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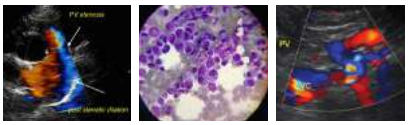

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DATE
8/9/21

PATIENT
Kitty Celentano

SPECIES
Canine

BREED
Bichon

SEX
Spayed Female

AGE
8/21/11

WEIGHT
18.72 lbs

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

HOSPITAL NAME
Noah's Ark Veterinary and Boarding Resort

REFERRING VET
Dr. Martinez-Hernandez

INVOICE
11604kk

PRESENTING CLINICAL SIGNS

History: The patient was being evaluated at Skylos for a TPLO. Lab work screened with some abnormalities with ALP, GGT, Chol, BUN in the CHEM and elevated platelets in the CBC. Discussed potential causes with owner. Currently asymptomatic.

Current Medications: Discontinue Carprofen (washout period) - starting Galliprant 20 mg SID, Denamarin s/m 1/2 - PO SID, Dasuquin SID.

Lab Results: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin:100 mg - 2 PO 2 hours prior to drop off, Trazodone: 50 mg - 1 PO the night before and 1 PO 2 hours prior to drop off.

Stat Report: Not requested/declined.

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 mostly 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 (4.78 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is prominent and irregular at the cranial pole and normal in size with a normal shape at the caudal aspect (1.05 cm at cranial pole) (0.54 cm at caudal pole) (2.06 cm in length). The parenchyma at the cranial pole is heterogeneous in appearance with loss of glandular detail. At the caudal pole there is normal glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm at cranial pole) (0.44 cm at caudal pole) (1.56 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 (1.25 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly rounded peripheral contours. The parenchyma is isoechoic relative to the spleen. Several, varying sized, hypoechoic nodules are seen throughout the organ. 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 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 is normal to borderline thickened (up to 0.43 cm) with a normal layering pattern. Occasional mucosal speckling is noted. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The body/ 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:

- 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.
- Bilateral, minor, age-related renal pathology with dystrophic mineralization and right pyelectasia.

Secondary Findings:

- The left adrenal changes are most consistent with nodular hyperplasia with a lower possibility of emerging neoplasia
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fine needle aspirate of the liver could be considered to assess for infiltrative neoplasia (although, a benign process is favored). If aspiration is pursued, a 25-gauge needle should be used. Clotting times should be evaluated prior to tissue sampling.
2. Three-view thoracic radiographs are also recommended prior to anesthesia.

3. Given the renal changes, a urinalysis +/- urine culture and sensitivity should also be considered.

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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