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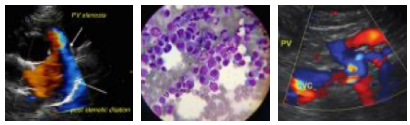

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DATE
8/9/21

PATIENT
Lucy Scarborough

SPECIES
Canine

BREED
Miniature Poodle

SEX
Spayed Female

AGE
3/13/07

WEIGHT
18.2 lbs

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

HOSPITAL NAME
Bay Country VH

REFERRING VET
Dr. Dearie

INVOICE
11845

PRESENTING CLINICAL SIGNS

History: Started with urinary accidents in mid-June (more when sleeping than awake), treated for UTI (no urine obtained at that time) but did not really resolve per owner. PU/PD then noted and in July ran urine sample and then performed bloodwork (results attached). LDDST was run and did not indicate HAC.
Current Medications: Currently on Proin 12.5mg PO BID (started 8/3/2021).
Treated with cefpodoxime 6/4/2021 (50mg PO q 24 hours x 7 days)
Lab Results: ALP=312 (5-160) rest of lab work wnl.
Radiographs: No radiographs performed by the veterinarian per request form.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation:
Stat Report:

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 (4.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. Hyperechoic foci are visualized within the cortex. Several nephroliths are present. Mild to moderate pyelectasia is seen (0.50 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. Hyperechoic foci are visualized within the cortex. Several nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.81 cm at cranial pole) (0.75 cm at caudal pole) (2.05 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 mildly enlarged (0.69 cm at cranial pole) (0.75 cm at caudal pole) (2.15 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 subjectively normal in size (1.47 cm in width at the level of the hilus). A 1.94 x 1.40 cm isoechoic to slightly heterogeneous vascular nodule/mass is observed approximately mid-spleen. The lesion causes subtle capsular expansion. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 2.67 cm, irregular hyperechoic nodule is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is slightly

thickened (up to 0.28 cm), hyperechoic and mildly irregular. A few polypoid like lesions are arising from the luminal surface. A small amount of gravity dependent 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 segmentally dilated with chyme. 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 hyperechoic 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic nodule/mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a lower possibility of benign pathology (i.e., myelolipoma, lymphoid hyperplasia).
- Bilateral minor age-related renal changes with non-obstructive nephroliths, dystrophic mineralization and left pyelectasia.
- Bilateral adrenomegaly.

Secondary 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.
- The pancreatic changes are suggestive of age-related remodeling/fibrosis +/- concurrent low-grade inflammation.
- The gallbladder wall changes could be consistent with age-related benign hyperplasia or cholecystitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

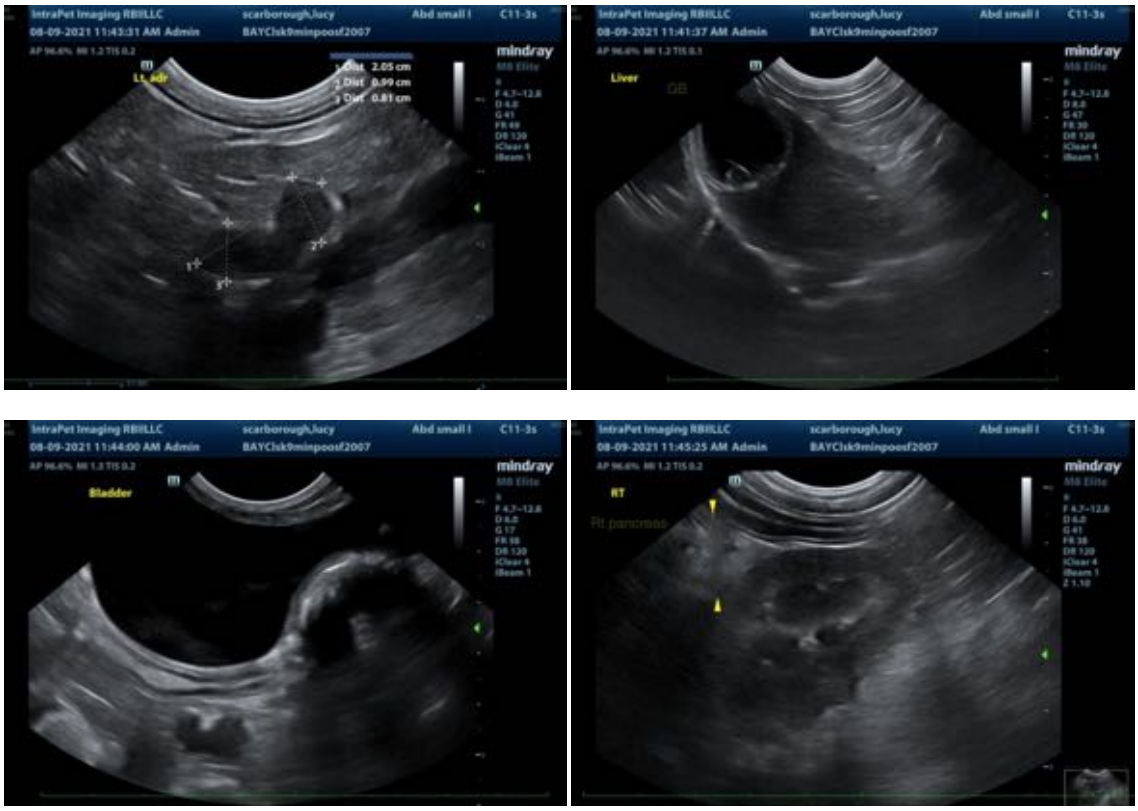
- A urine culture is recommended to further evaluate for a urinary tract infection.

- If the patient does not respond to Proin, consider further testing for Cushing's disease (i.e., ACTH stimulation test and/or an adrenal panel (send to the University of Tennessee)) as there is a chance of false negatives with any Cushing's test.

- Regarding the splenic nodule/mass, the following diagnostics can be considered:

    1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

    2. Fine needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, a splenectomy with submission for the spleen for histopathology can 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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