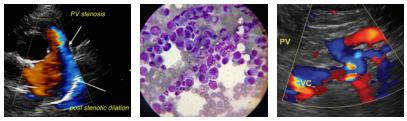
IMAGING PERFORMED BY

IntraPet.com



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

DATE

2/10/22

PATIENT

Sasha O'Connor

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Neutered Male

AGE

2/7/06

WEIGHT

49 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Padonia Vet Hospital

REFERRING VET

Dr. Anis

INVOICE

35604

PRESENTING CLINICAL SIGNS

History: Losing weight and appetite.

Current Medications: Apoquel Stopped. Deramaxx Stopped. Denamarin advanced.
Lab Results: AST 157, ALT 1083, ALP 614, GGT 18, BUN 38, Chol 364
Radiographs: NSF.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Declined.
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. 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 left kidney measured 6.73 cm. The right kidney measured 6.7 cm. Occasional cortical cysts noted in the kidneys .

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 2.96 cm x 082 cm at the caudal pole and 0.82 cm at the cranial pole. The left adrenal gland measured 3.04 cm x 0.87 cm at the caudal pole and 0.90 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive hypoechoic nodule with swollen irregular contour and coarse splenic architecture.

Liver

The **liver** was uniformly swollen with slight coarse architecture. Minor gallbladder debris and slight polyps presented. Irregular swelling to the medial aspect of the caudal liver noted, consistent with hepatoma formation.

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

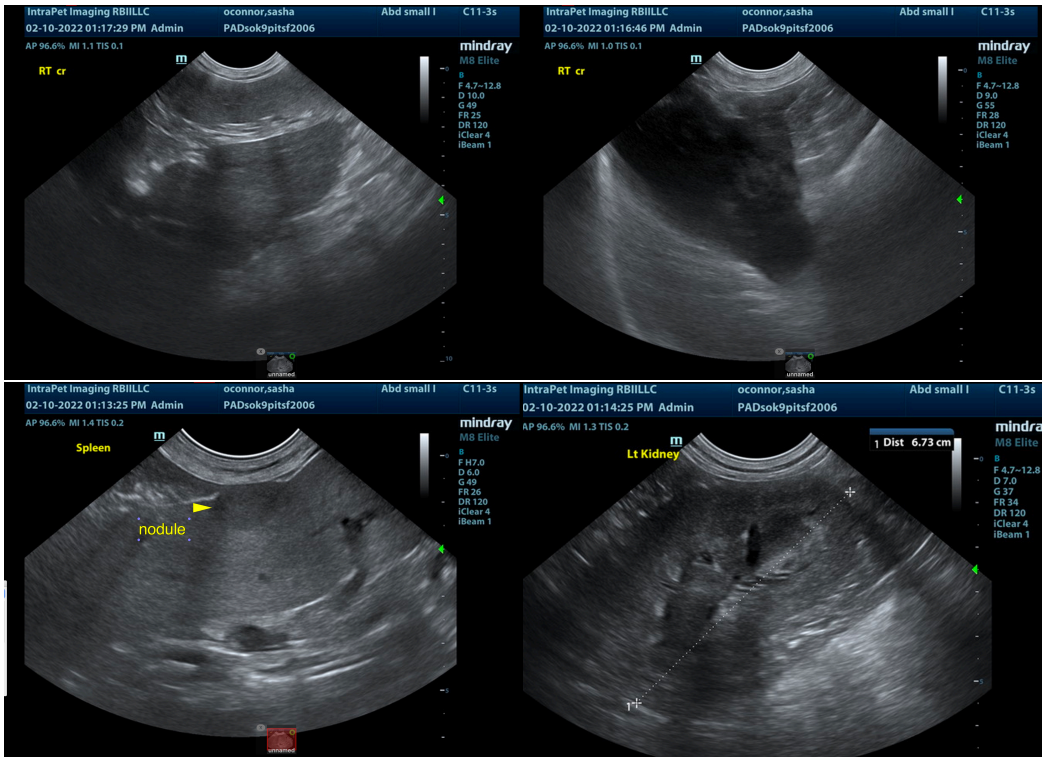
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

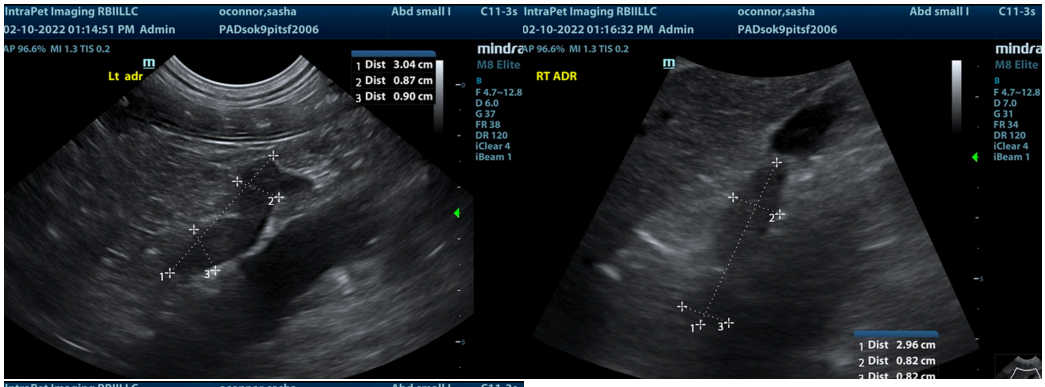
ULTRASONOGRAPHIC FINDINGS

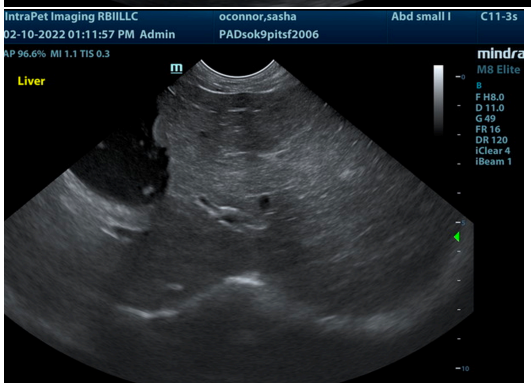
- Acute inflammatory hepatopathy
- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenohepatic FNA warranted for further definition. Minor potential for neoplasia, yet unlikely. Nodular hyperplasia, round cell neoplasia are primary differentials on the spleen. Vacuolar hepatopathy/inflammatory hepatopathy with minor potential for underlying neoplasia on the liver. Leptospirosis titers warranted and examination for causes of acute insult.







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