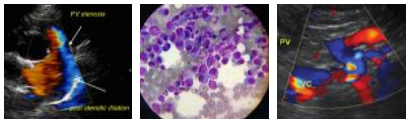
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/20/23

PATIENT

Bella Waugh

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

2/15/2013

WEIGHT

122 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

21197

PRESENTING CLINICAL SIGNS

History: Severe abdominal pain, diarrhea, anorexia.

Current Medications: galliprant (spondylosis)
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**, 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 8.01 cm. The left kidney measured 7.9 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged and slightly irregular, measuring 3.46 cm x 1.34 cm. No evidence of capsular escape or vascular invasion.

The **right adrenal gland** was normal to slightly subnormal in size, measuring 2.83 cm x 0.59 cm.

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 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

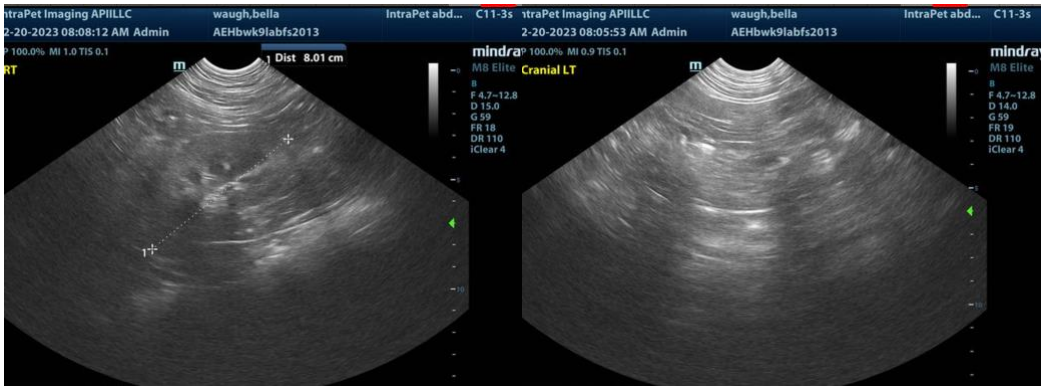
A large amount of **abdominal fat** was noted in this patient.

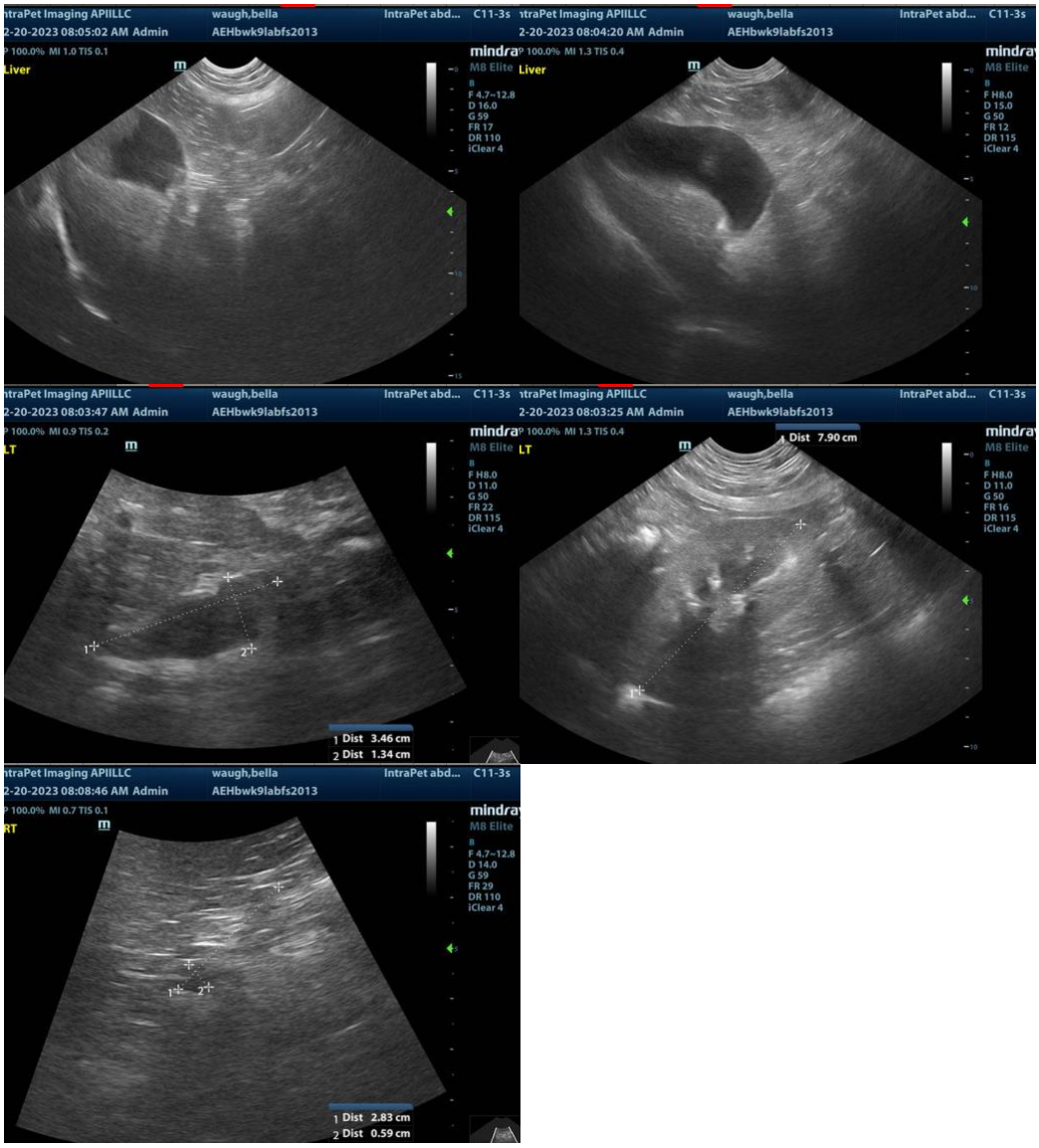
ULTRASONOGRAPHIC FINDINGS

- Normal abdomen
- Excessive abdominal fat
- Irregular left adrenal gland
- Right adrenal gland normal to slightly subnormal in size
- Large amount of abdominal fat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible small pheochromocytoma vs carcinoma or hyperplasia. Serial blood pressures are warranted. If hypertension is present, then urine catecholamine is warranted. If the patient appears cushingoid, then work up for adrenal dependent Cushings is indicated. However, this may be nonfunctional and an incidental finding. No abdominal pathology noted that would be responsible for the pain, however, secondary GI signs can be caused by pheochromocytoma. Orthopedic exam is recommended to assess for pain or stress related GI signs owing to pain would be warranted, yet no evidence of visceral pathology present to be responsible for the tense abdomen noted in the history.





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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