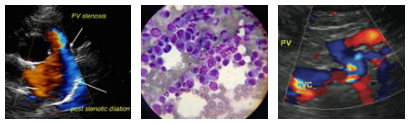
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/20/22

PATIENT
Eddie Temple

SPECIES
Canine

BREED
Aussie

SEX
Neutered male

AGE
4/25/11

WEIGHT
60.8 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Happier At Home Vet

REFERRING VET
Dr. Haskin

INVOICE
30600

PRESENTING CLINICAL SIGNS

History of elevated LE, recent weight loss, LDDT WNL.
Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation. Torb 0.25-0.5cc Valium 0.5-1.0cc.
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. A minor amount of sand/calculi was noted. The largest calculus measured 0.6 cm and was non-obstructive. 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mild to moderate mineralization was noted in the kidneys. The left kidney measured 6.6 cm. The right kidney measured 5.94 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 measured 2.5 x 0.86 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 2.59 x 0.77 cm at the cranial pole and 0.72 cm at the caudal 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Macronodular change was noted and measured 6.07 x 3.65 cm. This is likely benign. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder sand was noted without over distension.

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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

Free Abdomen

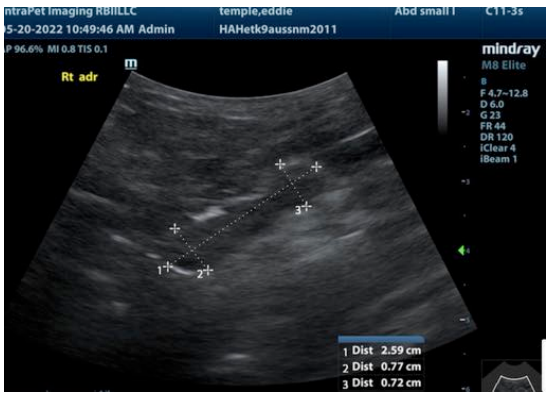
The left iliac lymph node was slightly enlarged and reactive measuring 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

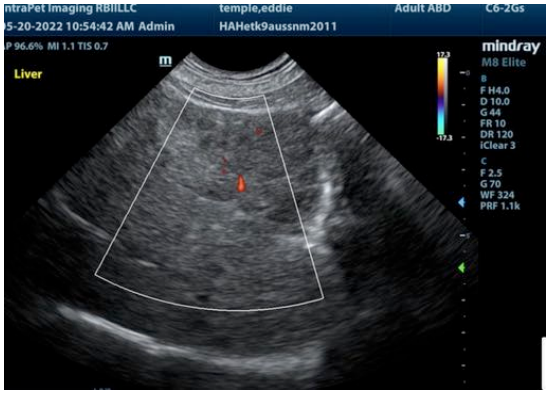
Hepatic remodeling with macronodular change. This is consistent with pronounced hyperplasia.
Minor bladder sand/calculi.
Minor renal mineralization.

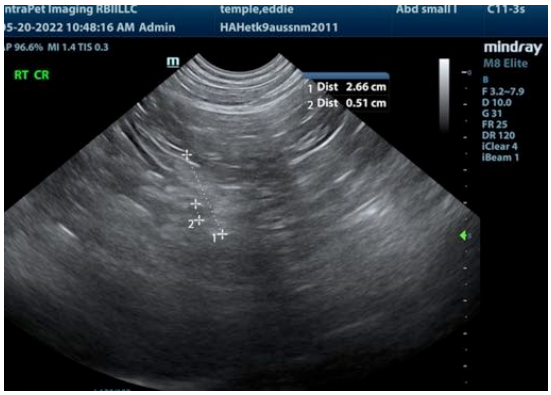
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

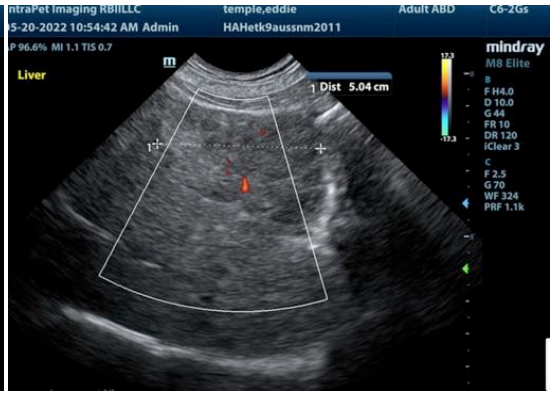
FNA of the macronodular change in the left liver is indicated for further definition along with bile acid profile. Chronic inflammatory hepatopathy with pronounced nodular hyperplasia is likely with a mild potential for emerging intestinal carcinoma. Cystotomy, sand analysis and culture is indicated.

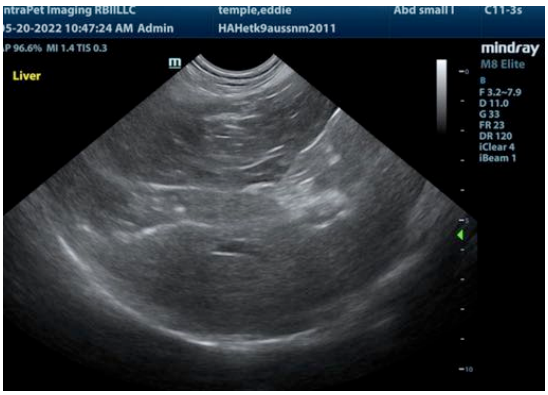



temple,eddie
HAHetk9aussnm2011
mindray
M8 Elite
Rt Kidney
1 Dist 5.94 cm


temple,eddie
HAHetk9aussnm2011
mindray
M8 Elite
Liver


temple,eddie
HAHetk9aussnm2011
mindray
M8 Elite
RT CR
1 Dist 2.66 cm
2 Dist 0.51 cm


temple,eddie
HAHetk9aussnm2011
mindray
M8 Elite
Liver
1 Dist 5.04 cm


temple,eddie
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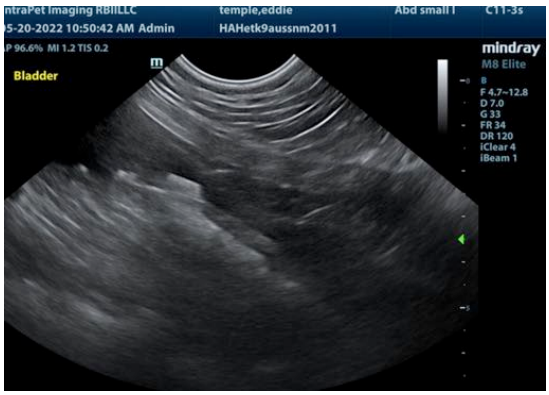
Liver


temple,eddie
HAHetk9aussnm2011
mindray
M8 Elite
Bladder

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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