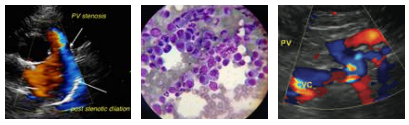
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
8/8/21

PATIENT
Dakota Moss

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
7/28/11

WEIGHT
11.1 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Martinoli

INVOICE
91043

PRESENTING CLINICAL SIGNS

No presenting problem or history provided. 08-06-2021 Here for IVF, monitoring, and AUS.
Current Medications: Maropitant, Pimobendan, Furosemide, Doxycycline.
Lab Results: Attached. Increased liver values.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: not needed
Stat Report: not requested

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 left kidney is normal in size (4.15 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.87 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged in size (0.69 cm at cranial pole) (0.83 cm at caudal pole) (2.03 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

The right adrenal gland is enlarged in size (0.68 cm at cranial pole) (0.92 cm at caudal pole) (1.93 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 0.92 cm at the hilus.

Liver

The liver is subjectively prominent in size with slightly swollen, peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogenous in appearance. No focal lesions are observed. There is an increase in portal markings. The hepatic vasculature is of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder lumen is moderately distended. The wall is normal in thickness. Several polypoid changes lesions are arising from the luminal surface. A small amount of echogenic debris is also present in the lumen. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 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 or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The right limb of the pancreas is hyperechoic isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Non-specific, diffuse hepatopathy. Differentials include vacuolar hepatopathy, inflammatory/immune mediated disease, infiltrative neoplasia (unlikely), other hepatopathy.

- Minor, bilateral, age-related renal pathology.

SECONDARY FINDINGS:

- Bilateral adrenomegaly.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on the patient's clinical history supportive care is recommended. If the original presenting complaint was azotemia the following diagnostics can be considered:

    1. Urine culture and sensitivity.
    2. UPC (if proteinuria is present).
    3. Baseline blood pressure measurement.

- Three-view thoracic radiographs are recommended to assess to assess cardiopulmonary status

- Consider testing for hyperadrenocorticsm with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs are present.


IntraPet Imaging RBIILLC
moss,dakota
Abd small I
C11-3s
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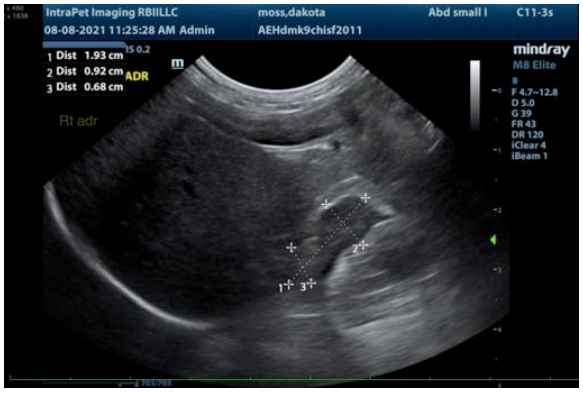
AEHdmk9chisf2011
AP 96.6% MI 1.2 TIS 0.2
Liver
mindray
M8 Elite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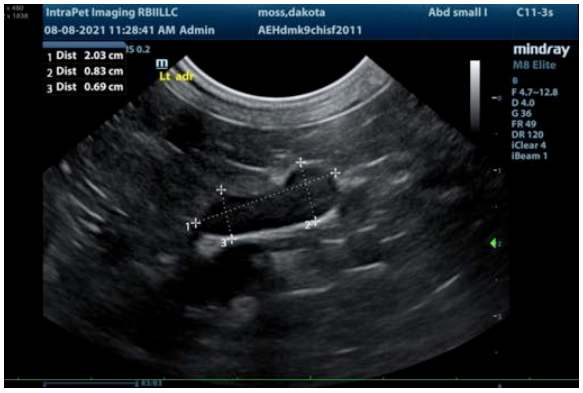
3 Dist 0.68 cm
ADR
Rt adr
mindray
M8 Elite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1 Dist 2.03 cm
2 Dist 0.83 cm
3 Dist 0.69 cm
Lt adr
mindray
M8 Elite


IntraPet Imaging RBIILLC
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Abd small I
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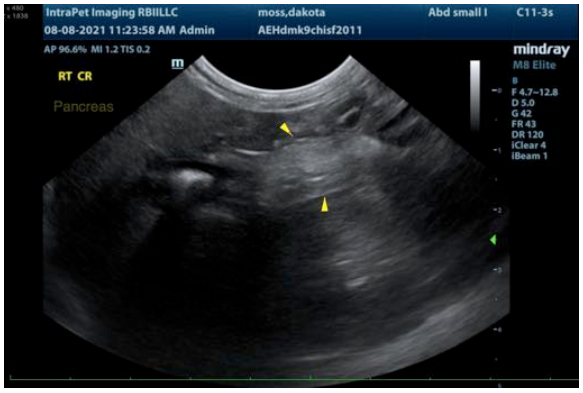
Spleen
mindray
M8 Elite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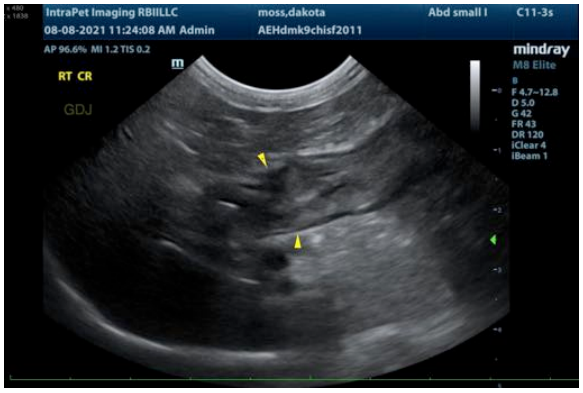
RT CR
Pancreas
mindray
M8 Elite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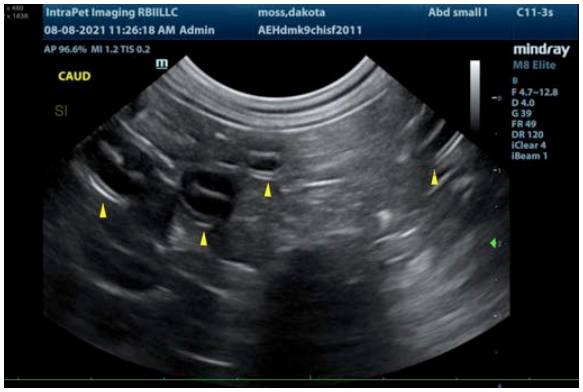
RT CR
GDJ
mindray
M8 Elite



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