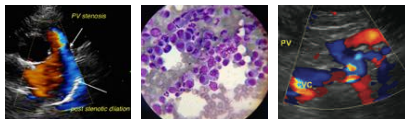
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
10/25/21

PATIENT
Nala Fahnestock

SPECIES
Canine

BREED
Dachshund

SEX
Spayed Female

AGE
2010

WEIGHT
10 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Stay Pet Veterinary

REFERRING VET
Dr. Klimovitz

INVOICE
92612

PRESENTING CLINICAL SIGNS

History: Right caudal mammary mass. Met check. Pigmented and irregular in shape, 2.5cm and planning for surgical removal.
Current Medications: None.
Lab Results: Pending today.
Radiographs: Pending today.
Date of Previous IntraPet Ultrasound: 6/10/2021 most recent.
Sedation: Not needed.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. The bladder sand was persistent and measured 1.5 cm with suspended debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.22 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.99 x 0.64 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was persistently subnormal in size. Intrahepatic vascular volumes are subjectively normal. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.5 cm and the vena cava measured 0.5 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was filled with progressively shadowing material. Possible soft foreign matter or post prandial presentation. The small intestines and colon were unremarkable.

Pancreas

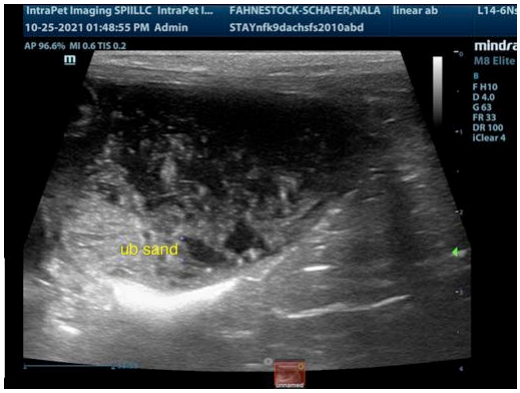
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

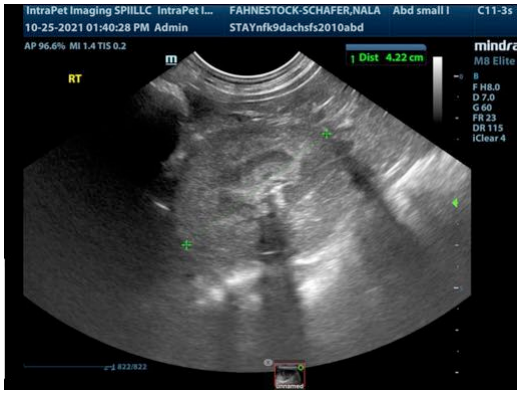
ULTRASONOGRAPHIC FINDINGS

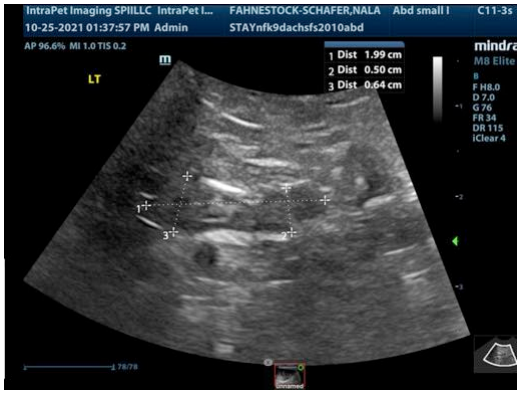
Full stomach with shadowing material.
Bladder sand.
Microhepatica.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed bile acid is indicated in this patient. There was no obvious portosystemic shunting. Cystotomy, sand analysis, and bladder lavage may be the optimal approach in this patient. If the patient was n.p.o. gastrotomy and cystotomy would be warranted. However, the gastric findings should be paired with the timing of the last feeding in this patient. If the bile acids are elevated then liver biopsy could be performed at the time of surgery. There was no evidence of metastatic disease.








IntraPet Imaging SPIILLC IntraPet I... FAHNESTOCK-SCHAFER,NALA Abd small I C11-3s
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AP 96.6% MI 1.3 TIS 0.3
Stomach
mindra
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... FAHNESTOCK-SCHAFER,NALA Abd small I C11-3s
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AP 96.6% MI 1.2 TIS 0.1
Stomach
mindra
M8 Elite


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Stomach
mindra
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... FAHNESTOCK-SCHAFER,NALA Abd small I C11-3s
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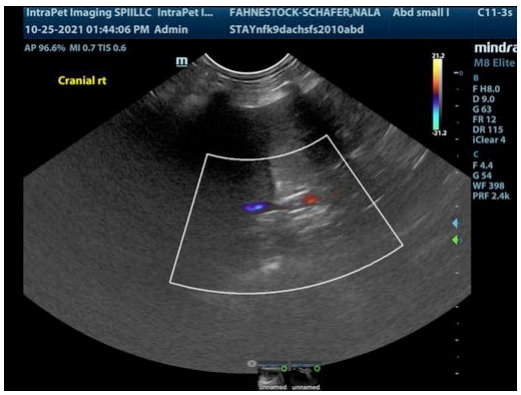
Bladder
urethra
mindra
M8 Elite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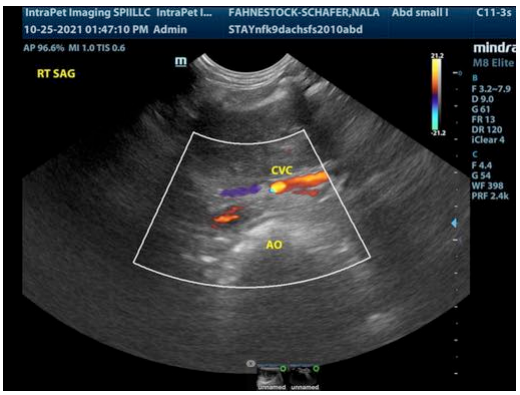
AP 96.6% MI 0.7 TIS 0.6
Cranial rt
mindra
M8 Elite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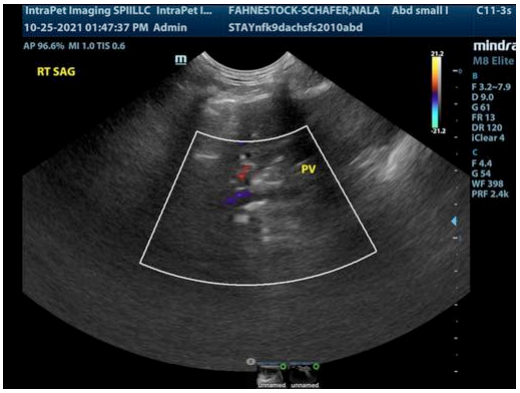
AP 96.6% MI 1.0 TIS 0.6
RT SAG
CVC
AO
mindra
M8 Elite



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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