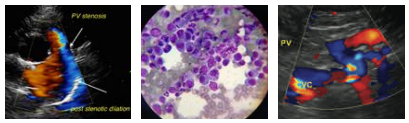
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
3/16/22

PATIENT
Merry Barnett

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
9/14/09

WEIGHT
93.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Westminster VH

REFERRING VET
Dr. Hall

INVOICE
96935

PRESENTING CLINICAL SIGNS

Pet diagnosed with IBD 06/2021 by the internist; pet was started on budesonide, B12 injections; hydrolyzed diet. Pet has not been back to them since, owner asked for us to take over patient's care 11/2021. At that time I suggested that we consider decreasing pet's budesonide dosage slowly, owner was to bring pet in for recheck bloodwork and cobalamin levels in 12/21. Pet presented for this bloodwork 01/6/22 (values listed below). Concern about pet's budesonide as a cause for elevated liver values and lymphopenia. Owner was to bring in a first morning urine sample and consider a recheck abdominal US for pet. We started a gabapentin trial for suspected hip DJD. Decreased B12 to
every other week for 4 treatments and then once monthly and recheck a CBC 4 weeks later. At recheck bloodwork appointment 3/7/22, owner reports pet is panting a lot, she had significant weight increase and seems to be doing poorly. All symptoms point to chronic steroid administration as the cause. Repeat bloodwork revealed worsening liver enzymes. Repeat US was recommended to evaluate liver and GIT . Pending these results we will decrease pet's budesonide.
Current Medications: Gabapentin 300mg PO BID started 01/2022.
Budesonide 3mg PO every other day started 06/2021. B12 injections once monthly started 06/2021.
Lab Results: 6/16/21: GI biopsies: Histopathology: Stomach: mild lymphoplasmacytic gastritis; Duodenum: mild to moderate lymphoplasmacytic and eosinophilic enteritis; Colon: mild to moderate lymphoplasmacytic and eosinophilic colitis. 1/6/22: CBC: WBC 4.7K/uL(4.9-17.6); lymphocytes: 0.743K/uL (1.06-4.95); Chemistry: ALT: 140U/L (18-121); ALP: 434U/L (5-160); Cobalamin >2000ng/L. 3/7/22: CBC: lymphocytes: 0.645K/uL (1.06-4.95); Chemistry: ALT: 218U/L (18-121); ALP: 623U/L (5-160).
Radiographs:
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 6.31 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 right adrenal gland measured 2.43 x 0.49 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 3.12 x 0.44 cm at the cranial pole and 0.41 cm at the caudal pole.

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes with minor enlargement; however, the mid dorsal abdomen adjacent to the caudal aspect of the spleen revealed a 2-3 cm hyperechoic area of reorganized fat and a slight amount of free fluid noted. This is consistent with steatitis or potential emerging neoplastic event.

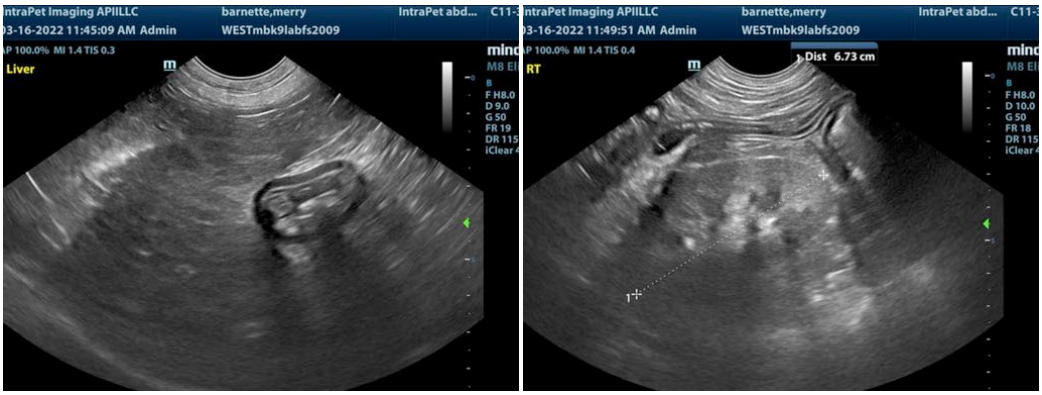
Liver
The **liver** is enlarged with coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable. Minor lacy type appearance was noted with non-disruptive, micronodular parenchyma.

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
Micronodular liver, remodeled fat and slight free fluid adjacent to the spleen. Nodular hyperplasia of the liver is likely.
Localized steatitis or underlying emerging neoplastic event is possible in the retrosplenic region.

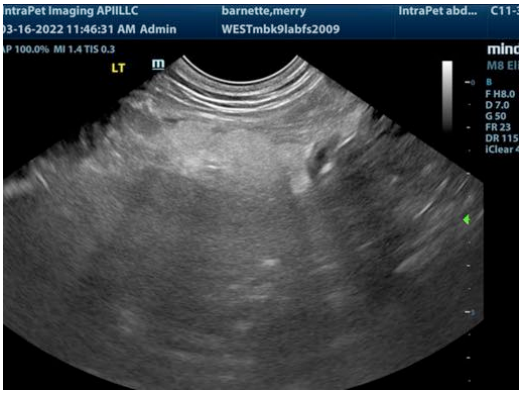
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
FNA of the liver and the region caudal to the spleen is indicated along with FNA of the spleen given the minor enlargement. The prognosis is guarded depending on cytology results.




RT
1 Dist 2.43 cm
2 Dist 0.49 cm

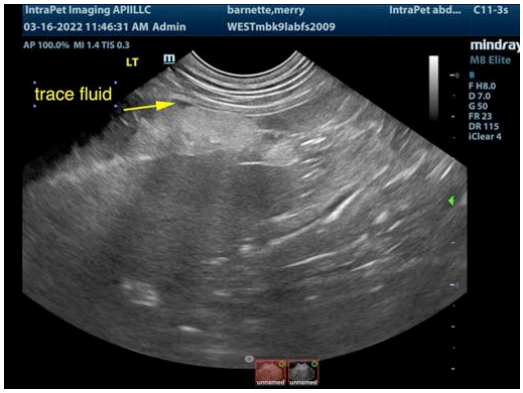

LT
1 Dist 6.73 cm


Spleen


LT


Stomach


Liver



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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