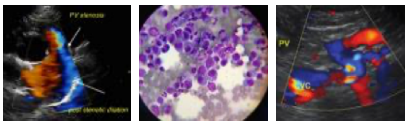
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/22/2021

PATIENT

Mackey Tipton

SPECIES

Canine

BREED

Labrador retriever

SEX

Female, spayed

AGE

9/14/2011

WEIGHT

66.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

12243

PRESENTING CLINICAL SIGNS

Current Medications: Propranolol- 24 hrs. duration, Vetsulin 15U- 5 days duration.
Lab Results: Monocytosis 1.5, Glu 595, Cl 100, AST 60, ALP 643, Lipase 517.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 9-20-2021.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*The ingesta within the gastric lumen partially obscures visualization of the cranial 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 (7.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.76 cm at caudal pole) (2.74 cm in length); normal shape; smooth peripheral contours. A few hyperechoic foci are observed within the parenchyma. The remaining parenchyma, glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.77 cm at cranial pole) (0.63 cm at caudal pole) (2.11 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 contracted (1.09 cm in width at the level of the hilus) with normal curvilinear peripheral contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogeneous with numerous varying sized hypoechoic nodules throughout the organ. The parenchyma is attenuating. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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

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 but cannot be excluded.

- Splenic contraction, likely secondary to hypoperfusion.

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.

- Minor bilateral age-related renal changes.

- The hyperechoic foci in the left adrenal gland likely represents benign pathology (i.e., areas of hyperplasia or fibrosis).

*An obvious cause for the patient's arrhythmia is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Since hepatic neoplasia cannot be completely excluded based on sonography alone, consider a fine needle aspirate of the liver if clotting status is appropriate. A 25-needle should be used.

- Further recommendations should be based on the echocardiogram report from 9/20/21.


IntraPet Imaging APIILLC
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IntraPet abd...
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mindray
LT Adrenal
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Dist 0.76 cm


IntraPet Imaging APIILLC
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IntraPet abd...
C11-3s
09-22-2021 09:41:49 AM Admin
TAHmtk9labfs2011
mindray
Stomach


IntraPet Imaging APIILLC
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mindray
Liver


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mindray
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IntraPet Imaging APIILLC
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SI
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IntraPet Imaging APIILLC
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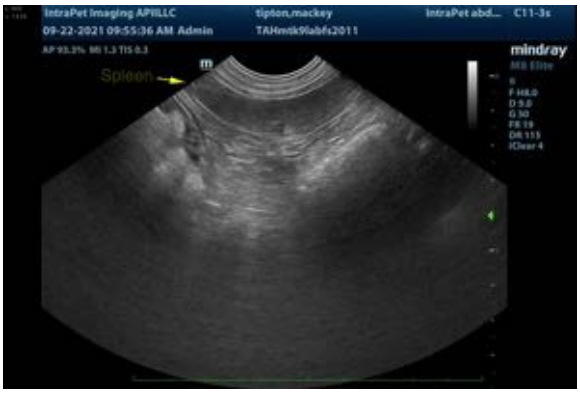
Rt pancreas



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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