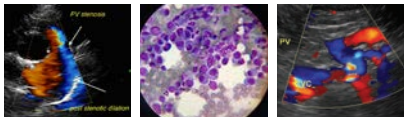
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/23/22

PATIENT

Kimchi Roberts

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

4/18/13

WEIGHT

24.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

40669

PRESENTING CLINICAL SIGNS

Annual blood work showed elevated ALKP and isosthenuria, PE wnl, no hx PU/PD.

Current Medications: None.
Lab Results: 8/16/22- ALT (H) 176, Alkp (H) 1563.
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 adequately distended with anechoic contents. No masses or inflammatory changes are observed. However, echogenic debris including mineral/sand debris are observed. The urinary bladder, 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.

The right kidney is normal in size (4.9 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney is normal in size (5.57 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland is normal in size (2.2 cm long x 0.73 cm at the cranial pole and 0.81 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 (2.39 cm long x 0.61 cm at the cranial pole and 0.71 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

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

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 visible stomach wall is mildly increased in thickness (approximately 0.70 cm thick) with normal mural detail and layering intact/observed. The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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 free peritoneal effusion noted in these images.

A large, rounded, hypoechoic, partially cystic sublumbar lymph node is noted, measuring 2.1 cm long x 1.3 cm thick.

PRIMARY FINDINGS

- Age related liver changes are noted. An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

- **Mildly thick gastric wall** – Most likely normal patient variant or incidental subclinical transient finding. However, this finding should be interpreted in combination with any gastrointestinal signs and monitoring. Infiltrative disease (either inflammatory or neoplastic) is considered less likely.

- **Sublumbar lymphadenopathy** – Differentials include both infiltrative neoplastic disease as well as a reactive lymph node, which cannot be differentiated without tissue sampling.

SECONDARY FINDINGS

- Urinary bladder debris/sand and bilateral non-obstructive dystrophic mineralization in the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

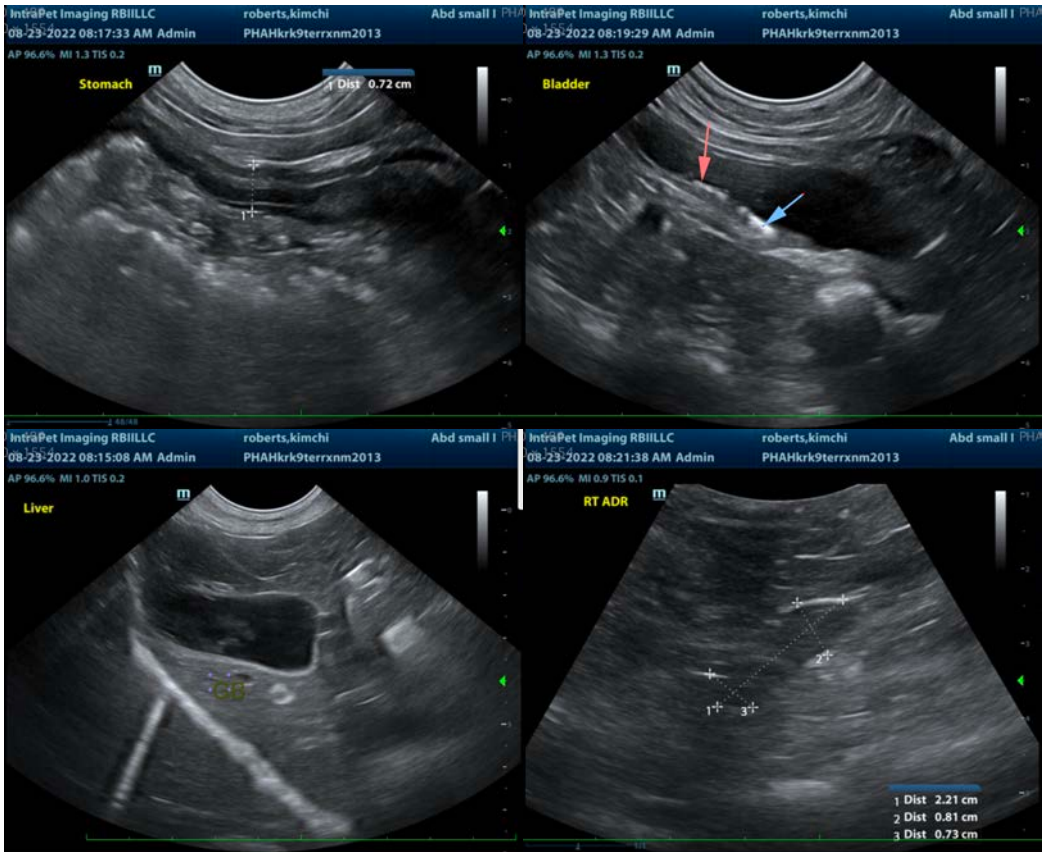
Given this patient's liver enzyme changes and reported isosthenuria, if clinical signs of hyperadrenocorticism, such as polyuria, polydipsia, polyphagia, panting, hair loss, hypertension, etc. are present, testing for hyperadrenocorticism with a LDDS test is warranted. If clinicals signs are not present, monitoring is recommended with testing pursued when/if clinical signs develop. If not recently evaluated, blood pressure is recommended. If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine

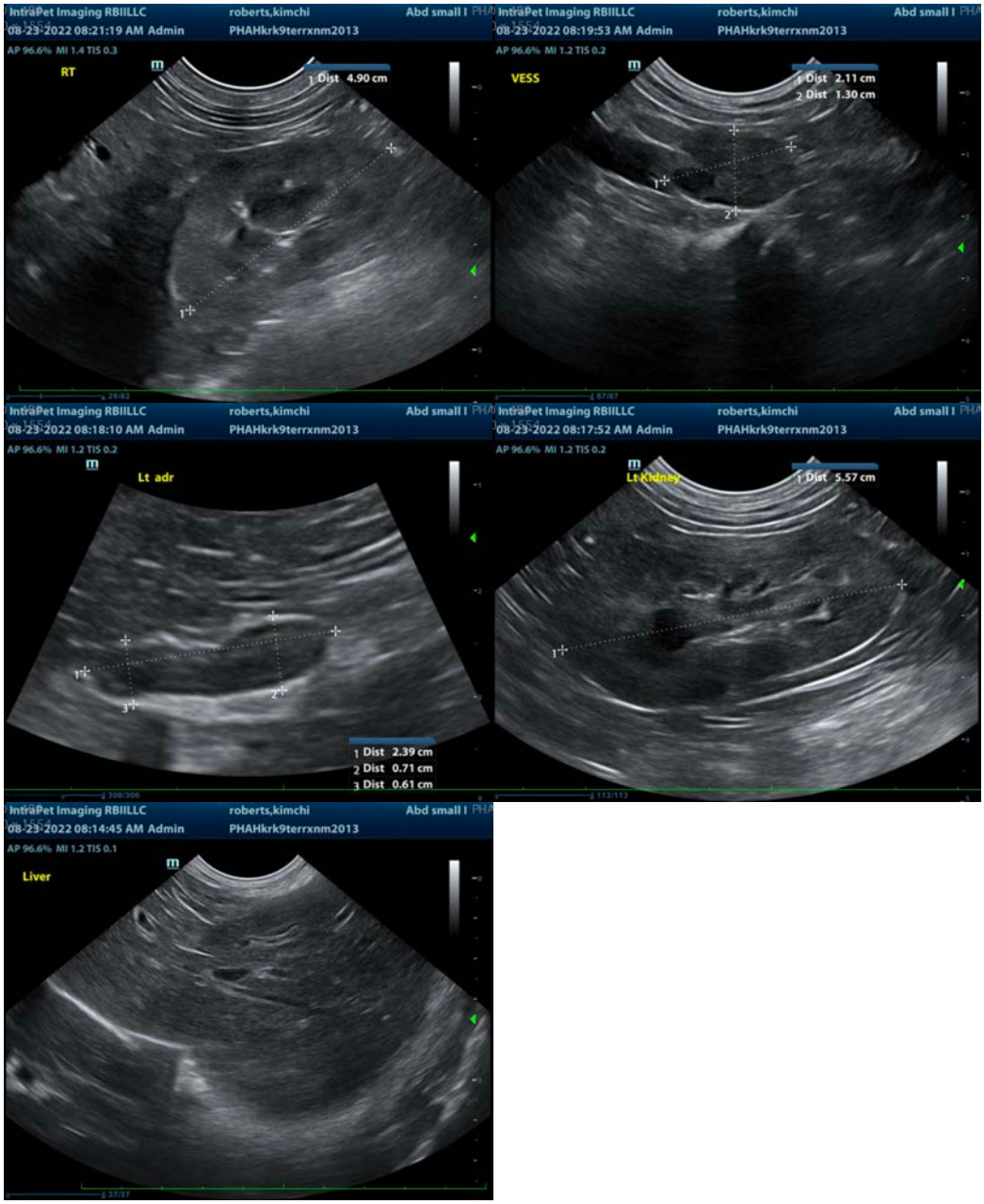
culture are also recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

While not likely related to this patient's presenting complaint, the medial iliac lymphadenopathy is mildly concerning. Recommendations include:

- A rectal exam if not recently evaluated to look for evidence of an anal gland mass or other perianal pathology.

- A fine needle aspirate of the lymph node could be considered if it can be safely reached and if patient's coagulation status is appropriate.





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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