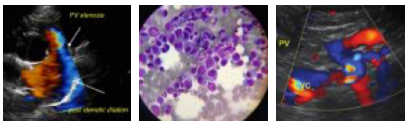
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/20/22

PATIENT

Bella Dallas

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female, spayed

AGE

6/27/2008

WEIGHT

16.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

13997

PRESENTING CLINICAL SIGNS

Presented 09/12/22 for 2nd opinion. History of difficulty defecating, Owner reports that she will not have a bowel movement everyday will sometimes vocalize if her abdomen is touched. Bowel movements are never hard/small; always fully formed and normal consistency. Owner also reports that her abdomen does appear bloated when she does not defecate. Owner reports previous rectal mass removed in 2019. E/D normally. No C/S/V/D. PE: unremarkable, rectal exam wnl.

Current Medications: None listed.
Lab Results: 8/25/22 CBC unremarkable. 8/25/22 Chol (H) 370 Triglyceride (H) 511, PrecisionPSL (H) 143
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 (5.30 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.20 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm at cranial pole) (0.80 cm at caudal pole) (1.62 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 borderline enlarged (0.61 cm at cranial pole) (0.55 cm at caudal pole) (2.16 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 normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with several ill-defined hypoechoic nodules, the largest measuring 0.81 cm in diameter. A few ill-defined hyperechoic nodules are also seen, mainly in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein:

caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, some of which is partially dependent to suspended as well as adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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 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. The abdominal lymph nodes are normal/not visible.

Other

The uterine stump is visible (0.49 cm in width). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

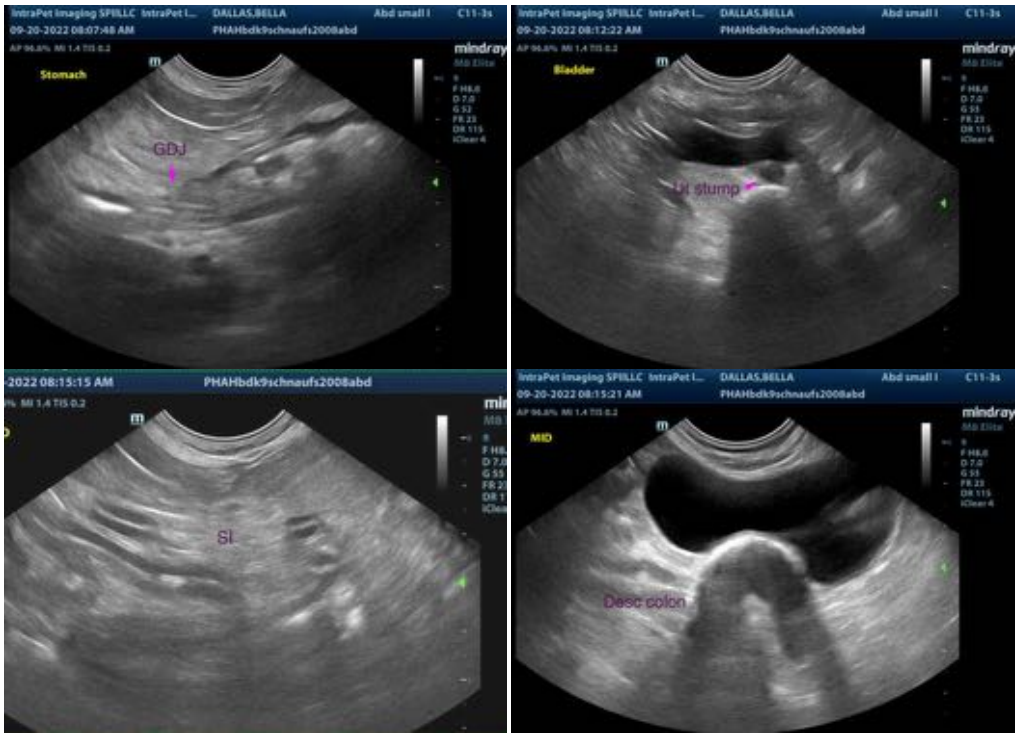
- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include colonic disease (i.e., tumor, polyp, inflammatory bowel disease, infectious/parasitic disease), orthopedic issue, other.

Secondary Findings:

- Bilateral degenerative renal changes with subtle dystrophic mineralization.
- Mild bilateral adrenomegaly.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- 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.
- Gallbladder debris/sludge, non-mucocele.
- Age-related pancreatic remodeling.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen would suggest delayed gastric emptying.
- Visible uterine stump- incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of a rectal tumor, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Also consider a fecal evaluation for ova and Giardia.
- Thorough orthopedic and neurologic evaluations are recommended to assess for evidence of pain, which may be causing difficulty posturing for defecation.
- Ultimately, a colonoscopy with biopsies should be considered to further evaluate for underlying pathology.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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