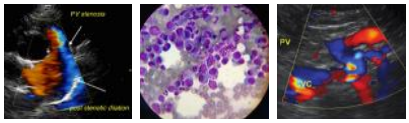
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6/20/2022

PATIENT

Mowgli Parikh

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6/20/2011

WEIGHT

4.54kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet. Specialists

REFERRING VET

Dr. Steele

INVOICE

11128

PRESENTING CLINICAL SIGNS

Difficult to regulate diabetic. For past week reduced appetite, vomited 3x this AM. Questionable mid-abdominal mass (vs L kidney?) on palpation.

Current Medications: Vetsulin 5.5u BID (did not receive this AM)
Lab Results: Mild ALP elevation on labs in April, intermittent hyperglycemia, mild proteinuria on labs in Feb (no UPC).
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, 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 (0.75 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 (3.90 cm in length); normal shape and architecture with smooth peripheral contours. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A small cortical cyst is seen at the caudal pole. Small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (4.47 cm in length); normal shape and architecture with smooth peripheral contours. The cortex is mildly thickened. There is moderate loss of corticomedullary distinction. Small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.47 cm at cranial pole) (0.56 cm at caudal pole) (1.76 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 mildly enlarged (0.62 cm at cranial pole) (0.59 cm at caudal pole) (0.90 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 (0.96 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 enlarged with rounded, peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogenous in appearance, with small, ill-defined hypoechoic and hyperechoic nodules throughout the organ. 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 moderate amount of aggregated, echogenic, partially dependent to suspended debris/sludge is observed within the lumen. 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of slight mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.26 cm in diameter). There is no evidence of peripancreatic 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 changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease is considered most likely in light of the normal ALT. Infiltrative neoplasia is possible but also considered less likely based on the sonographic changes.

- The gall bladder debris/sludge could be consistent with cholestasis, fasting or early mucocele formation.

Secondary Findings

- Age-related pancreatic remodeling with suspected fibrosis. Low-grade pancreatitis may also be present, particularly if the patient exhibits pain on cranial abdominal palpation.

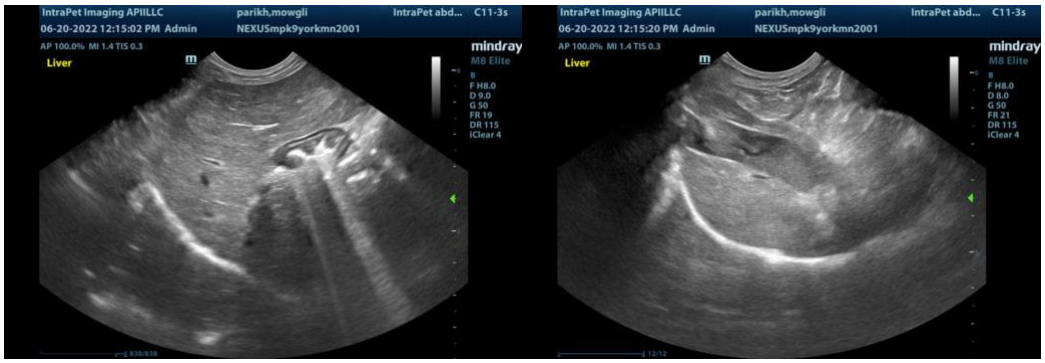
- The small intestinal mucosal speckling could be secondary to inflammatory disease (i.e., enteritis). However, correlation with clinical history is recommended.

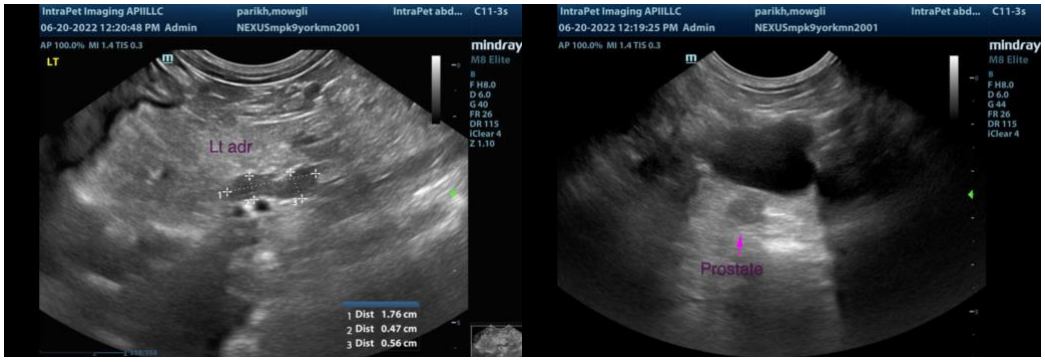
- Mild, bilateral adrenomegaly

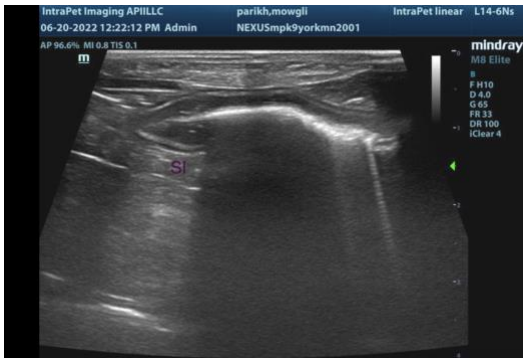
- Bilateral, chronic renal changes with nonobstructive nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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







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)
info@SonoPath.com