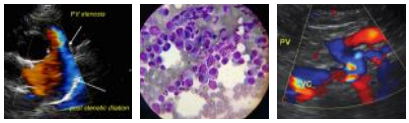
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
3/11/22

PATIENT
Jazmine Flanagan

SPECIES
Canine

BREED
Weimeraner

SEX
Spayed Female

AGE
5/3/13

WEIGHT
89.9 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Hickory VH

REFERRING VET
Dr. Snyder

INVOICE
14297

PRESENTING CLINICAL SIGNS

History: Recheck of hepatic nodule and mesenteric LN.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 2/1/22. See attached.
Sedation: Declined, patient very tense. Sedation required for further imaging.
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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. This change is similar to the prior sonogram. The right kidney measured 7.92 cm. Cortical medullary calculus was noted, measuring 0.5 cm in the right kidney. The left kidney measured 8.08 cm.

Adrenal Glands

The **left adrenal gland** measured the upper limits of normal to slightly enlarged, similar to the prior sonogram, measuring 2.5 cm x 1.0 cm at the caudal pole and 0.87 cm at the cranial pole.

The **right adrenal gland** measured the upper limits of normal at 3.43 cm x 1.06 cm at the caudal pole and 0.9 cm at the cranial pole.

Spleen

The **spleen** was heterogeneous (similar to the prior sonogram). Slight free fluid was noted adjacent to the spleen yet may be related to splenic fold and positioning.

Liver

The **liver** revealed a uniform vacuolar hepatopathy pattern with coarse architecture. The gallbladder and common bile duct were unremarkable. A hepatic nodule measured 1.23 cm (similar to the prior sonogram).

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

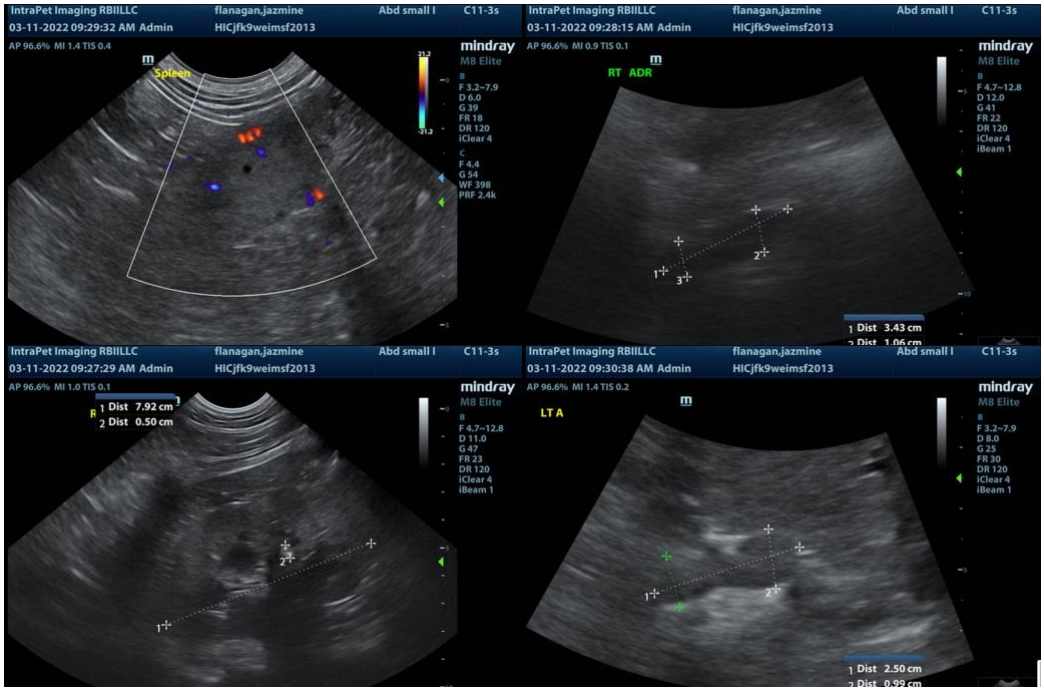
A mesenteric **lymph node** measured 2.76 cm x 0.92 cm. A separate node measured 5.39 cm x 1.27 cm. Reactive patterns noted.

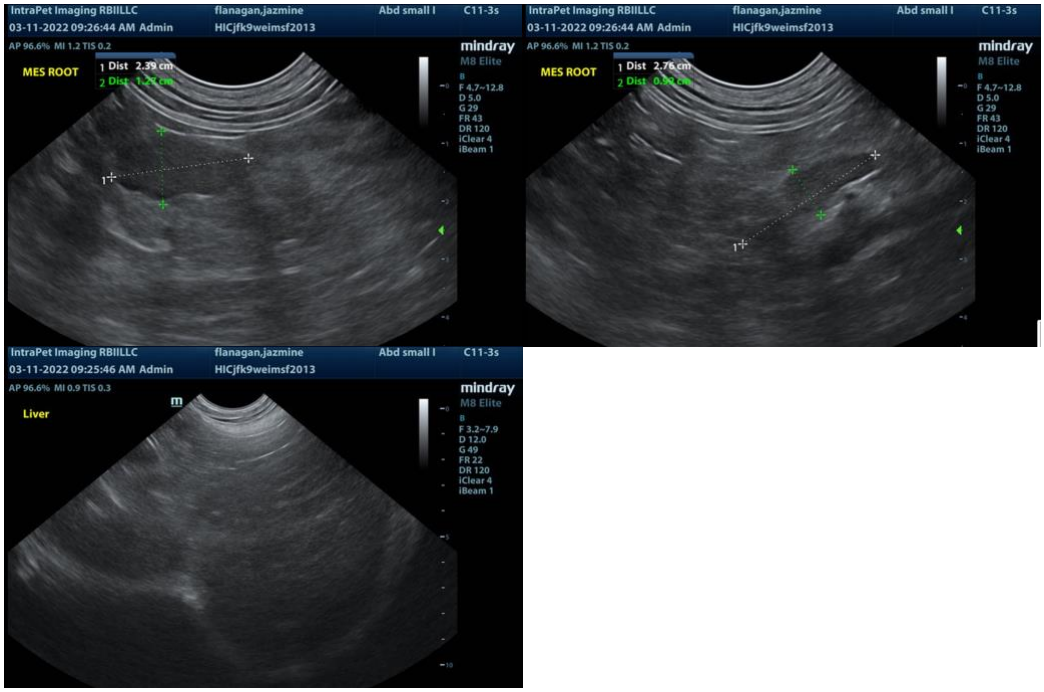
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling with subtle non-aggressive nodular changes
- Mesenteric lymphadenopathy
- Persistent similar bilateral adrenal enlargement
- Right renal calculus
- Heterogeneous spleen with free fluid noted adjacent to the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable. No specific therapy recommended if the patient is doing well clinically. If any weight loss is present, FNA of the spleen, liver and mesenteric lymph nodes all 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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