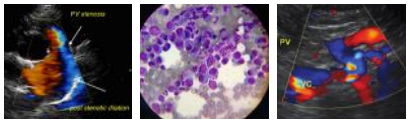
IMAGING PERFORMED BY

IntraPet.com



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DATE
1/2/23

PATIENT
Monroe Alix

SPECIES
Canine

BREED
Labrador

SEX
Neutered Male

AGE
10/18/13

WEIGHT
62.4 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Essex Middle River VC

REFERRING VET
Dr. Zulty

INVOICE
20327

PRESENTING CLINICAL SIGNS

History: PU/PD.

Current Medications: DDVAP 2 drops in conjunctiva bid - 2.5 years, but recently more pu/pd. Carprofen, Gabapentin, Apoquel, Atinol joint supplement
Lab Results: 12/7 Lab work reveals mild neutropenia (1.8K) and low monocytes (0.12K); uspgr. 1.024.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: DKT IM.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with mild occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as some mineral/sand debris. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (6.61 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.38 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.53 cm long x 0.35 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.69 cm long x 0.76 cm at cranial pole and 0.87 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively small in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of the far wall is largely inhibited by the gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sand/small mineral debris
- Subjective microhepatica is suspected- rule outs include normal patient variant vs end-stage liver disease or vascular anomaly. This finding should be interpreted in combination with clinical signs and/or laboratory changes to suggest liver disease and/or vascular anomaly.

Secondary Findings

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

*No gastric pathology is visible in these images, however, visualization is partially limited by ingesta and gas, as noted above.

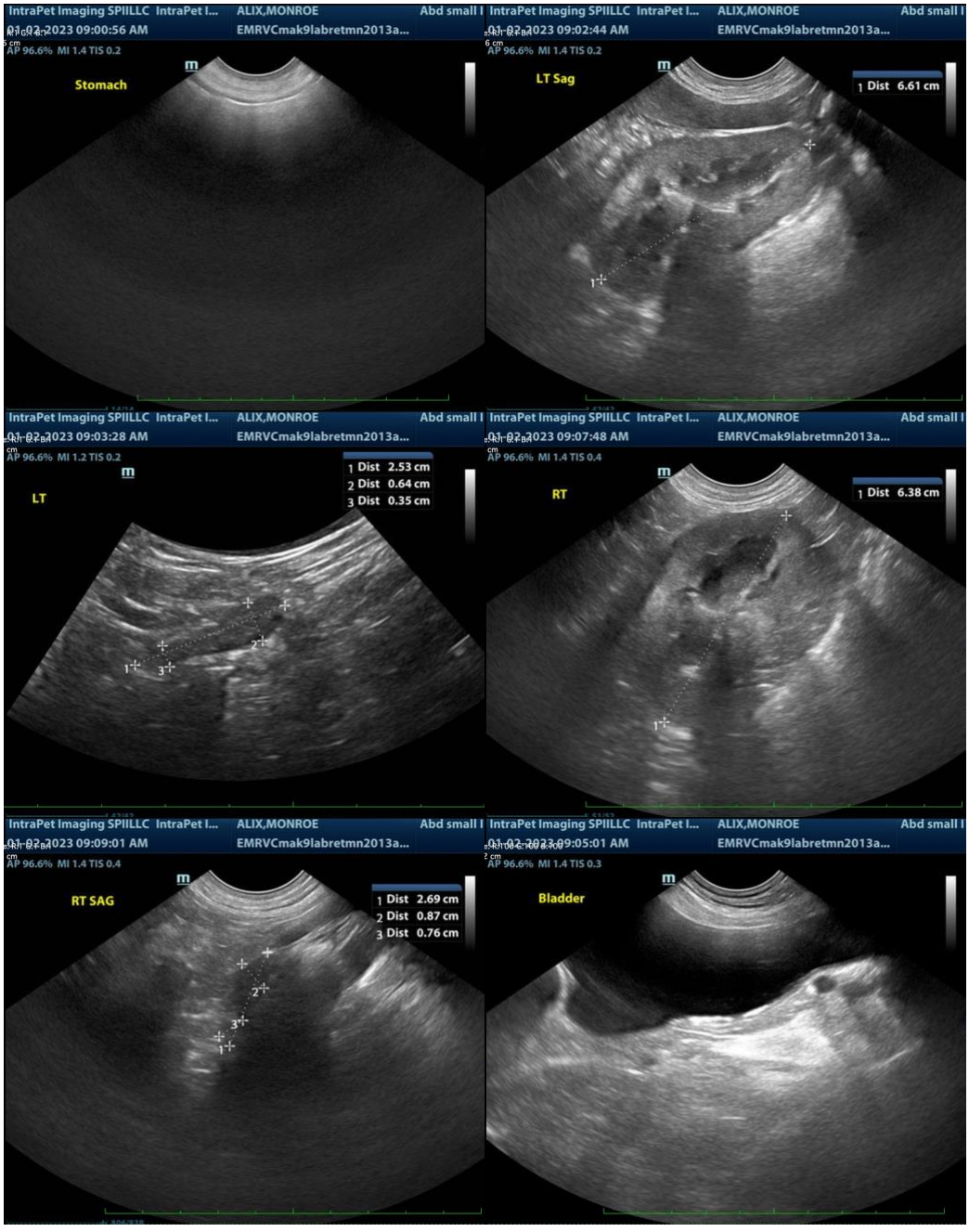
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

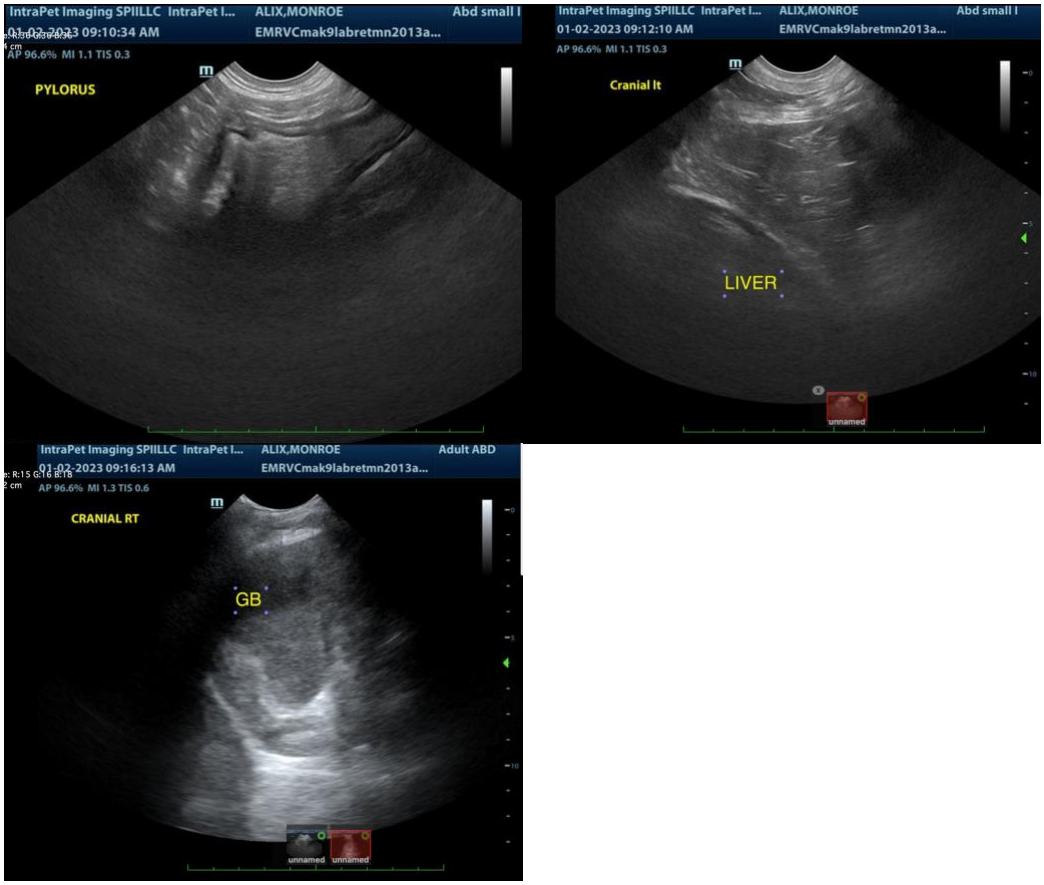
Given this patients reported polyuria/polydipsia and subjective microhepatica, bile acids are recommended if bilirubin is normal.

A urine culture is recommended to rule out an occult urinary tract infection, if not recently evaluated.

Testing for Leptospirosis could be considered.

Additionally, further evaluation of this patients reported neutropenia is recommended, if the neutropenia is persistent, beginning with comprehensive infectious disease testing, and including ultimately, bone marrow cytology may be warranted. This finding may or may not be related to the patients reported PU/PD, but is considered significant if persistent.





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.

Beth Johnson, DVM DACVIM
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