IMAGING PERFORMED BY

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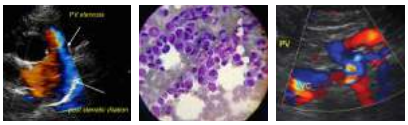

SonoPath
Clinical Sonography & Telecytology
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DATE

9/13/21

PATIENT

Winston Kwedar

SPECIES

Canine

BREED

German Shepard

SEX

Male Neutered

AGE

3/1/09

WEIGHT

58 lbs.

INTERPRETED BY

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

HOSPITAL NAME

North Laurel Animal Hospital

REFERRING VET

Dr. Cohn

INVOICE

11810kk

PRESENTING CLINICAL SIGNS

History: Increasing alk phos.

Current Medications: Nexgard/Heartgard.

Lab Results: Alphs went from 260 to 449. Urine cortisol is normal.

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 and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. the region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal to slightly prominent in size (1.86 cm in width) with normal shape and smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.53 cm at cranial pole) (0.68 cm at caudal pole) (2.63 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 (0.62 cm at cranial pole) (0.52 cm at caudal pole) (3.07 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 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC 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.
- Gall bladder debris – incidental.
- Prominent prostate. This may be a normal variant for this patient. Alternatively, it may reflect late-in-life neutering (if applicable) or an early neoplastic process (less likely).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, repeat abdominal imaging +/- more advanced testing (i.e., pre- and post-prandial serum bile acids, +/- hepatic tissue sampling) may be warranted.
2. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
3. Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.


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mindray
LT
Li adr
1 Dist 2.63 cm
2 Dist 0.74 cm
3 Dist 0.53 cm


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prostate
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IntraPet Imaging SPIILLC IntraPet I...
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Rt adr
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2 Dist 0.52 cm
3 Dist 0.62 cm


IntraPet Imaging SPIILLC IntraPet I...
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mindray
Liver


IntraPet Imaging SPIILLC IntraPet I...
KWEDAR,WINSTON
Abd small I
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mindray
Liver


IntraPet Imaging SPIILLC IntraPet I...
KWEDAR,WINSTON
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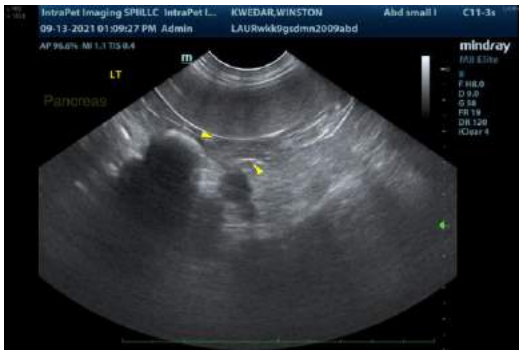
mindray
Stomach


IntraPet Imaging SPIILLC IntraPet I...
KWEDAR,WINSTON
Abd small I
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09-13-2021 01:09:27 PM Admin
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LT
Pancreas


IntraPet Imaging SPIILLC IntraPet I...
KWEDAR,WINSTON
Adult ABD
C6-2Gs
09-13-2021 01:16:49 PM Admin
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mindray
LIVER

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