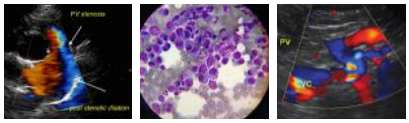
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
10/7/22

PATIENT
Rae Snyder

SPECIES
Canine

BREED
Poodle

SEX
Intact Female

AGE
1/27/14

WEIGHT
8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Homeward Bound Vet

REFERRING VET
Dr. Vance

INVOICE
17617

PRESENTING CLINICAL SIGNS

History: Likely PLE. Has ascites and pleural effusion.

Current Medications: Prednisone, Vitamin B12, Hydrolyzed diet.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.49 cm. The left kidney measured 3.56 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 right adrenal gland measured 1.1 cm x 0.57 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland measured 1.3 cm x 0.41 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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 **intestinal tract** was diffusely thickened with mucosal fogging and striations, suggestive for lymphangiectasia.

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.

Free Abdomen

The left **ovary** was uniform, measuring 0.87 cm x 0.8 cm.

Other

The right caudal **thorax** revealed a 4.5 cm tissue consolidation, consistent with diaphragmatic hernia or hepatization of the lung field. A direct connection from the liver to the tissue structure in the caudal abdomen cannot be made and consolidated lung and atelectasis can resemble liver tissue. FNA indicated. CT indicated.

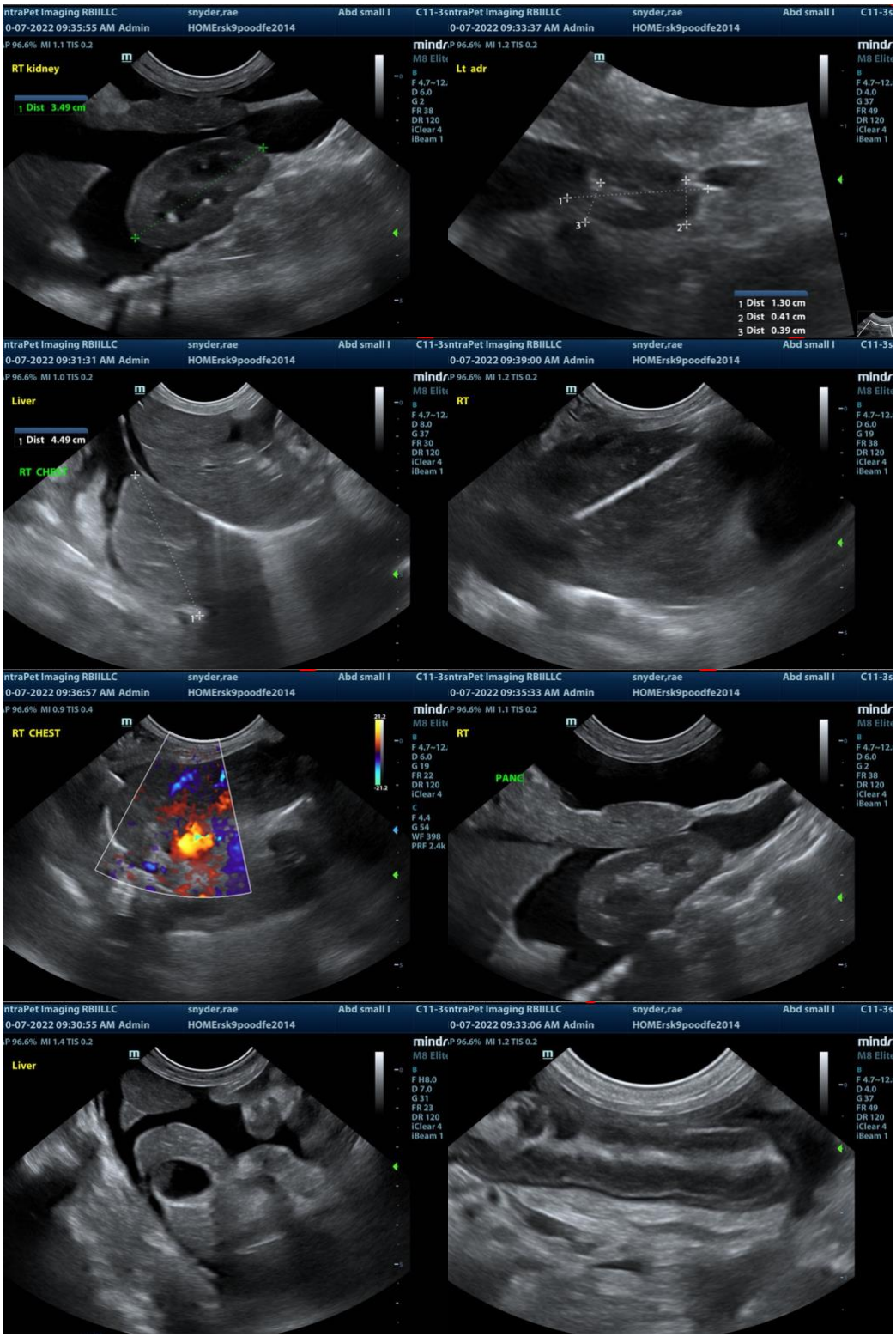
A rapid view of the **heart** revealed no evident pathology. Pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Right thoracic tissue consolidation, suspect lung hepatization
- Normal heart with secondary pleural effusion
- Lymphangiectasia GI pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The albumin was reported to be 1.6 on 10/5/22, however, the ultrasound was performed on 10/8/22, presuming that the albumin level was <1.5, then both the pleural and abdominal effusions could be justified by poor oncotic pressure. Even though the lung consolidation appears to be of liver organization, this is what had collapsed, or what atelectasis can do with the lung and appears to be hepatic. FNA is warranted, as well as CT evaluation to assess for diaphragmatic rent yet a diaphragmatic defect is not overtly evident. Potential for underlying neoplasia, such as lymphomatosis or similar. Abdominocentesis and Pleurocentesis with cytospin is warranted, as well as FNA of the tissue consolidation in the right thorax and CT evaluation. Treatment for protein losing enteropathy is warranted in the meantime with plasma expanders, Purina ha or Royal Canin hp diet, metronidazole combination, as well as GI protectants are all indicated. Guarded prognosis, depending on further diagnostics.


ntraPet Imaging RBIILLC
snyder,rae
Abd small I
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2 Dist 0.41 cm
3 Dist 0.39 cm
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Liver
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RT
PANC
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Liver
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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
info@SonoPath.com