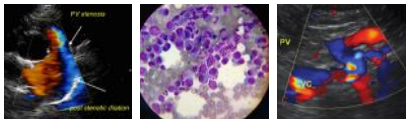
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
5/13/22

PATIENT
Molly Miller

SPECIES
Canine

BREED
Irish Setter

SEX
Spayed Female

AGE
7/22/11

WEIGHT
65 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Hickory VH

REFERRING VET
Dr. Lyle

INVOICE
15191

PRESENTING CLINICAL SIGNS

History: Routine bloodwork for NSAID Feb 2022 showed mild ALT elevation. Has remained mildly elevated with some fluctuation monthly since. Patient started on Denamarin March. Asymptomatic.

Current Medications: 3/11/22 Denamarin.
Lab Results: 2/25/22 ALT 150, 5/3/22 ALT 148.
Date of Previous IntraPet Ultrasound: 9/17/19. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. The right kidney measured 6.52 cm. The left kidney measured 5.91 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 2.91 cm x 0.9 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured 2.65 cm x 0.83 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed minor increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Minor distal small intestinal thickening noted with reactive mesentery. No loss of mural detail, nor neoplastic criteria, however, the ALT elevations in the liver may be owing to a reactive hepatopathy owing to low-grade intestinal inflammation.

Pancreas

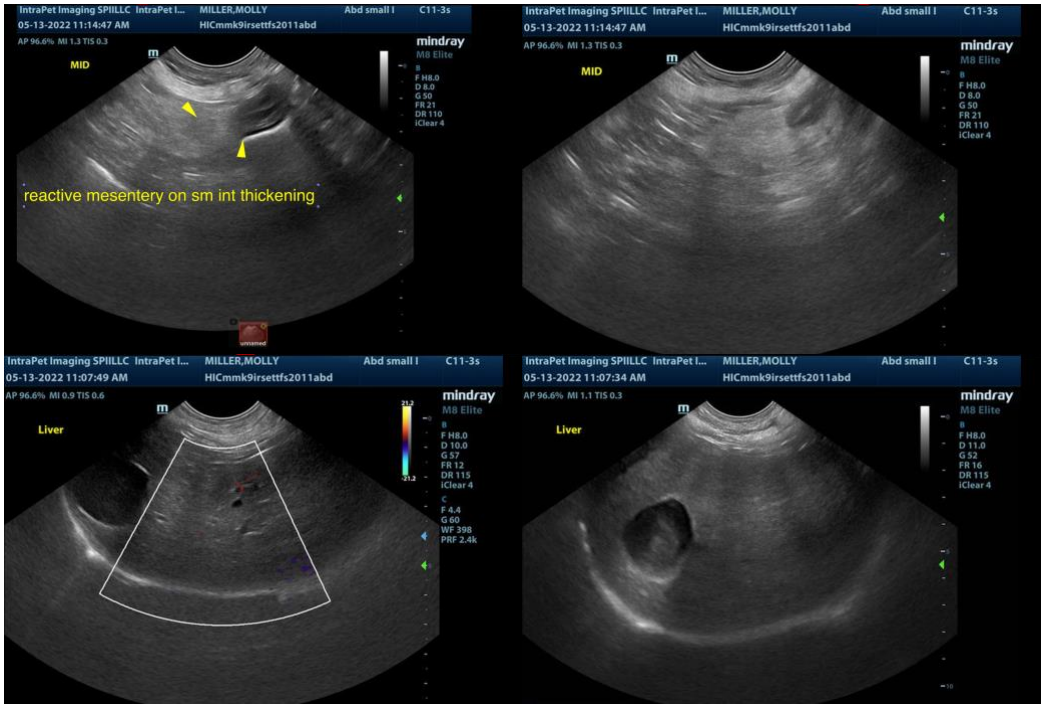
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

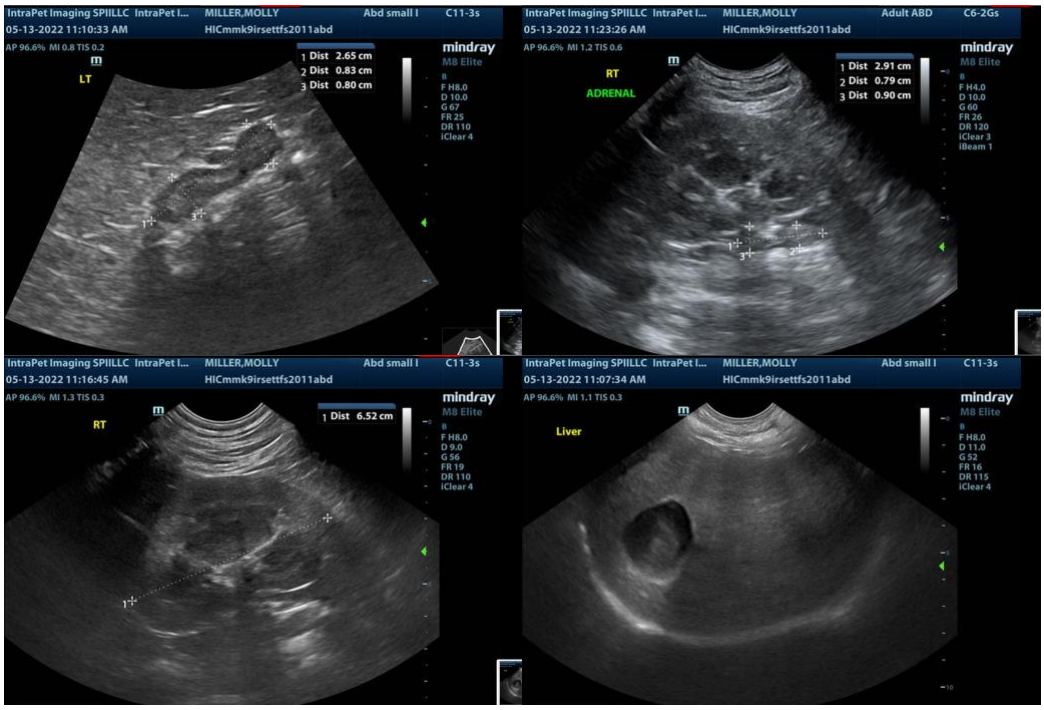
ULTRASONOGRAPHIC FINDINGS

- Minor inflammatory hepatopathy pattern
- Minor small intestinal thickening with reactive mesentery
- Age-related changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. Mid abdominal palpation of the intestines recommended to assess for any discomfort. Enrofloxacin/metronidazole combination over a 10-day period, hydrolyzed diet and reassessment of the clinical profile warranted. Ideally, a follow-up ultrasound would be performed. The changes in the mesentery and small intestine may be permanent and from prior insult, however, if any pain is present upon palpation, then active inflammation is likely.





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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