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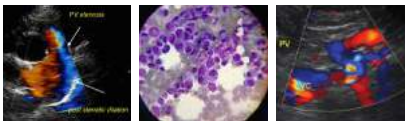

SonoPath
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DATE

9/29/21

PATIENT

Sadie Hornfeck

SPECIES

Canine

BREED

Labrador

SEX

Female Spayed

AGE

8/29/10

WEIGHT

71.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Zakai

INVOICE

11925kk

PRESENTING CLINICAL SIGNS

History: possible mass effect in the bowel, increased alp, mildly increased ALT, diarrhea, and vomiting.

Current Medications: Metronidazole, Dasuquin, low fat GI RC food.

Lab Results: Increased ALP and mildly increased ALT.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ADBOMEN

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 (5.99 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. Renal vasculature is normal.

The right kidney is normal size (6.20 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 with a slightly prominent caudal pole (0.77 cm at cranial pole) (0.56 cm at caudal pole) (2.50 cm in length). A 0.66 x 0.63 cm irregular, hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.83 cm at cranial pole) (0.57 cm at caudal pole) (2.44 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 (1.73 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and somewhat mottled 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 lumen is moderately distended. The wall is thin and smooth. A small to

moderate amount of echogenic debris is observed in the lumen, some of which is gravity-dependent and some of which is suspended and stranding. 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
There is no evidence of free fluid.

Lymph Nodes
See "Other" category.

Other
A 3.39 x 1.70 cm irregular, multi-septated, cystic structure with a 1.37 x 1.34 cm soft tissue component is observed in the right mid-abdomen, caudal to the right kidney.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Differentials include regenerative nodular hyperplasia, vacuolar hepatopathy, age-related remodeling or less likely, inflammatory disease or infiltrative neoplasia.
- The origin of the cystic/soft tissue in the right mid-abdomen is unclear. It may be arising from mesentery, lymph node, and other. Differentials include benign cyst, abscess, granuloma, and tumor.

Secondary Findings:

- The left adrenal nodule trends towards the benign (i.e., nodular hyperplasia) with a lower possibility of an early neoplastic process.

**An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., dietary indiscretion, food allergy, inflammatory bowel disease, GI parasitism, bacterial dysbiosis), low-grade pancreatitis, underlying metabolic issue, and other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. Consider an ultrasound-guided fine needle aspirate of the soft tissue portion of the cystic structure in the right mid-abdomen. If clotting status is appropriate, a 25-gauge needle should be used.
3. Other diagnostic/therapeutic considerations (particularly if the vomiting and diarrhea are chronic) include the following:

a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

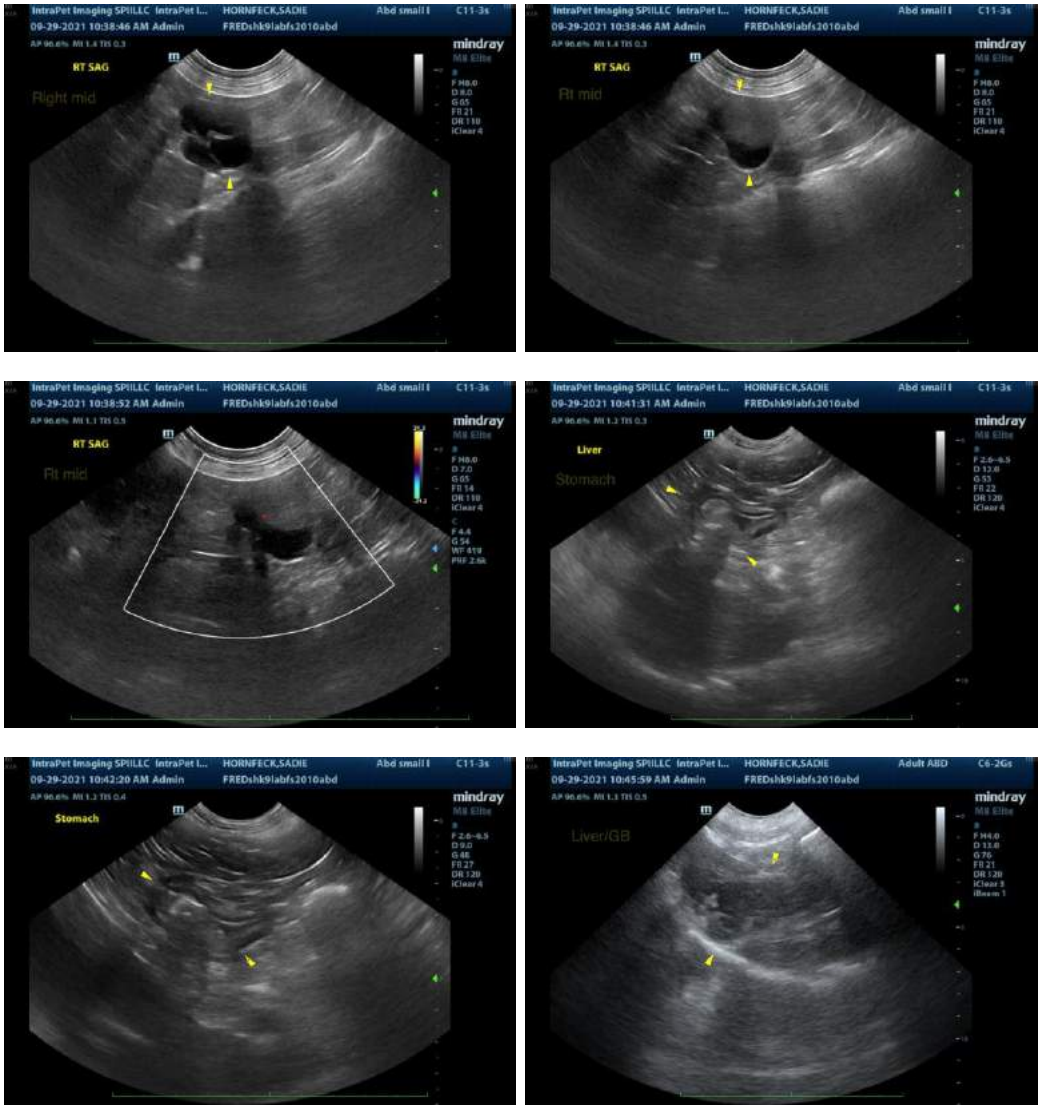
b. A fecal evaluation for ova/Giardia

c. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

d. A 6-week limited antigen diet trial to assess for food allergies

e. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

f. +/- endoscopic or surgical gastrointestinal biopsies. If surgical biopsies are to be obtained, consider removal of the lesion in the right mid-abdomen with submission for histopathology.



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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