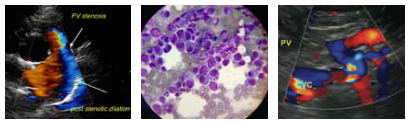
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
4/5/22

PATIENT
Bart White

SPECIES
Canine

BREED
Labrador Mix

SEX
Neutered male

AGE
8/29/11

WEIGHT
71.7 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Festival VC

REFERRING VET
Dr. Cianelli

INVOICE
98014

PRESENTING CLINICAL SIGNS

Weight loss, poor appetite, loose stool.
Current Medications: Sent home with Carafate 1g TID for 5 day, Omeprazole 20mg BID for 5 days, Metronidazole 500mg BID for 5 days.
Lab Results: Anemia.
Radiographs: Suspect enlarged spleen or liver.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT Requested by DVM.
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 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 right kidney measured 6.11 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 2.75 x 0.91 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.54 x 0.86 cm at the caudal pole and 0.69 cm at the cranial pole.

Spleen

The **spleen** was mottled and heterogenous with slight, irregular, undulating contour. Coalescing, hypoechoic, micronodular splenic changes were noted throughout with generalized splenomegaly. There was no evidence of rupture of cavitation.

Liver

The **liver** revealed slightly increased portal markings. The liver was normal in size with normal vascularity. The gallbladder and common bile duct were unremarkable.

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

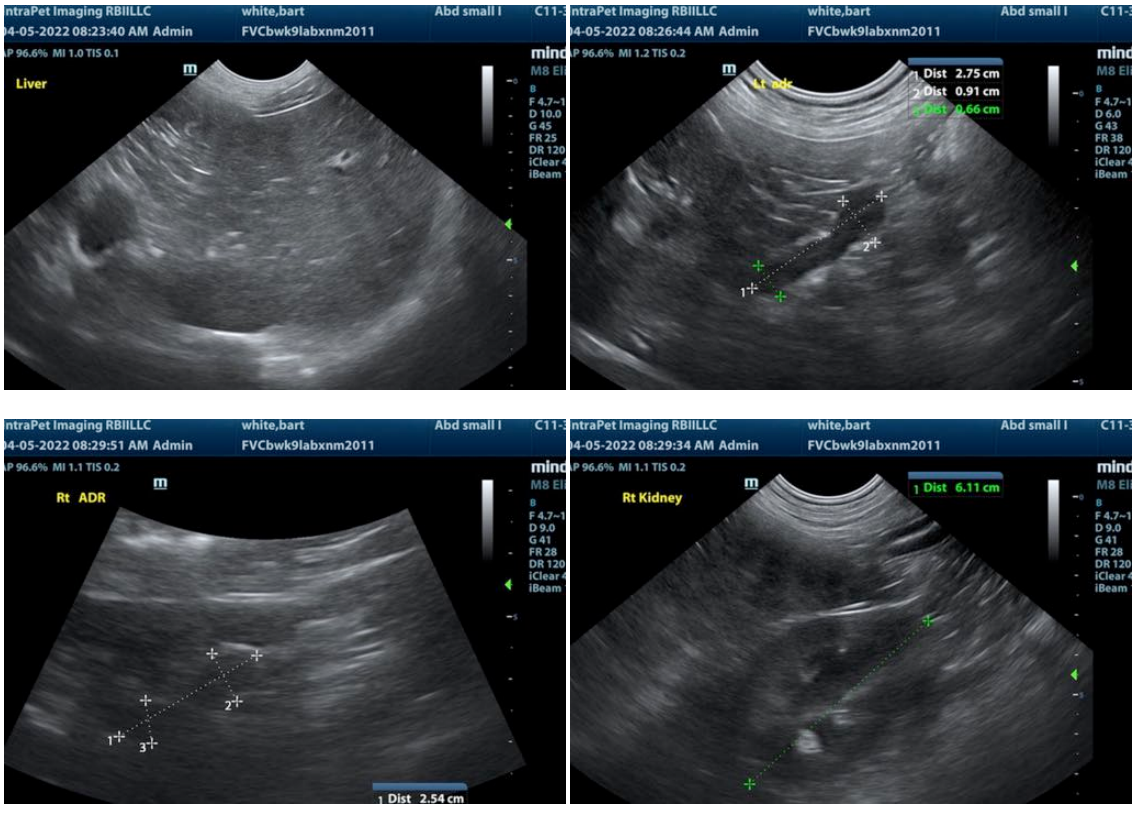
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

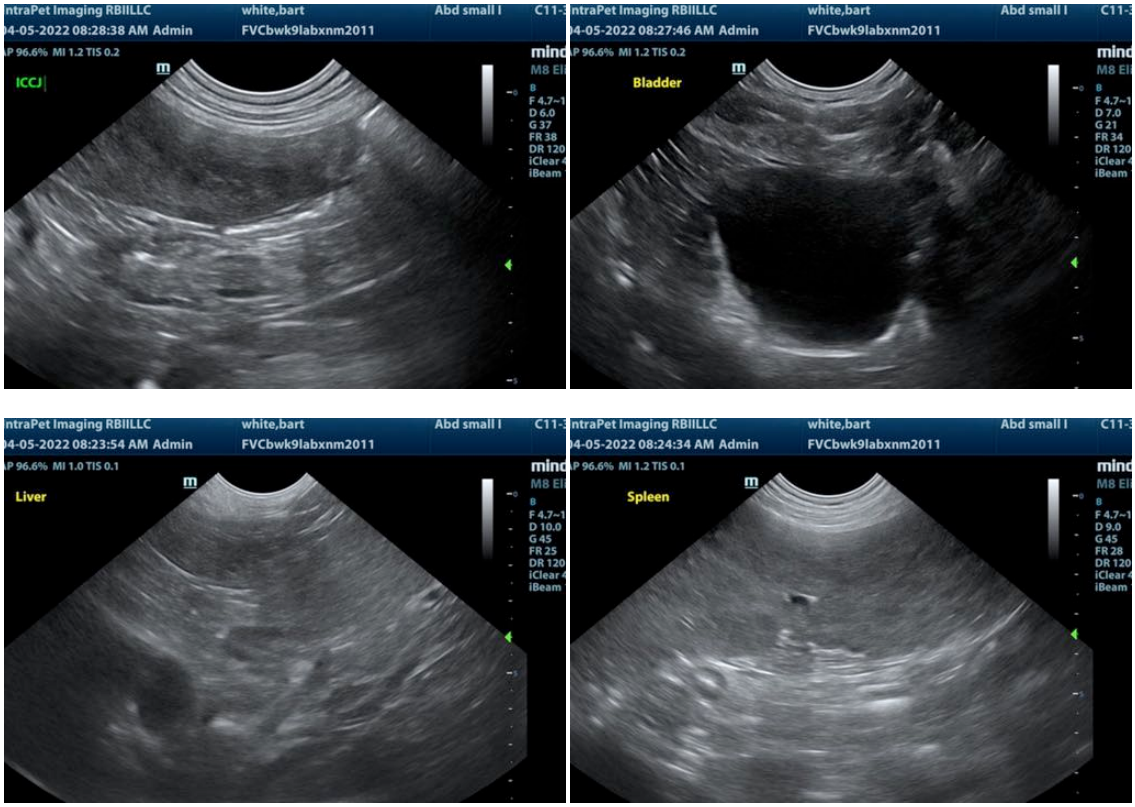
ULTRASONOGRAPHIC FINDINGS

- Micronodular splenomegaly. Pronounced hyperplasia versus round cell neoplasia.
- Hepatic remodeling with increased portal markings.
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated. There was no evidence of hemorrhage. CBC path review, +/- bone marrow aspirate along with FNA of the spleen and liver are all indicated. The cause of anemia is unclear. There was no evidence of hemorrhage. Splenic +/- bone marrow disease is suspected. Underlying round cell neoplasia is a strong potential in this case.





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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