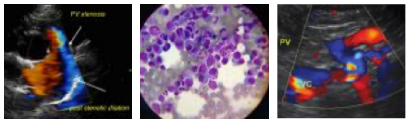
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

7.14.2022

PATIENT

Adam Gerard

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

11/21/2009

WEIGHT

68 lbs

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws Vet. Wellness Ctr

REFERRING VET

Dr. Levitsky

INVOICE

11224

PRESENTING CLINICAL SIGNS

Repeat u/s to evaluate stomach area. Dog continues to lose weight despite a good appetite. Want to see how if liver and pyloric wall abnormalities have progressed and if this could be a cause for weight loss.
Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 4/28/22. See attached.
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 moderately distended. Overall, the wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are seen. In the region of the trigone, a 1.45 x 0.63 irregular, polypoid-like nodule is observed. The proximal urethra, visible to a depth of 2 cm, is normal.

The **prostate** is normal in size (1.25 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 (6.94 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (7.48 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. A 0.65 cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is upper limits of normal size (0.69 cm at cranial pole) (0.83 cm at caudal pole) (2.61 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 not definitively visualized.

Spleen

The **spleen** is normal in size (2.25 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled/heterogenous in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

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

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are 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 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. There is no evidence of an obstructive pattern.

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 gastric wall changes in the region of the pylorus have improved on today's study and appear normal at this time. Therefore, a resolving/resolved inflammatory process is suspected.

- Urinary wall nodule/polypoid-like lesion in the region of the trigone. Differentials include emerging neoplasia (i.e., transitional cell carcinoma) versus focal polypoid cystitis.

Secondary Findings

- Bilateral, chronic age-related renal changes with a right cortical cyst and left pyelectasia.

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's liver values is recommended.

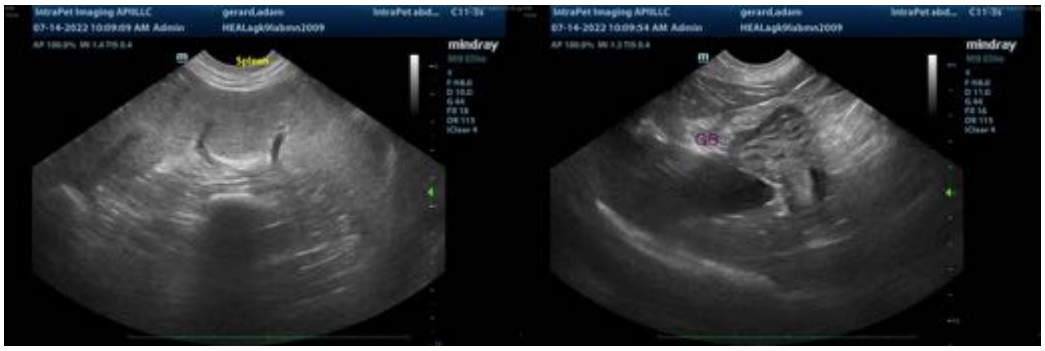
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

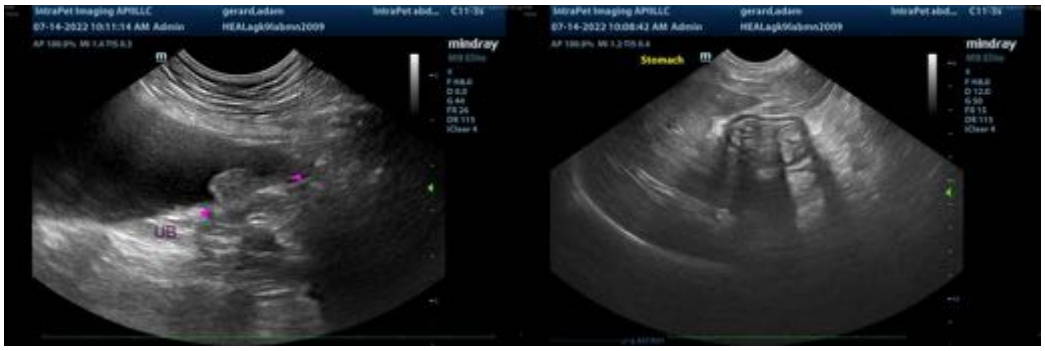
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

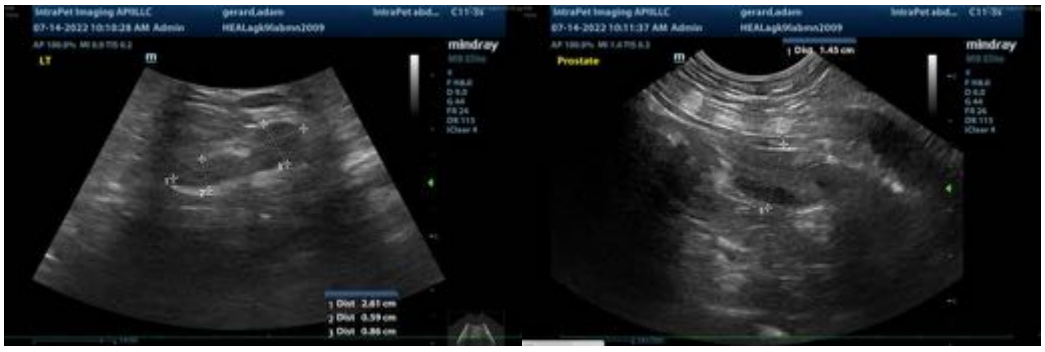
Regarding the urinary bladder wall lesion, a urine BRAF test is recommended to further assess for neoplasia. If the result is negative, however, cancer cannot be completely excluded and more advanced testing (i.e., biopsy) may be necessary to get a definitive diagnosis.

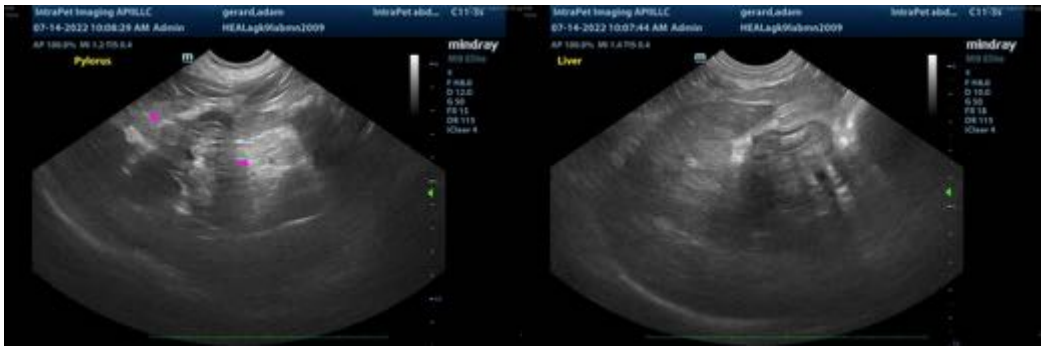
Regarding the patient's weight loss, consider the following:

1. Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 to determine the patient's overall metabolic function
2. Thoracic radiographs to assess for occult neoplasia in the chest
3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
4. Fecal evaluation for ova and Giardia
5. If liver values are elevated, consider pre-and postprandial serum bile acids to assess hepatic function.
6. Ultimately, biopsies (i.e., GI and/or liver) may be necessary to get a definitive diagnosis.









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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