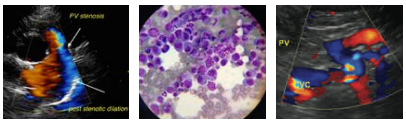
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/23/22

PATIENT
Koa Sia

SPECIES
Canine

BREED
Australian Terrier

SEX
Neutered male

AGE
11/18/11

WEIGHT
20.8 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Prime Care AH

REFERRING VET
Dr. Martin

INVOICE
30652

PRESENTING CLINICAL SIGNS

Elevated liver enzymes.
Current Medications: Denamarin 225mg SID started 2/8/21. Ursodiol 250mg ½ SID started 2/8/21.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Gabapentin PO.
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. Calculus was noted in bladder and measured 0.45 cm and were 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. Minor mineralization was noted in the kidneys. The right kidney measured 4.62 cm. The left kidney measured 4.42 cm with corticomedullary non-obstructive pinpoint mineralization or small calculi.

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 1.73 x 0.35 cm at the caudal pole and 0.42 cm at the cranial pole. The left adrenal gland measured 2.03 x 0.44 cm at the caudal pole and 0.41 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 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. Left cranial 3.72 x 1.75 cm hypoechoic nodule was noted without disruption of architecture. Other smaller, hypoechoic nodules were noted in the liver. The largest of which measured 0.8 cm with similar echotexture to that of the primary nodule. The gallbladder revealed small, non-obstructive calculi that measured up to 0.5 cm.

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

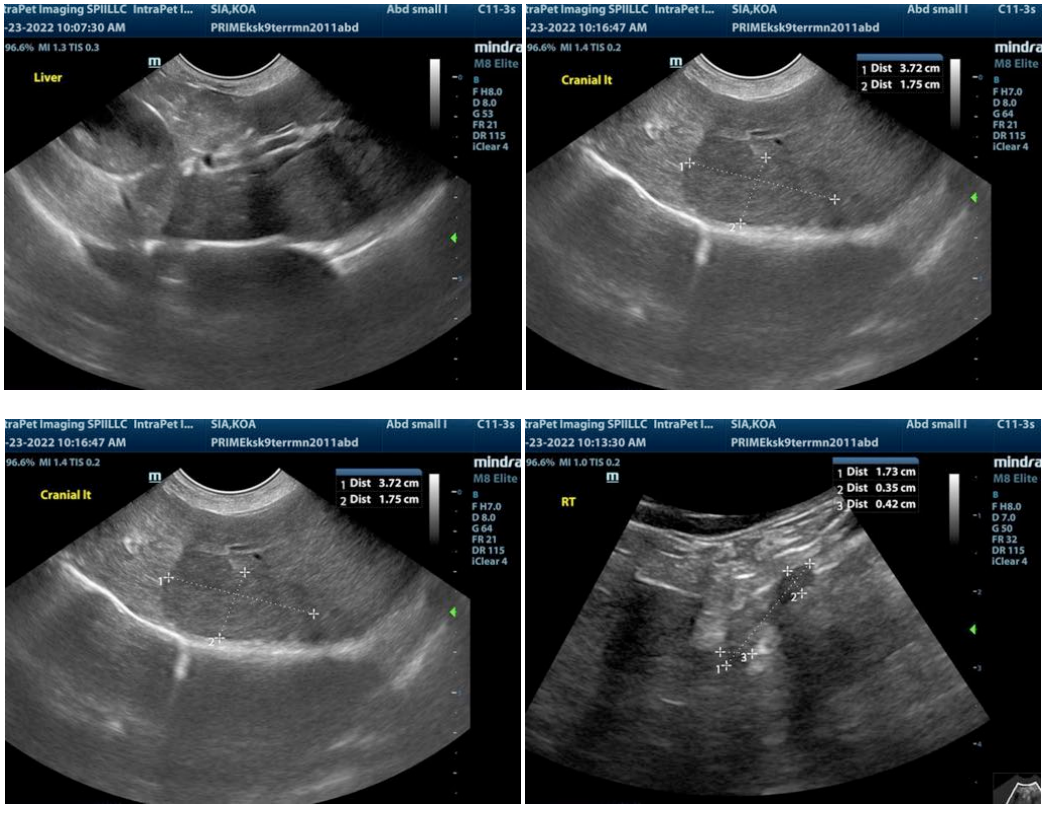
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

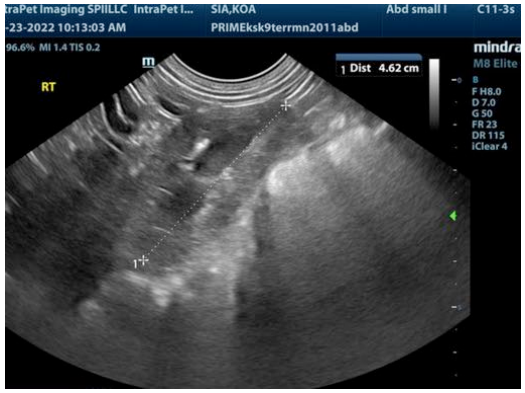
ULTRASONOGRAPHIC FINDINGS

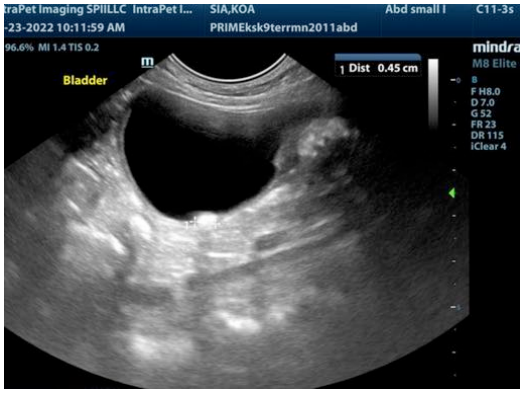
Undefined, nodular hyperplasia liver pattern, likely benign. However, FNA is indicated.
Minor gallbladder calculi, non-obstructive.
Small bladder calculus, non-obstructive.
Minor pinpoint renal mineralization.

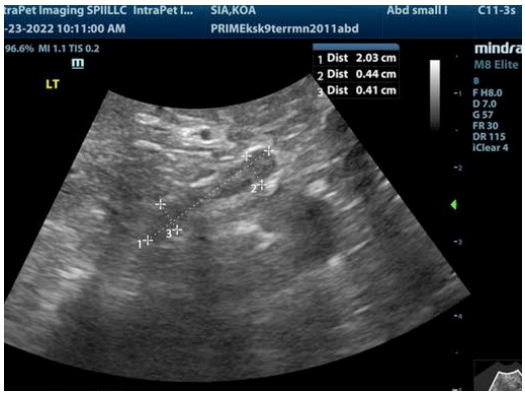
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodule could be considered. The patient is likely passing calculi from the kidneys to the bladder periodically; however, no obstructive disease is noted at this time. Eventual cystotomy, stone analysis and culture is indicated; however, ultrasound should be performed prior to surgery to ensure that the calculus is persistently present.

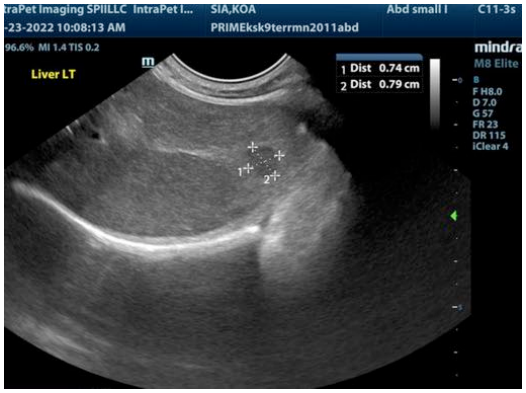



RT
1 Dist 4.62 cm

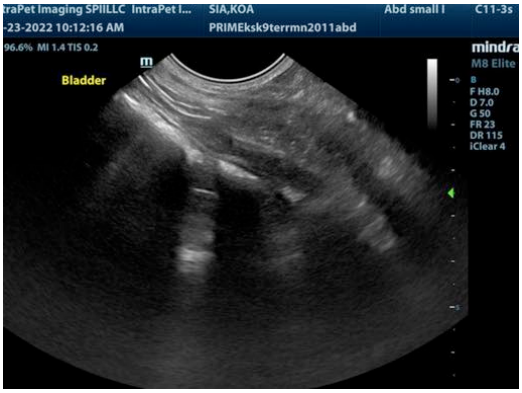

Bladder
1 Dist 0.45 cm


LT
1 Dist 2.03 cm
2 Dist 0.44 cm
3 Dist 0.41 cm


LT
1 Dist 4.42 cm


Liver LT
1 Dist 0.74 cm
2 Dist 0.79 cm


Liver RT



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
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