IMAGING PERFORMED BY

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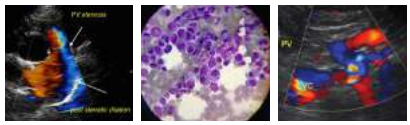

SonoPath
Clinical Sonography & Telecytology
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DATE
8/9/21

PATIENT
Gemma Ritter

SPECIES
Canine

BREED
Pug

SEX
Spayed Female

AGE
10/12/15

WEIGHT
35 lbs

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

HOSPITAL NAME
Animal Care Center

REFERRING VET
Dr. Muedeking

INVOICE
11600kk

PRESENTING CLINICAL SIGNS

History: increase in urination- blood around vulva 7/20.

Current Medications: Not provided by the veterinarian.

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

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 size (4.98 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.43 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.64 cm at caudal pole) (1.91 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 (0.69 cm at cranial pole) (0.56 cm at caudal pole) (2.47 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 (0.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.81 cm irregular, hypoechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.15 cm, ill-defined, hypoechoic nodule/area is observed on the left side. The remaining parenchyma is homogeneous in appearance. 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. 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. No obstructive disease is noted.

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. A 0.94 cm medial ileac lymph node is visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include urinary tract infection, vulvar lesion (i.e., mass, foreign material), and other. The positive Bladder Tumor Analyte test may be a false positive due to the presence of hematuria.

Secondary Findings:

- Minor, age-related renal pathology.
- The splenic nodule trends towards the benign (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis) with a possibility of an early neoplastic process.
- The hypoechoic hepatic nodule/area also trends towards the benign (i.e., an area of regenerative nodular hyperplasia) with a possibility of early neoplasia.
- The prominent medial ileac lymph node is likely reactive with a low possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Urine culture and sensitivity.
2. Consider a Urine BRAF test to further evaluate for lower urinary tract neoplasia.
3. Consider a repeat abdominal ultrasound in 4-6 weeks to assess the progression of the hepatic and splenic lesions.


IntraPet Imaging RBIILLC
ritter,gemma
Abd small I
C11-3s
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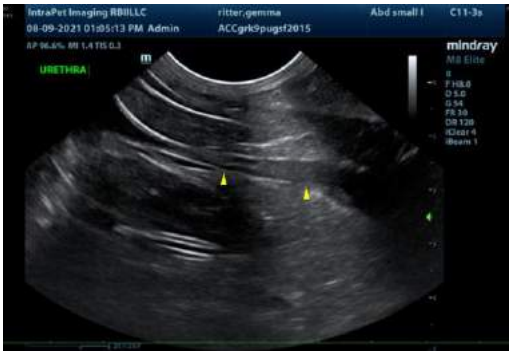
mindray
Bladder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URETHRA


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Lt Kidney


IntraPet Imaging RBIILLC
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Spleen


IntraPet Imaging RBIILLC
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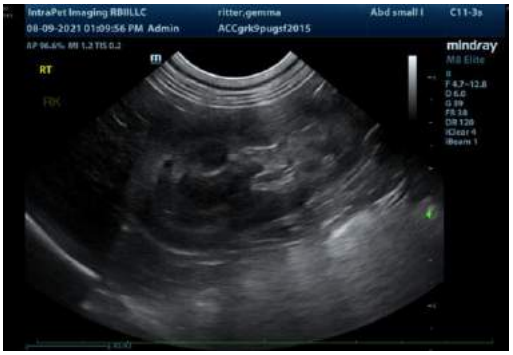
Stomach


IntraPet Imaging RBIILLC
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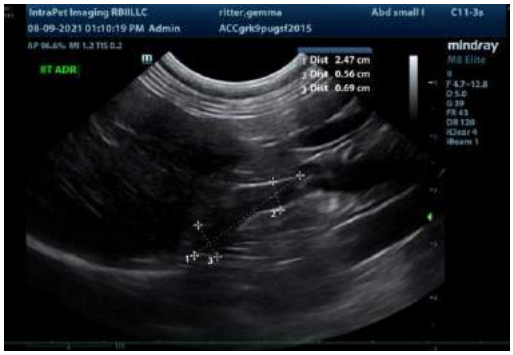
RT


IntraPet Imaging RBIILLC
ritter,gemma
Abd small I
C11-3s
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ACCgrk9pugsf2015
mindray
RT ADR
1 Dist 2.47 cm
2 Dist 0.56 cm
3 Dist 0.69 cm


IntraPet Imaging RBIILLC
ritter,gemma
Abd small I
C11-3s
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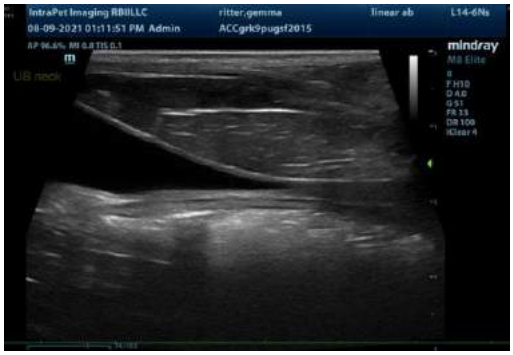
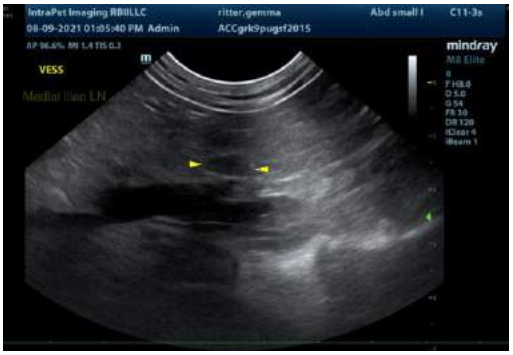
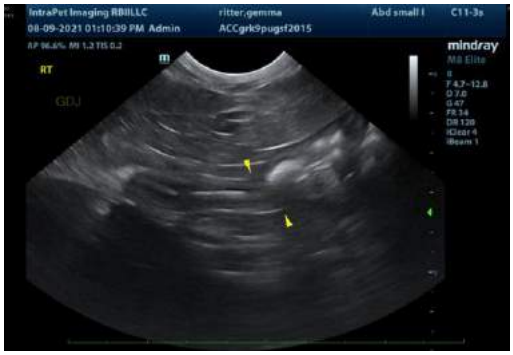
mindray
Lt adr
1 Dist 1.91 cm
2 Dist 0.64 cm
3 Dist 0.59 cm







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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