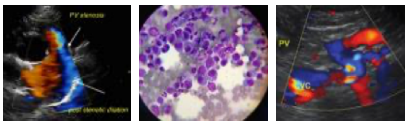
IMAGING PERFORMED BY

IntraPet.com



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DATE

6/6/22

PATIENT

Molly Brandon

SPECIES

Canine

BREED

Yorkshire terrier

SEX

Female, spayed

AGE

5/31/2012

WEIGHT

4.9 kg.

INTERPRETED BY

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

HOSPITAL NAME

Nexus Veterinary Specialists

REFERRING VET

Dr. Steele

INVOICE

13458

PRESENTING CLINICAL SIGNS

PUPD, slight behavioral change (more nervous/anxious), owner notes progressive abdominal distention (subtle). Questionable hypercalcemia (iCa pending). PE--subtle potbellied appearance, very mild hepatomegaly.

Current Medications: None.
Lab Results: CBC--mild thrombocytosis 522K. Chem--tCa 11.5, BG 146
UA--USG 1.015, borderline proteinuria (UPC 0.4)
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 is mildly distended with mostly anechoic urine. The wall is of normal thickness for the level of repletion. At least 2 small cystic calculi are visualized, the largest measuring 0.28 cm in diameter. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (0.69 cm at cranial pole) (2.28 cm at caudal pole) (3.01 cm in length) with an irregular shape. A mass effect measuring 2.56 x 2.18 cm is observed at the caudal pole. The mass is heterogeneous in appearance. A 0.96 x 0.47 cm hypoechoic finger like projection is extending caudally from the mass. There was no obvious evidence of vascular invasion. The parenchyma at the cranial pole is mildly heterogeneous.

The right adrenal gland is normal size (0.42 cm at cranial pole) (0.43 cm at caudal pole) (1.63 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 (1.01 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. At least 2 ill-defined hypoechoic areas observed on the right side, one measuring 1.88 cm in its longest dimension, the other measuring 1.11 cm. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein : caudal vena cava ratio is approximately 1:1. 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 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 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 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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

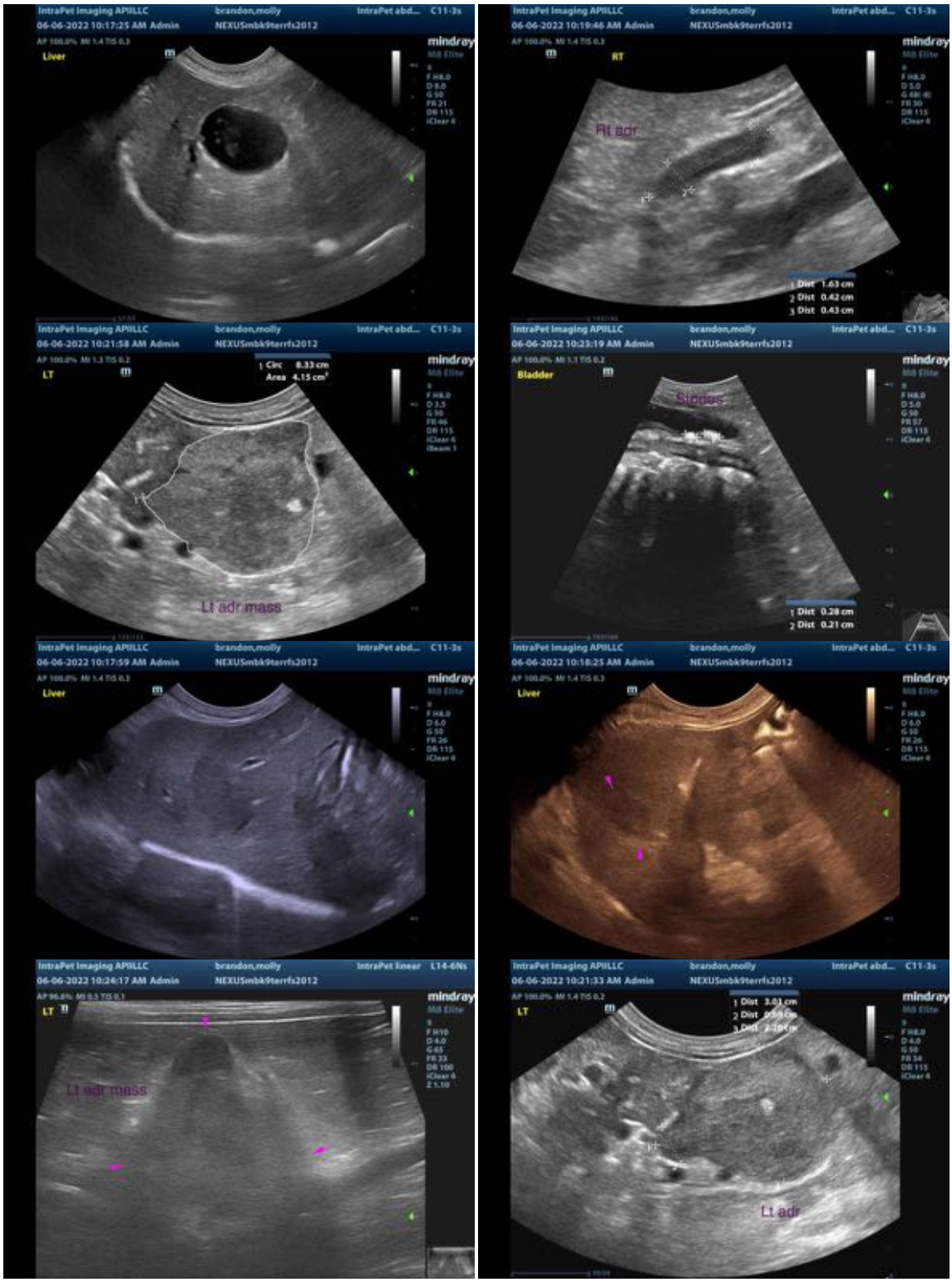
- Left adrenal mass without obvious evidence of vascular invasion. However, vascular invasion cannot be completely excluded. Neoplasia (i.e., adenocarcinoma, adenoma, pheochromocytoma) is suspected with a lower possibility of benign pathology (i.e., excessive nodular hyperplasia).
- Cystic calculi.
- Bilateral, age-related renal changes with non-obstructive nephrolithiasis.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hepatic parenchymal changes are non-specific and most consistent with a benign age-related process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). The vague hypoechoic areas trend toward the benign (i.e., regenerative nodules). However, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Follow up diagnostics and treatment will be determined and implemented by Dr. Kara Steele.



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