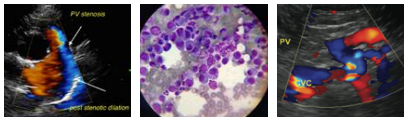
IMAGING PERFORMED BY

IntraPet.com



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

DATE

4/20/23

PATIENT

Evie Drews

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

4/30/09

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Severna Park VH

REFERRING VET

Dr. Heard

INVOICE

43920

PRESENTING CLINICAL SIGNS

Recheck abdominal ultrasound.
Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 3/24/22. See attached.
And 4/22/21.
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. 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 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. The right kidney measured 6.16 cm. The left kidney measured 6.47 cm with pyelectasia that measured 0.64 cm.

Adrenal Glands

The right **adrenal gland** was 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 3.09 x 0.91 cm at the cranial pole and 0.72 cm at the caudal pole. The left adrenal gland was mildly echogenic and revealed a mildly echogenic 1.0 x 0.64 cm nodule at the cranial pole. The left adrenal gland measured 0.88 cm at the cranial pole and 0.54 cm at the caudal pole and 3.21 cm in length.

Spleen

The **splenic** nodule is persistent, yet stable at 2.6 cm. The splenic nodule was isoechoic to the surrounding fat. Minor, heterogenous changes were noted elsewhere.

Liver

The **liver** revealed coalescing, progressive nodular changes with minor, uniform swelling. A moderate amount of remodeling was noted in the liver and has subjectively progressed from the prior sonogram. 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.

Heart

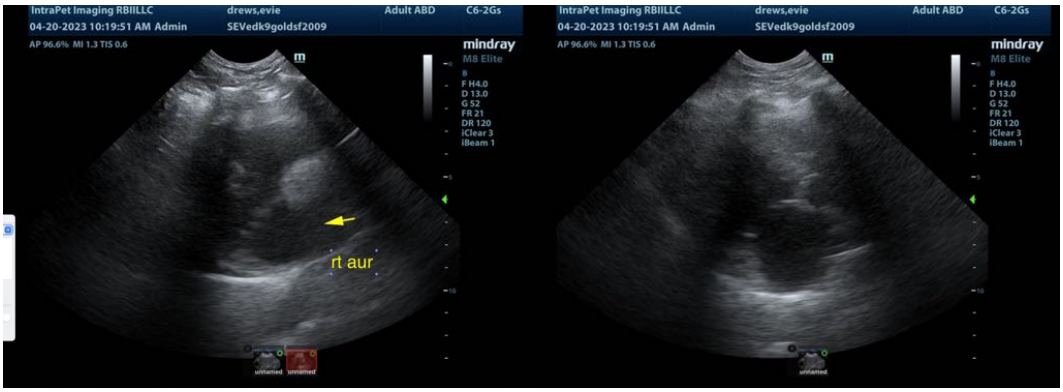
Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

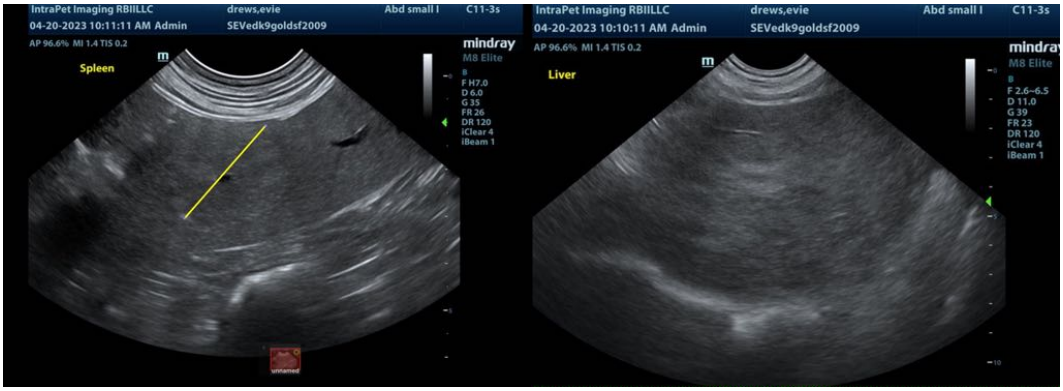
ULTRASONOGRAPHIC FINDINGS

Pronounced nodular hyperplasia liver pattern, stable.
Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 25-gauge ultrasound-guided FNA of the splenic nodule and liver. However, splenectomy and liver biopsy would likely be in this patient's best interest from a proactive standpoint after chest radiographs. There is a mild potential for latent or emerging hemangiosarcoma of the spleen despite lack of progression.



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drews,evie
Abd small I
C11-3s
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SEVedk9goldsf2009
AP 96.6% MI 1.4 TIS 0.2
Lt Kidney
1 Dist 6.47 cm
2 Dist 0.64 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
drews,evie
Abd small I
C11-3s
04-20-2023 10:13:29 AM Admin
SEVedk9goldsf2009
AP 96.6% MI 1.4 TIS 0.3
Lt adr
1 Dist 3.21 cm
2 Dist 0.54 cm
3 Dist 0.88 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
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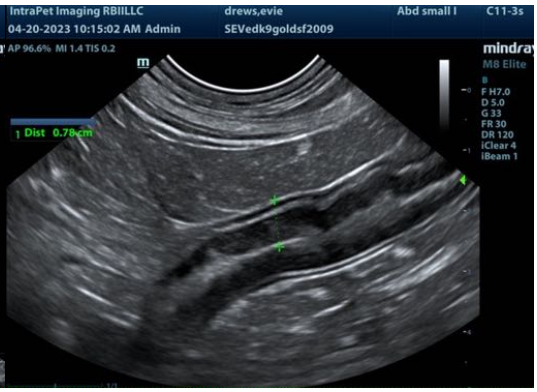
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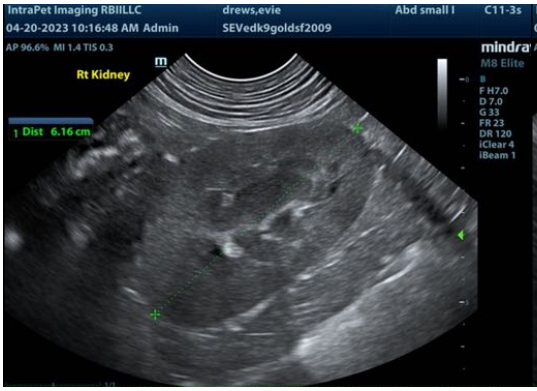
mindray
M8 Elite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Rt Kidney
1 Dist 6.16 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
drews,evie
Abd small I
C11-3s
04-20-2023 10:17:16 AM Admin
SEVedk9goldsf2009
AP 96.6% MI 1.4 TIS 0.3
Rt adr
1 Dist 3.09 cm
2 Dist 0.72 cm
3 Dist 0.91 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
drews,evie
Abd small I
C11-3s
04-20-2023 10:09:04 AM Admin
SEVedk9goldsf2009
AP 96.6% MI 1.3 TIS 0.1
Liver
mindray
M8 Elite

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
Eric.Lindquist@SonoPath.com