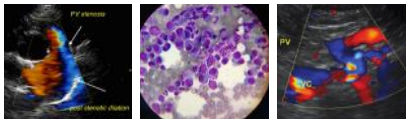
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

6.14.2023

PATIENT

MJ Goldstein

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

12/1/2008

WEIGHT

6.2 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Veterinary Specialists

REFERRING VET

Dr. Steele

INVOICE

13340

PRESENTING CLINICAL SIGNS

Diabetes mellitus since August 2021, never well controlled based on fructosamine and clinical signs. Ongoing PUPD, intermittent vomiting 1-2x per month (vomiting has been present since before DM diagnosis). Possible early CKD. Episode of suspected hepatitis in March 2017 (records not available for review but possibly acute cholangiohepatitis).

Current Medications: Prozinc 3u BID, Gabapentin 100mg PRN for travel/vet visits.
Lab Results: 3/13: Low normal HCT of 29.8% (trending down over last year or so from 34% last May). Creat 1.5 (previously 1.8), BUN 51, USG 1.027 but difficult to interpret w/glucosuria. Fructosamine 523.
Date of Previous IntraPet Ultrasound: No previous.
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 wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is mildly enlarged (5.10 cm in length) with smooth curvilinear peripheral contours. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is borderline enlarged (4.41 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Sub-capsular fluid is suspected at the cranial pole. However, hypoechoic tissue can also not be excluded.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is prominent in size (1.19 cm in width at the level of the hilus) with a normal curvilinear peripheral contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A few, ill-defined hyperechoic nodules are visualized (the largest measuring 1.27 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.38 cm in width).

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 to moderately thickened (up to 0.40 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter).

Free Abdomen

There is no obvious evidence of free fluid. A few prominent lymph nodes are observed at the ileocecocolic junction (the largest measuring 0.92 cm in diameter). Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic pancreatitis with suspected age-related remodeling.
- The small intestinal wall changes are consistent with inflammatory bowel disease, with potential for emerging lymphoma.

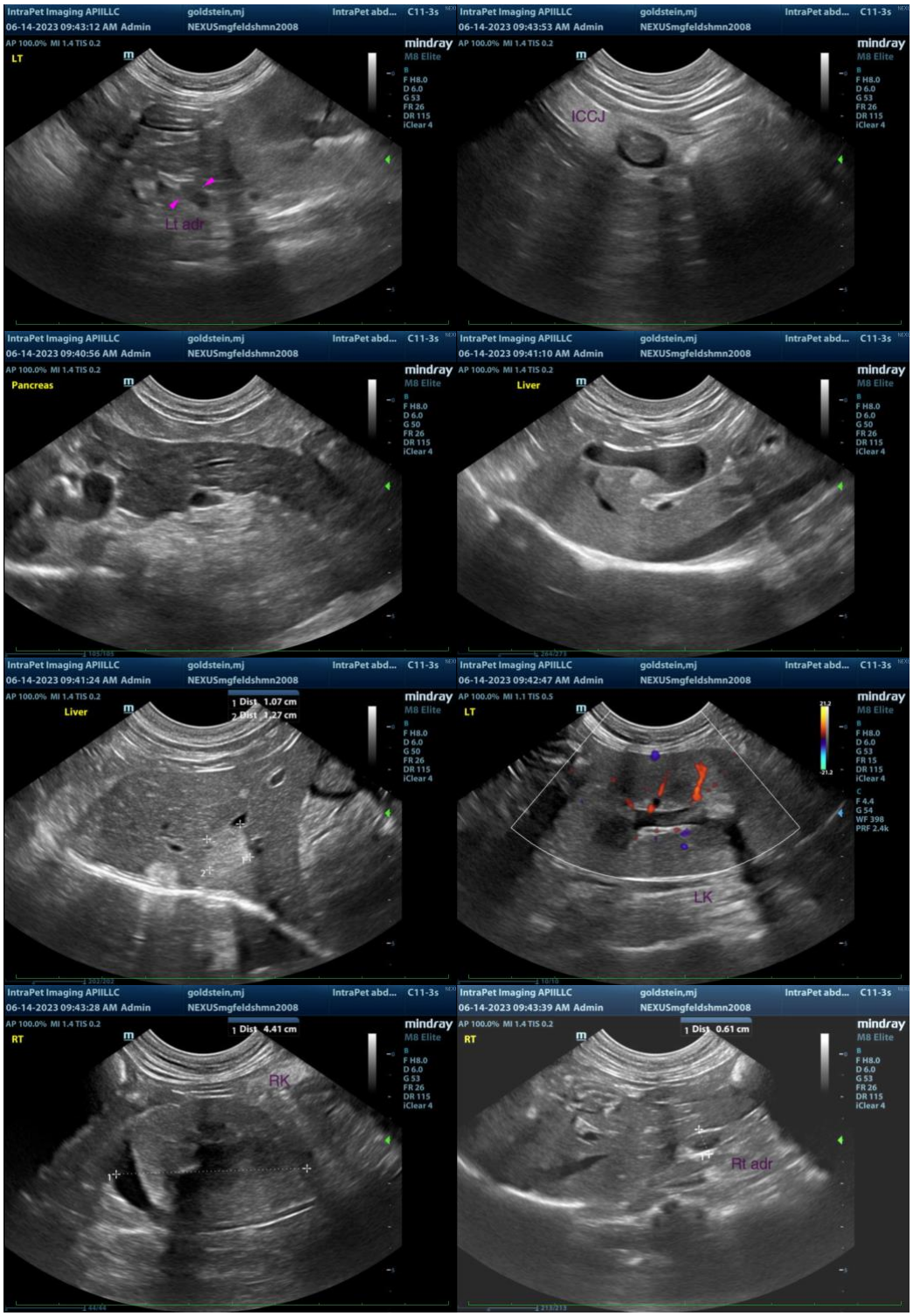
Secondary Findings

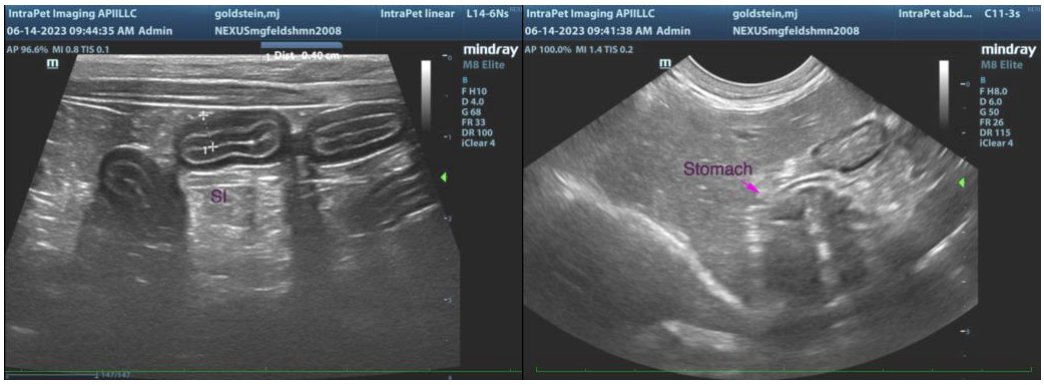
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The hyperechoic hepatic nodules have a propensity for the benign (i.e., lipogranulomas, myelolipomas, foci of lymphoid hyperplasia) with a lower possibility a more insidious process.
- The mild splenomegaly may be a normal variant for this patient for this large-breed cat. Alternatively, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia is possible.
- Bilateral chronic nephropathy with left pyelectasia and suspected right subcapsular fluid (the cause of which is unclear, but may be secondary to inflammation, emerging neoplasia, other).

  *Given the patient's clinical history and sonographic changes, "triaditis" is a consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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


IntraPet Imaging APIILLC
goldstein,mj
IntraPet abd...
C11-3s
06-14-2023 09:43:12 AM Admin
NEXUSmgfeldshmn2008
AP 100.0% MI 1.4 TIS 0.2
LT
Lt adr
mindray
M8 Elite
06-14-2023 09:43:53 AM Admin
ICCJ
06-14-2023 09:40:56 AM Admin
Pancreas
06-14-2023 09:41:10 AM Admin
Liver
06-14-2023 09:41:24 AM Admin
1 Dist 1.07 cm
2 Dist 1.27 cm
06-14-2023 09:42:47 AM Admin
AP 100.0% MI 1.1 TIS 0.5
LK
06-14-2023 09:43:28 AM Admin
RT
1 Dist 4.41 cm
RK
06-14-2023 09:43:39 AM Admin
1 Dist 0.61 cm
Rt adr



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