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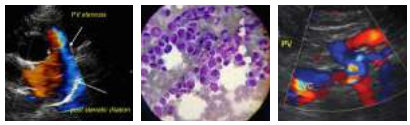

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/17/21

PATIENT

Oscar Hampsey

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

4/8/14

WEIGHT

24.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Parkville Animal Hospital

REFERRING VET

Dr. Mangini

INVOICE

11654kk

PRESENTING CLINICAL SIGNS

History: Anterior uveitis and elevated ALP (900).

Current Medications: Tobramycin 1 drop TID.

Lab Results: Elevated ALP (900). CBC is unremarkable. 4dX is negative.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.82 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 (5.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Pinpoint hyperechoic cortical foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Pinpoint hyperechoic cortical foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.53 cm at cranial pole) (0.68 cm at caudal pole) (2.18 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 normal size (0.49 cm at cranial pole) (0.57 cm at caudal pole) (1.79 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 (1.43 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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 sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is moderately distended with ingesta. 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
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:

- An obvious cause for the elevated ALP is not identified in this study. However, a benign process (i.e., vacuolar hepatopathy, age-related remodeling, and/or regenerative nodular hyperplasia) is suspected with a low possibility of infiltrative neoplasia or inflammatory disease.
- Gall bladder sludge, non-mucocele.

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.
- Minor, age-related renal pathology with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
2. Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If the values continue to rise, repeat abdominal sonography +/- hepatic tissue sampling should be considered.
3. Given the presence of anterior uveitis, three-view thoracic radiographs +/- more comprehensive infectious disease testing should also be considered.


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hampsey,oscar
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Liver
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Liver
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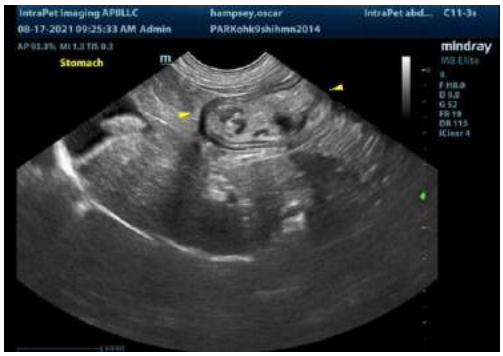
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Pancreas
1 Dist 1.07 cm
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Liver RT
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RT
Rt adr
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2 Dist 0.49 cm
3 Dist 0.57 cm
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IntraPet Imaging APIILLC
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LT
Lt adr
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2 Dist 0.68 cm
3 Dist 0.53 cm
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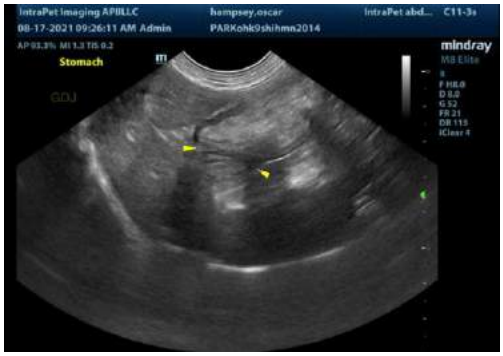

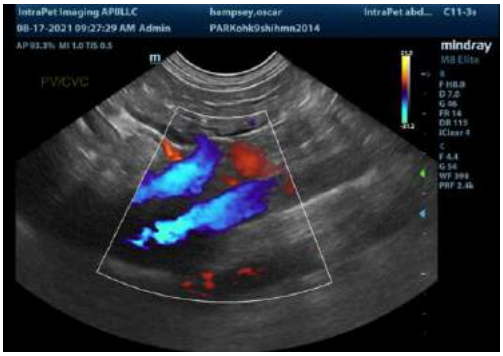

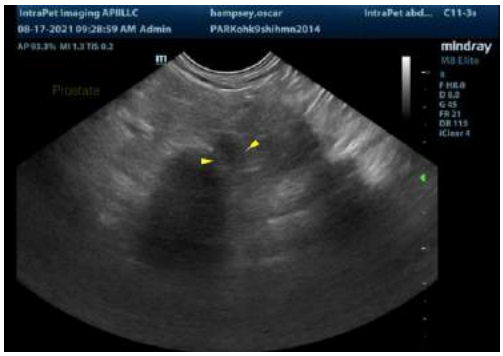

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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