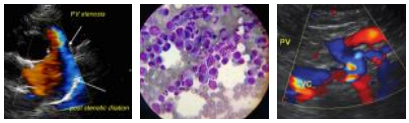
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/4/23

PATIENT

Squeaky Atkins

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

10/9/13

WEIGHT

39 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Stay Pet Vet

REFERRING VET

Dr. Klimovitz

INVOICE

22307

PRESENTING CLINICAL SIGNS

History: Drinking more water- persistently elevated liver values on lab work. Obese, happy boy with good appetite. ALP 443, ALT 180, UPC 0.8, USG 1.043 with substantial hematuria, T4 normal.

Current Medications: None.
Lab Results: See attached.
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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.22 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 presented normal size (5.08 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.49 cm at cranial pole) (0.70 cm at caudal pole) (2.35 cm in length); with a slightly prominent caudal pole. 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 (0.77 cm at cranial pole) (0.67 cm at caudal pole) (2.51 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 (1.48 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.74 cm hypoechoic to slightly heterogenous nodule is observed at the lateral aspect, approximate mid spleen. Splenic vasculature is normal.

Liver
The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. A bilobed conformation is suspected. The wall is normal in thickness. Luminal contents are mostly anechoic. 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 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 or overt infiltrative disease is noted.

Pancreas
The right 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.

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

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Given the patients liver values and sonographic hepatic changes, a benign process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling) is favored with a lower possibility of infiltrative neoplasia, inflammatory disease or other hepatopathies.

- The splenic nodule could be consistent with an emerging tumor or a benign focus (i.e., lymphoid hyperplasia or similar).

Secondary Findings

- Bilobed gallbladder- incidental

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

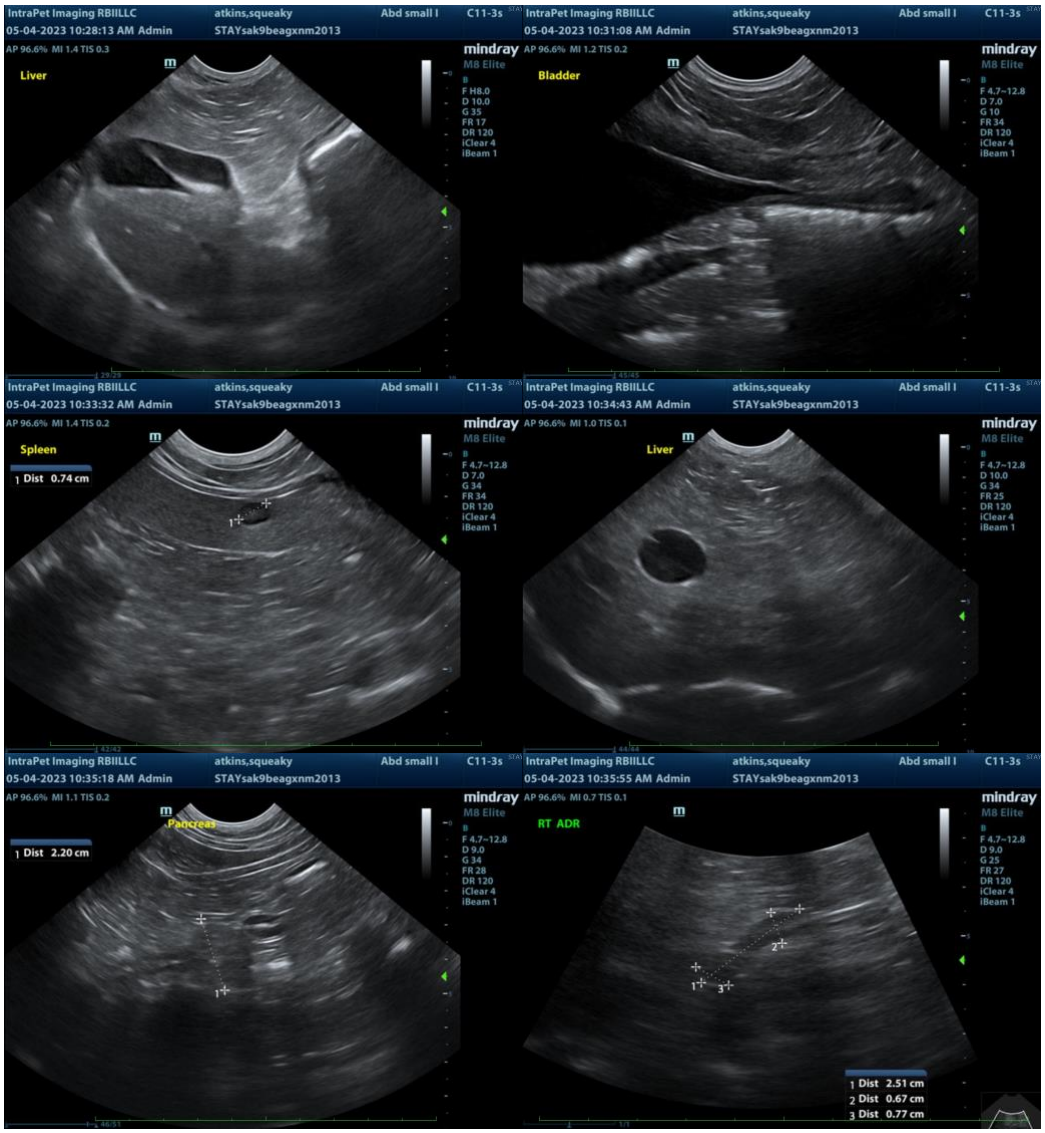
- Mild left adrenomegaly

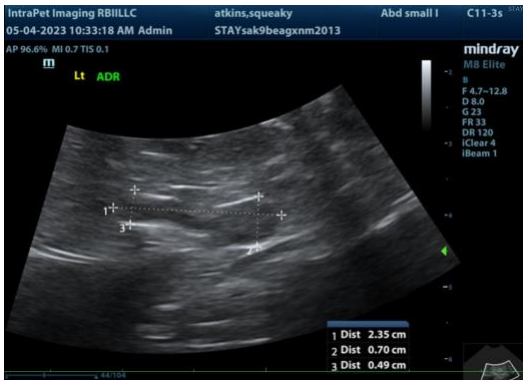
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

- Regarding the splenic nodule, consider a fine needle aspirate if clotting parameters are normal. A 25-guage needle should be used. Alternatively, consider a recheck ultrasound in 4-6 weeks to assess for growth.





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.

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