate amount of aggregated, echogenic, partially dependent, debris/sludge 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 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 colonic wall is normal. 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

- The diffuse hepatic parenchymal changes are nonspecific and most likely associated with a benign hepatopathy (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). The isoechoic nodule on the right side may represent a regenerative nodule. Alternatively, an emerging tumor is possible.

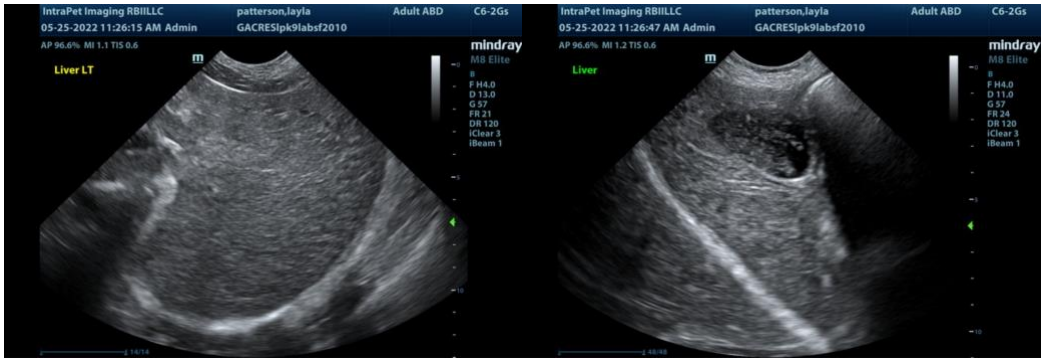
Secondary Findings

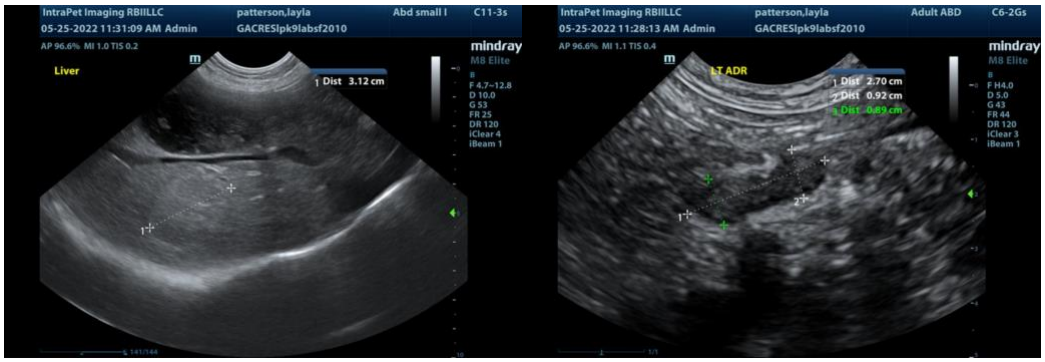
- Gall bladder debris/sludge, non-mucocele
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral, chronic renal changes with a suspected right cortical infarct.

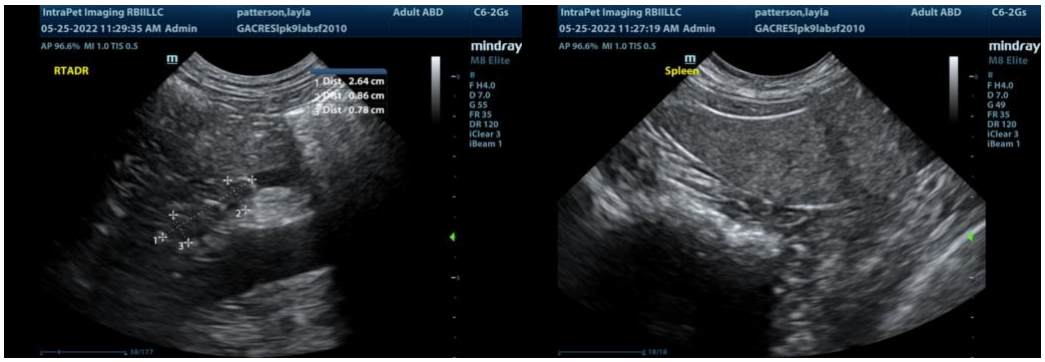
*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thorough orthopedic and neurologic examinations are recommended.
- Consider a T4/free T4 by equilibrium dialysis to assess for hypothyroidism.
- Thoracic radiographs (three-view) are recommended to assess for occult disease in the chest.
- A recheck ultrasound of the liver nodule is recommended in 1-2 months to assess for progression.







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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