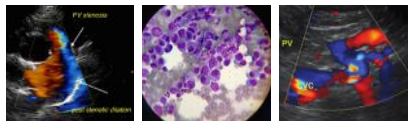
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
04/19/2022

PATIENT
Angel Girl Miller

SPECIES
Canine

BREED
GSD

SEX
Sapyed Female

AGE
9 years

WEIGHT
118.5 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
All Creatures Veterinry Service

REFERRING VET
Dr. Meadows

INVOICE
10427ag

PRESENTING CLINICAL SIGNS

Urinating when laying down. Ran BW and has mild azotemia with inappropriate USG. Pet also has low albumin. Ran in house UA and then submitted senior panel with the same UA.

Current Medications: Apoquel & Proviable.
Lab Results: Mild elevated creatinine; Low USG, Low albumin.
Date of Previous IntraPet Ultrasound:
Sedation: Not required to complete full diagnostic ultrasound.
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 to a depth of 3 cm. 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 8.1 cm in length. The right kidney measured 7.38 cm in length.

The uterine stump was unremarkable measuring 5 mm.

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 3.06 cm in length by 0.53 cm caudal pole width by 0.62 cm cranial pole width. The right adrenal gland measured 3.28 cm in length by 0.63 cm caudal pole width by 0.73 cm cranial pole width.

Spleen

The spleen was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen.

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.

ULTRASONOGRAPHIC FINDINGS

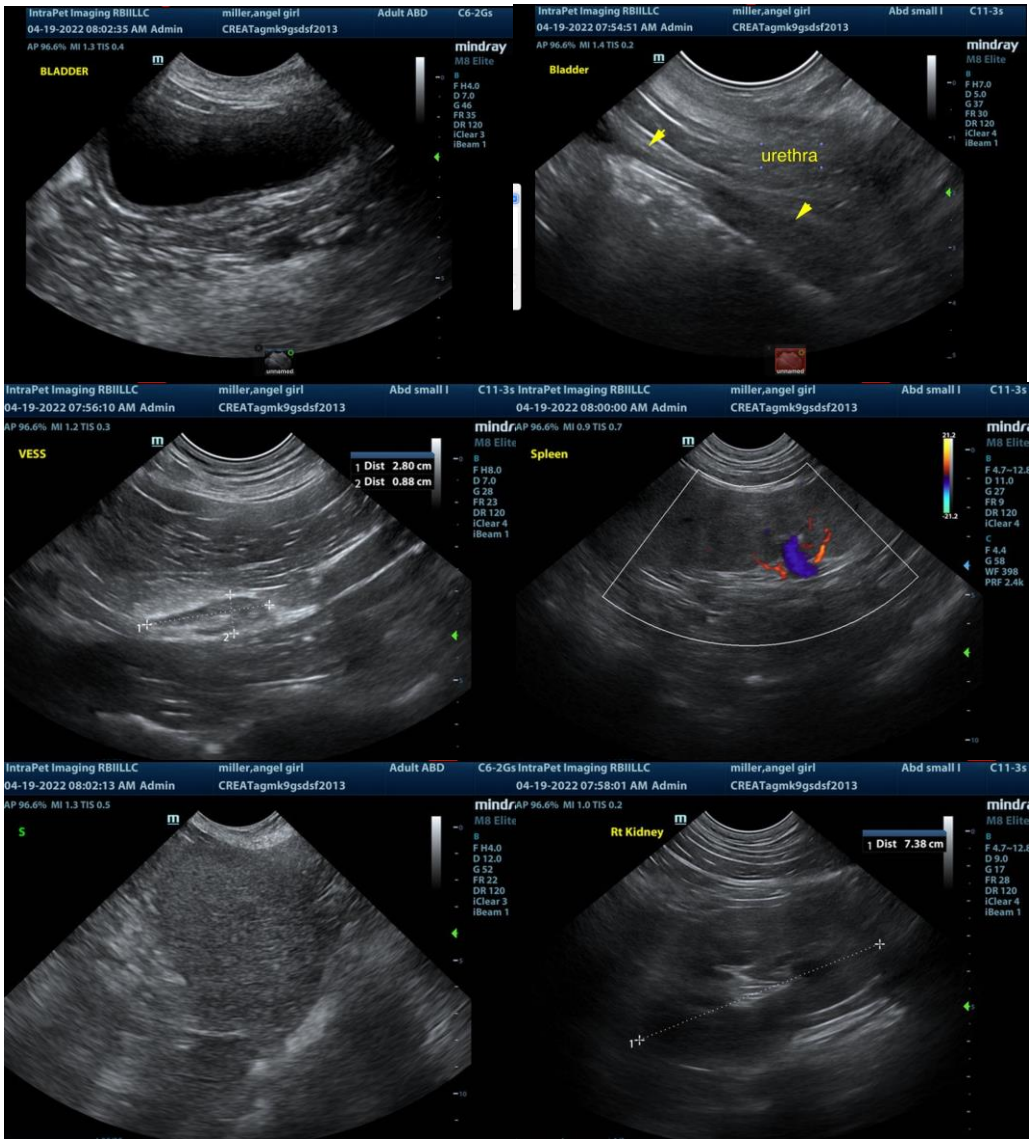
- Hypersplenism-minor, subjectively benign.
- Normal urinary tract-underlying occult UTI or incontinence likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypersplenism is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected.

Given the low ALB, screening for occult sub clinical Addison's may be indicated although the adrenal glands appear normal.

A phenylpropanolamine trial may be considered. An examination of the vaginal vestibule for predisposing issues is recommended.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miller,angel girl
Adult ABD
C6-2Gs
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M8 Elite
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Abd small I
C11-3s
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Abd small I
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VESS
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2 Dist 0.88 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
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Abd small I
C11-3s
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Rt Kidney
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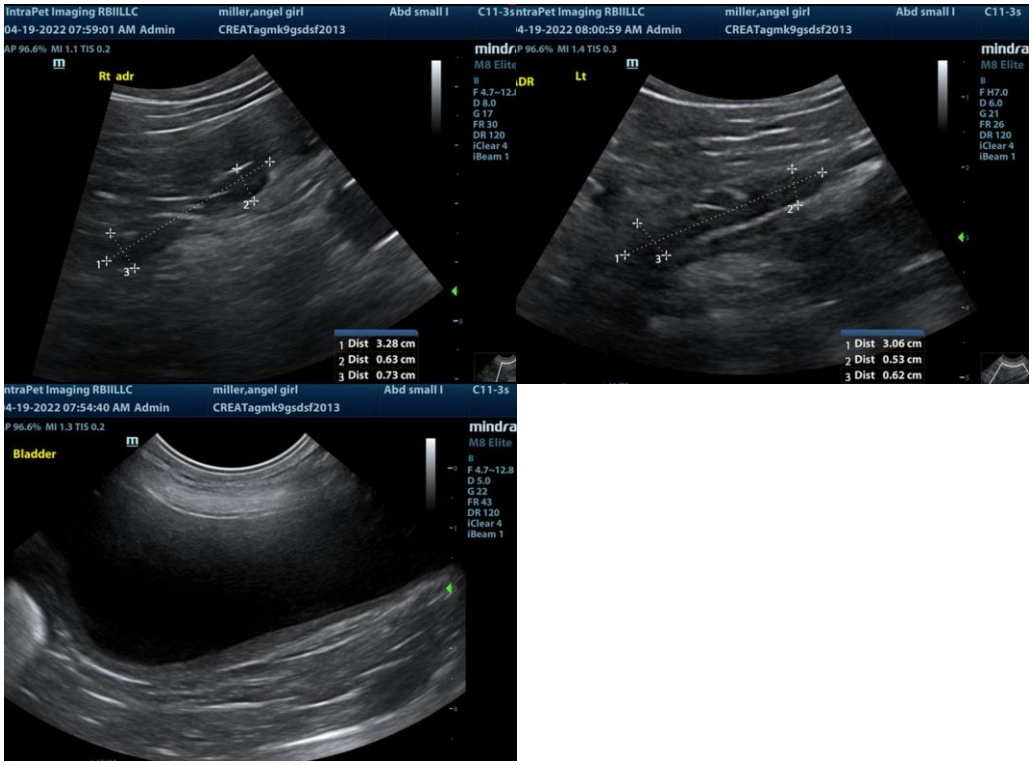

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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