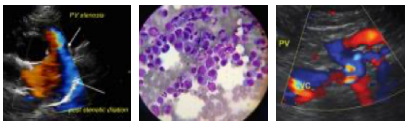
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/15/21

PATIENT

Dixie Taubman

SPECIES

Canine

BREED

Shepherd mix

SEX

Female, spayed

AGE

10/5/2015

WEIGHT

49.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Claws n Paws AH

REFERRING VET

Dr. Singh

INVOICE

12094

PRESENTING CLINICAL SIGNS

Current Medications: No current medications.
Lab Results: CBC WNL, borderline low albumin, slightly low globulins
Radiographs: Three-view abdominal radiographs WNL
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 left kidney is normal size (5.57 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 (5.58 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) (0.66 cm at caudal pole) (2.75 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 (0.73 cm at cranial pole) (0.68 cm at caudal pole) (2.46 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 (2.36 cm in width at the level of the hilus) 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder 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.

Gastrointestinal

The gastric wall is diffusely thickened (up to 1.04 cm) with apparent retention of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The gastric lumen is not distended. 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 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

There is no evidence of free fluid. A 1.35 x 0.85 cm hypoechoic gastric lymph node is visualized. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes are most consistent with an inflammatory process with potential for emerging neoplasia (i.e., lymphoma). Regional peritonitis is present. The prominent gastric lymph node is likely reactive with a lower possibility of infiltrative neoplasia.

Secondary Findings:

- 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

- The following diagnostics can be considered:
    - A fecal evaluation for ova/Giardia
    - Serum cobalamin, folate, PLI and TLI
    - Three-view thoracic radiographs to assess for occult esophageal disease
    - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
    - Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.


IntraPet Imaging RBIILLC
taubman,dixie
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mindray
Stomach


IntraPet Imaging RBIILLC
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Abd small I
C1T-3s
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mindray
Stomach
LN
1 Dist 1.35 cm
2 Dist 0.85 cm


IntraPet Imaging RBIILLC
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Abd small I
C1T-3s
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mindray
Stomach


IntraPet Imaging RBIILLC
taubman,dixie
Abd small I
C1T-3s
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mindray
Lt adr
1 Dist 2.75 cm
2 Dist 0.53 cm
3 Dist 0.66 cm


IntraPet Imaging RBIILLC
taubman,dixie
Abd small I
C1T-3s
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IntraPet Imaging RBIILLC
taubman,dixie
Abd small I
C1T-3s
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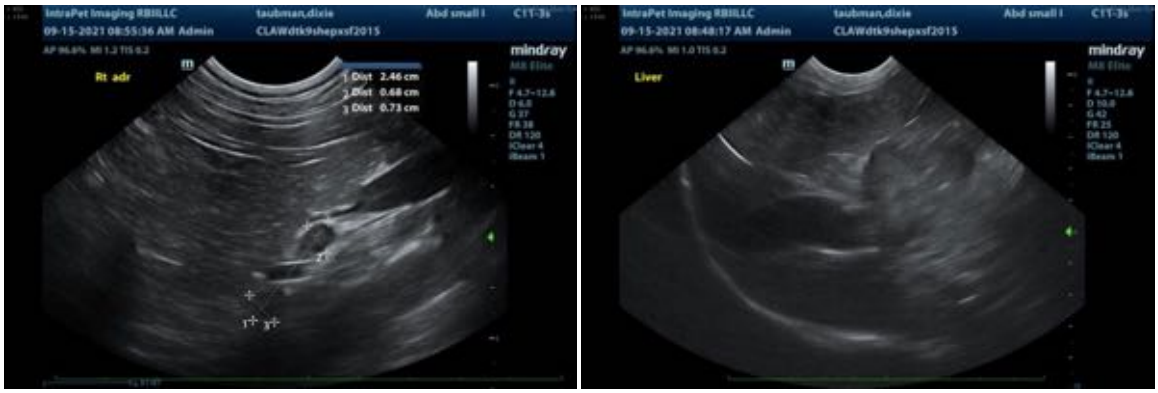
Rt cr
Pancreas
1 Dist 1.87 cm



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.

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