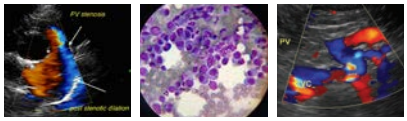
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

6/8/22

PATIENT

Izzy Stark

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

11/2/12

WEIGHT

44.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Franchini

INVOICE

38524

PRESENTING CLINICAL SIGNS

Pet presented on 5/13/2022 for concerns with behavioral changes, decreased appetite, extreme guarding behavior/some aggression towards people including owners, PUPD and regurgitating water for the past 2 months. No obvious abnormalities other than aging changes in eyes. Muzzled for exam.

Current Medications: None currently.
Lab Results: Na/K 39, Chol 381, CK 339, Protein in urine with UPC 1.7 and USG 1.021.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The kidneys are normal in size and contour. The left kidney measured 6.58 cm. The right kidney measured 5.76 cm. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no overt pyelectasia, and no mineral is observed. No overt masses or nodules are observed.

Adrenal Glands

The right adrenal gland is normal in size (2.5 cm long x 0.74 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.0 cm long x 0.75 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

The liver is subjectively normal 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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is overall uniformly normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. However, in some views, the wall appears mildly thick, measuring up to 1.0-1.5 cm in thickness. However, this could be normal rugal fold artifact. No loss of layering, no evidence of obstruction. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. A hypoechoic, mildly enlarged medial iliac lymph node is noted measuring 0.75 cm thick and maintains normal shape.

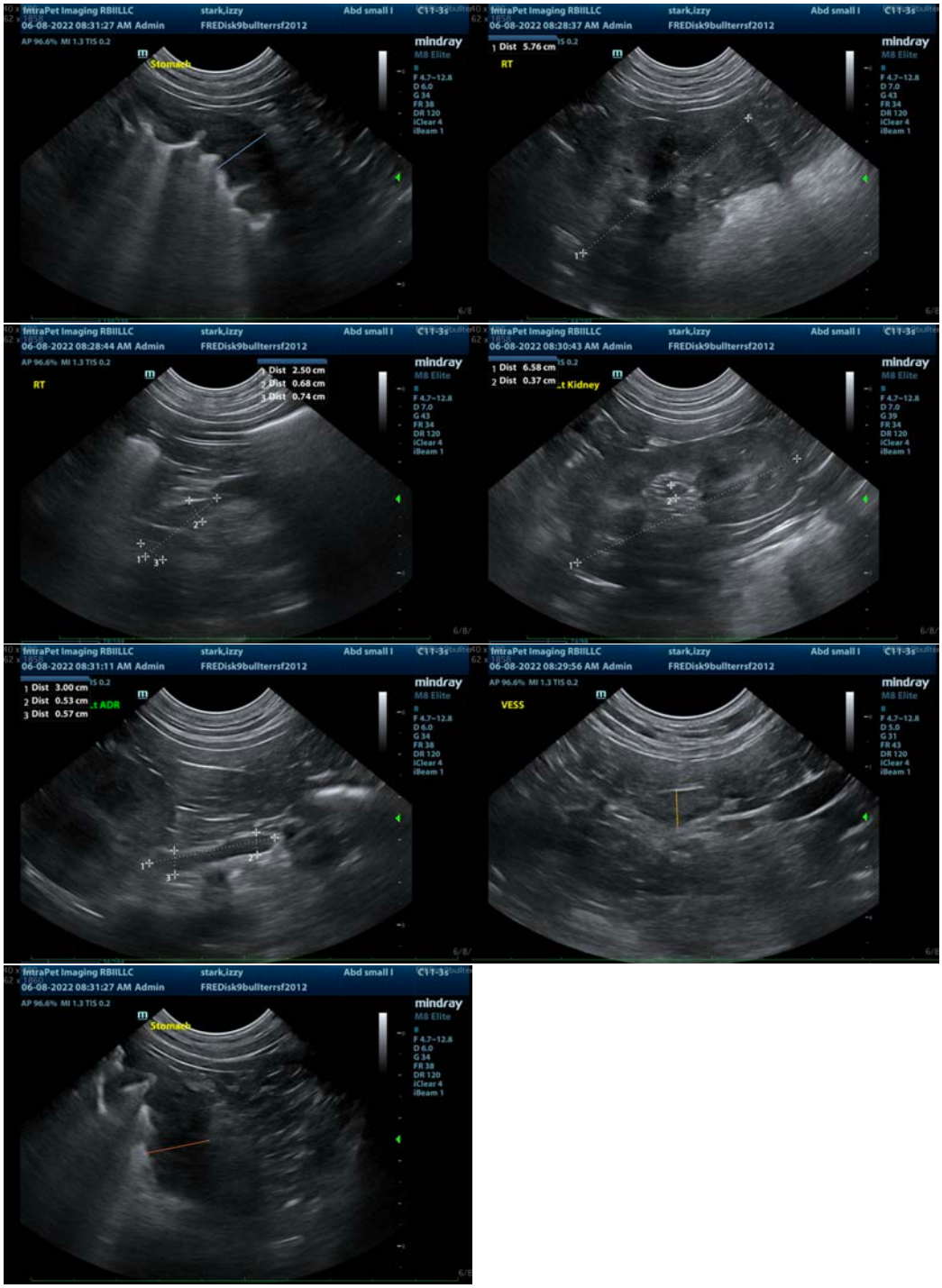
ULTRASONOGRAPHIC FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Possible mild gastric wall thickening – This could be normal patient variant or rugal fold artifact versus mild gastritis, edema. Other infiltrative pathology is considered less likely.
- Medial iliac lymphadenopathy – most likely reactive. Infiltrative neoplasia cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported PU/PD and behavioral changes, recommendations include:

- Blood pressure (if not recently evaluated)
- Urinalysis with follow up urine culture (if indicated based on urinalysis results) and/or urine protein to creatinine ratio (if indicated based on urinalysis results).
- Testing for Leptospirosis should be considered.
- A low-dose Dexamethasone suppression test could be considered, given the PU/PD to rule out pituitary dependent hyperadrenocorticism.
- Given the behavior changes, full neurologic evaluation including potentially brain imaging in the form of a CT scan or MRI may also be warranted.
- If not already evaluated, a rectal exam is indicated, given the mild medial iliac lymphadenopathy.
- Finally, without gastrointestinal signs, the gastric changes are considered incidental and not pathologic. However, if gastrointestinal signs such as vomiting, abdominal pain, anorexia, etc. develop, recheck of the gastric wall for changes/progression would be indicated.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Stomach
mindray
M8 Elite

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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