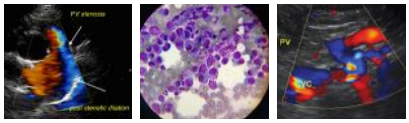
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
4/29/22

PATIENT
Annie Reeves

SPECIES
Canine

BREED
Jack Russell

SEX
Spayed Female

AGE
2/6/09

WEIGHT
30 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Greenbrier VC

REFERRING VET
Dr. Streett

INVOICE
14975

PRESENTING CLINICAL SIGNS

Hx of elevated liver values. Had u/s in 2020 that revealed non-specific inflammatory changes. Dog is clinically doing well, but on pre-op labwork, the liver values have further elevated. Patient has not been on any meds. Has hx of stable stage 2/6 systolic heart murmur as well.
Current Medications: None.
Lab Results: ALT=266; ALP=1803.
Radiographs: mild heart enlargement; hepatomegaly.
Date of Previous IntraPet Ultrasound: 3/10/20. See attached.
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 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. Slight pinpoint mineralizations noted. The right kidney measured 5.7 cm. The left kidney measured 5.13 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 left adrenal gland measured 2.03 cm x 0.62 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 2.19 cm x 0.6 cm at the caudal pole and 0.79 cm at the cranial pole.

Spleen

Minor heterogeneous parenchymal changes were noted in the **spleen**. Caudal folding of the spleen was noted.

Liver

The **liver** was similar to the prior sonogram. Mild vacuolar hepatopathy pattern, minor hepatic remodeling and minor gallbladder debris noted. No evidence of significant disease. An isoechoic swelling noted, measuring 4.26 cm in the caudal aspect of the left liver.

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

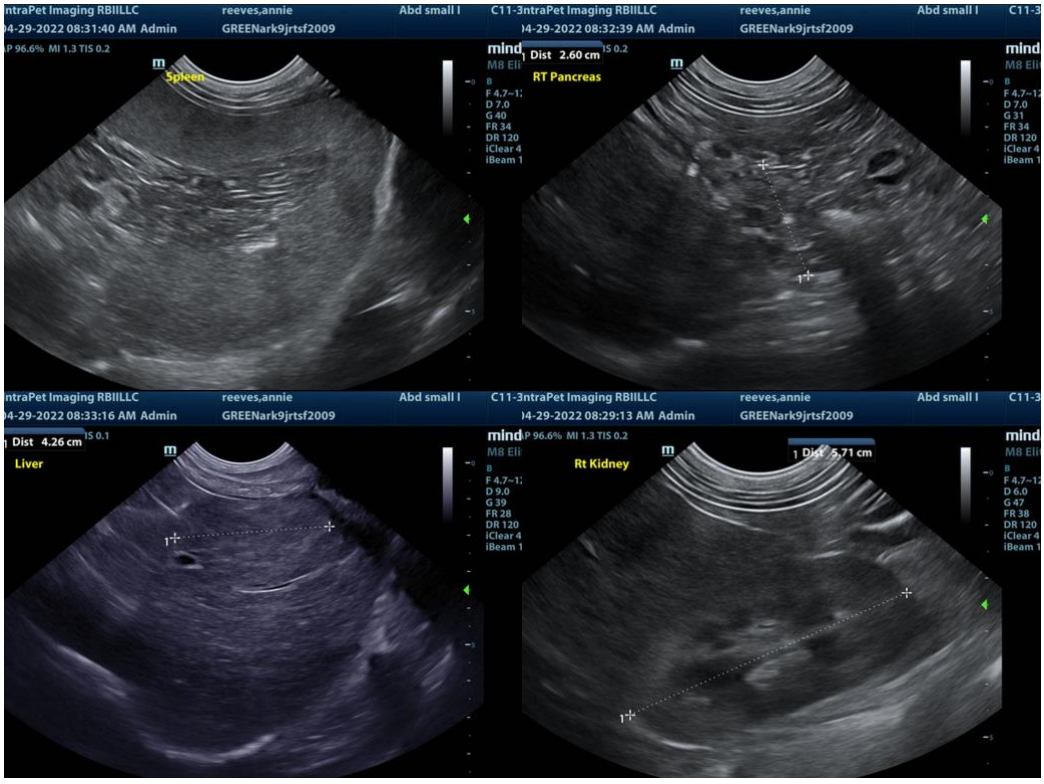
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

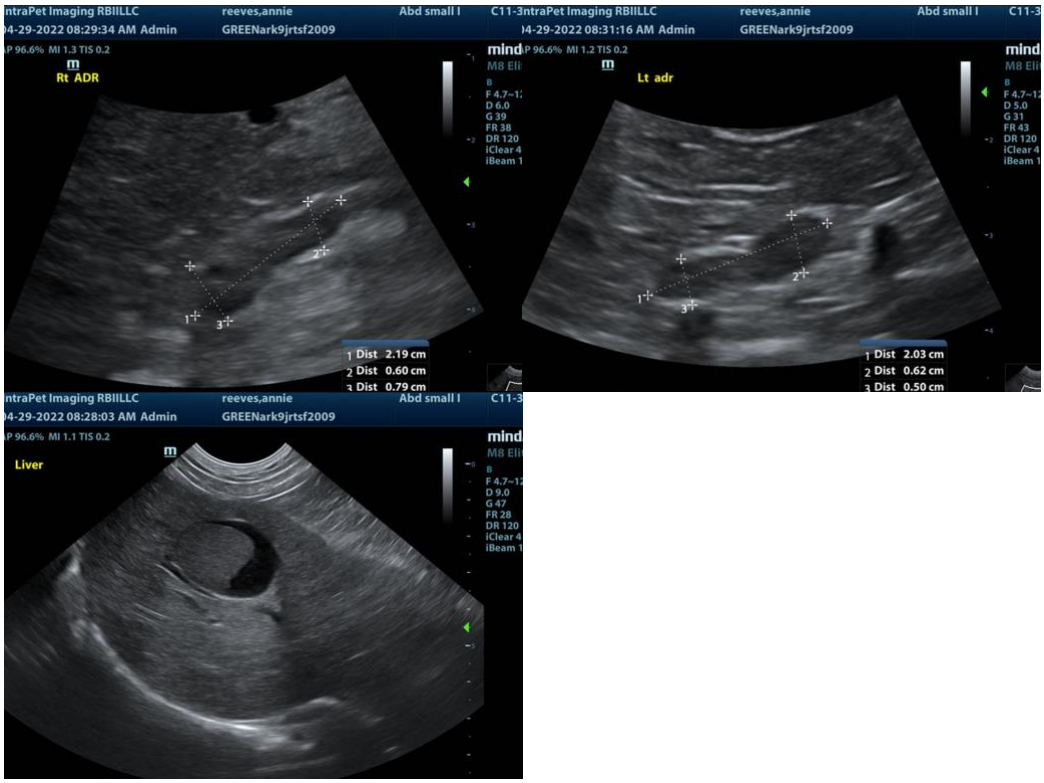
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with remodeling and irregular swelling/nodule
- Age-related renal and pancreatic changes
- Heterogeneous spleen with splenic fold (positional variant)
- Benign stable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. FNA of the general hepatic parenchyma and liver nodule/swelling would be ideal for further definition, however, subjectively appears benign.





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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