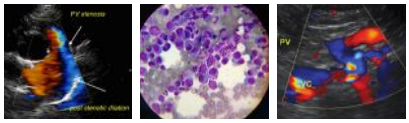
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
11/18/22

PATIENT
Sheba Hoskins

SPECIES
Canine

BREED
Shepherd Mix

SEX
Spayed Female

AGE
8/9/11

WEIGHT
64.1 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Clinic Of Whiteford

REFERRING VET
Dr. Everhart

INVOICE
18131

PRESENTING CLINICAL SIGNS

History: Vomiting.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** revealed expansive iso- to slightly hyperechoic nodular changes and generalized enlargement. The left adrenal gland measured 2.14 cm x 1.93 cm at the cranial pole and 1.09 cm at the caudal pole. Capsular expansion was noted without capsular escape.

The **right adrenal gland** revealed an expansive nodule. The right adrenal gland measured 2.6 cm x 2.53 cm at the cranial pole and 0.65 cm at the caudal pole x 3.79 cm in length. Capsule expansion was noted without capsular escape.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour.

The cystic and common bile ducts were normal. An iso- to slightly hypoechoic nodule was noted in the right cranial liver, measuring 3.11 cm, nondisruptive.

Gastrointestinal

The **stomach** was filled with progressively shadowing ingesta, consistent with postprandial presentation. The small intestine and colon were unremarkable.

Pancreas

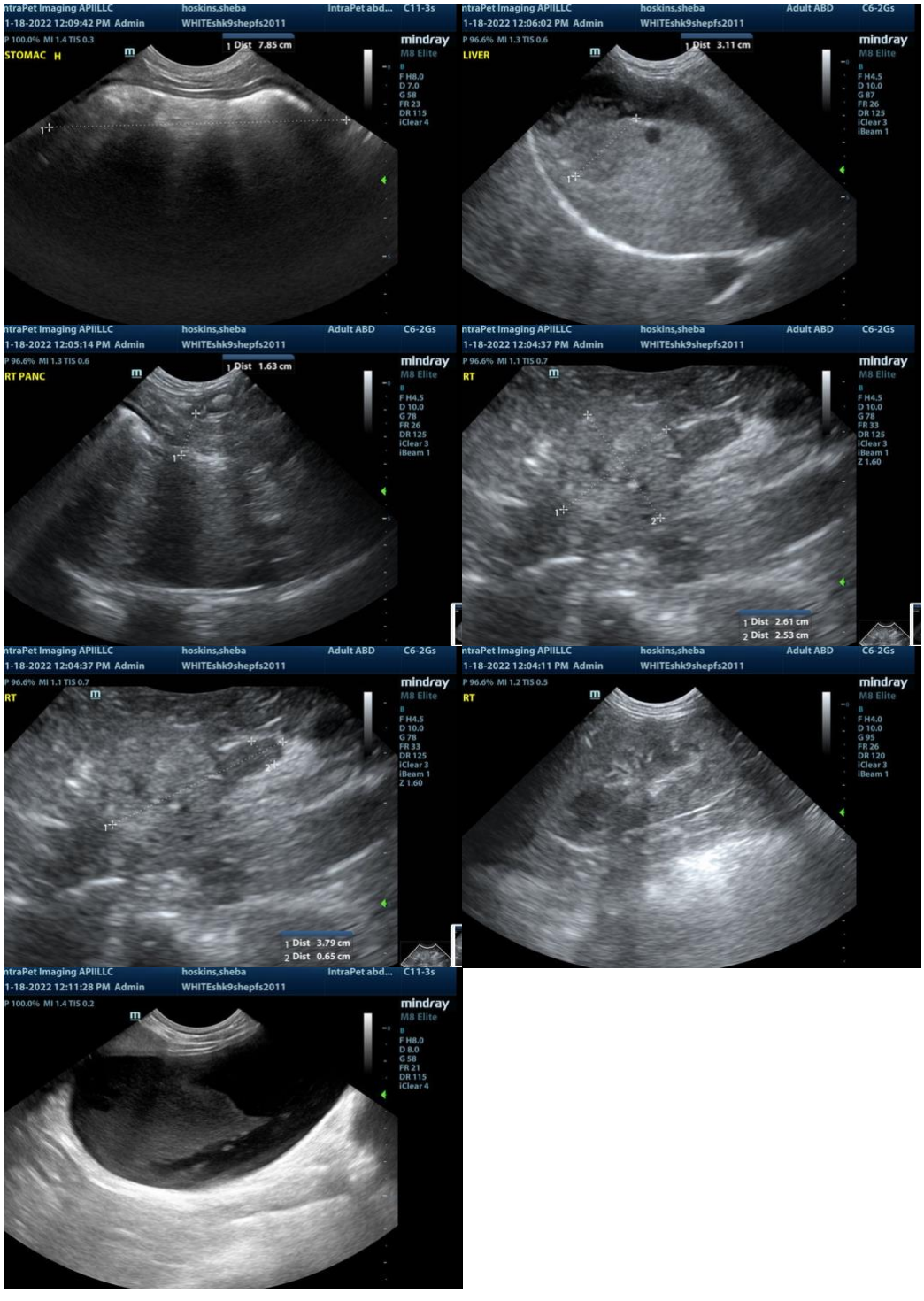
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nodular hyperplasia/adenomatous type changes in both adrenal glands. Minor potential for carcinoma or pheochromocytoma
- Hepatic remodeling with subjectively benign nodular change
- Age-related renal and pancreatic changes
- Stomach ingesta
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal work up would be ideal. FNA of the liver and adrenal glands would be justified in this patient. Regarding the ingesta, if the patient was NPO, then soft shadowing foreign matter is possible. Urinalysis is indicated, if not already performed. If the patient was not NPO, then recheck sonogram at full NPO status is indicated. Blood pressure measurements are also indicated.



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.

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