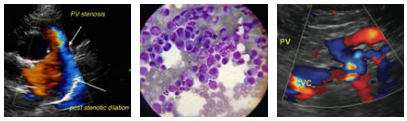
IMAGING PERFORMED BY

IntraPet.com



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

DATE

11/9/22

PATIENT

Daisy Berry

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

7/1/15

WEIGHT

74 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Green Acres Pet Center

REFERRING VET

Dr. Kaschenbach

INVOICE

42417

PRESENTING CLINICAL SIGNS

ADR, vomiting, PU/PD.
Current Medications: Omeprazole 20mg SID for 5 days.
Lab Results: Ca 15.1, P 2.9 verified. Ionized calcium/parathyroid hormone test pending. Red of blood normal. Urine is isosthenuric.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM sedation.
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 was 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 left kidney measured 7.42 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 3.56 x 0.74 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 3.1 x 0.72 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The **spleen** revealed slight, hypoechoic, non-disruptive nodule at the mid body that measured 1.22 cm with slight heterogenous changes elsewhere. This is consistent with hyperplasia.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

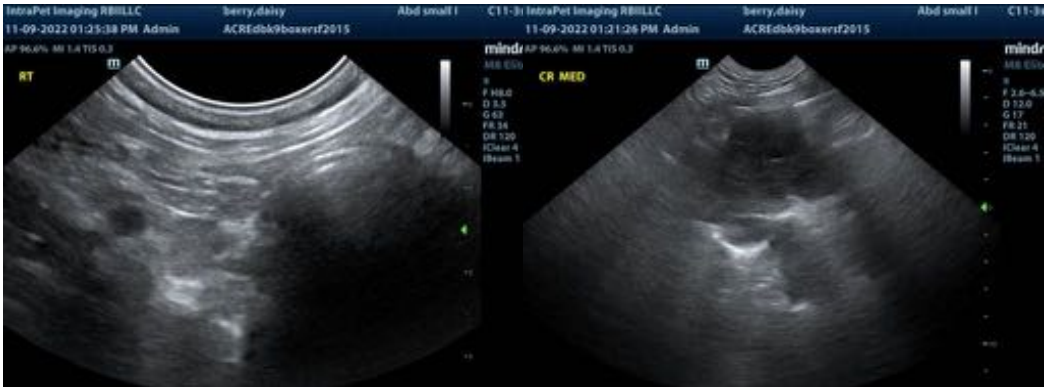
Free Abdomen
The iliac/sublumbar lymph nodes were slightly enlarged, yet uniform measuring 2.0 x 1.5 cm.

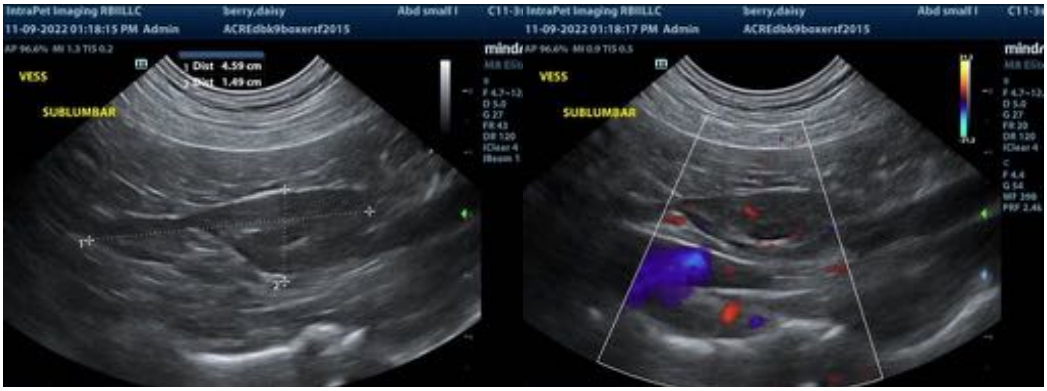
Thorax
The cranial mediastinum revealed a mixed, hypoechoic, undifferentiated tissue mass that measured 7.7 x 5.4 cm. The mass impinges upon the heart, but appears to be completely separate from it.

Thyroid
The right thyroid lobe was uniform and measured 0.6 cm in width with normal parathyroids on the left and right. The left visible parathyroid measured 0.23 cm. The left thyroid lobe measured 0.56 cm. The right thyroid lobe measured 0.7 cm.

ULTRASONOGRAPHIC FINDINGS
- Minor iliac lymph node enlargement, likely benign.
- Hyperplastic spleen.
- Cranial mediastinal mass.
- Normal thyroid and parathyroid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
FNA of the splenic nodules can be considered. FNA of the cranial mediastinal mass is warranted. Differentials for the cranial mediastinal mass include round cell neoplasia or thymoma. The mass impinges upon the heart, but appears to be completely separate from it. No thyroid or parathyroid pathology is noted. I recommend focusing on the cranial mediastinum with cursory FNA evaluations of the spleen and iliac lymph nodes.




IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:18:15 PM Admin
ACREdbk9boxersf2015
VESS
SUBLUMBAR
1 Dist 4.59 cm
2 Dist 1.49 cm
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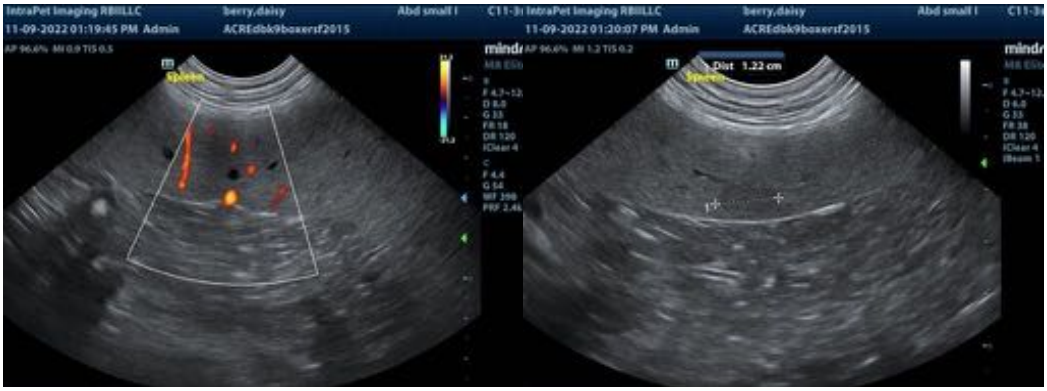
ACREdbk9boxersf2015
VESS
SUBLUMBAR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Abd small I
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Spleen
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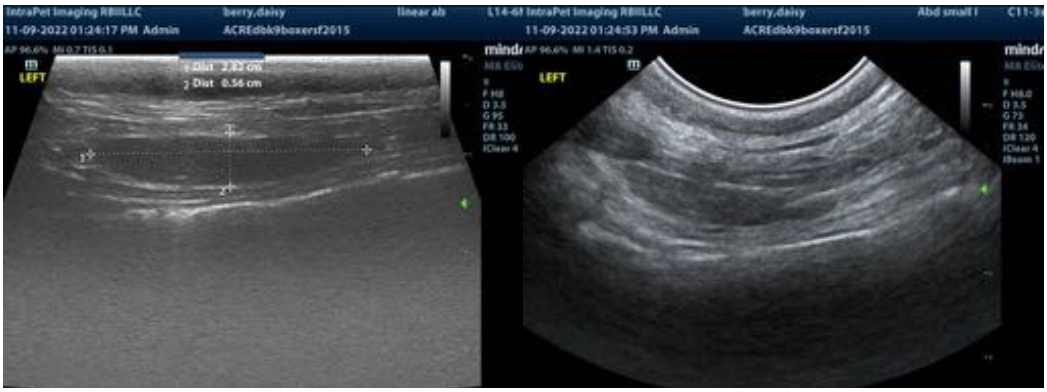
ACREdbk9boxersf2015
1 Dist 1.22 cm
Spleen


IntraPet Imaging RBIILLC
berry,daisy
linear ab
11-09-2022 01:24:17 PM Admin
ACREdbk9boxersf2015
LEFT
1 Dist 2.83 cm
2 Dist 0.56 cm
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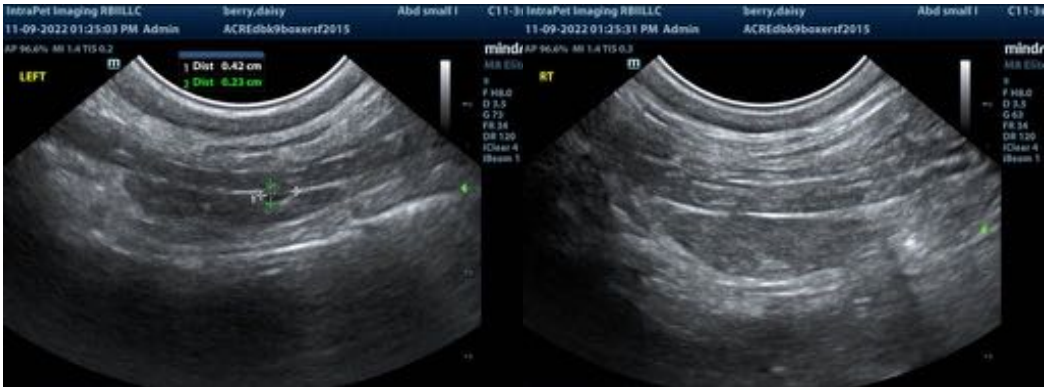
ACREdbk9boxersf2015
LEFT


IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:25:03 PM Admin
ACREdbk9boxersf2015
LEFT
Dist 0.42 cm
Dist 0.23 cm
IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:25:31 PM Admin
ACREdbk9boxersf2015
RT


IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:17:12 PM Admin
ACREdbk9boxersf2015
Rt adr
Dist 3.11 cm
Dist 0.72 cm
Dist 0.78 cm
IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:21:56 PM Admin
ACREdbk9boxersf2015
CR MED
Dist 7.68 cm
Dist 5.43 cm


IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:19:36 PM Admin
ACREdbk9boxersf2015
Lt adr
Dist 3.56 cm
Dist 0.74 cm
Dist 0.58 cm
IntraPet Imaging RBIILLC
berry,daisy
Abd small I
11-09-2022 01:19:19 PM Admin
ACREdbk9boxersf2015
Lt Kidney
Dist 7.42 cm

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
Eric.Lindquist@SonoPath.com