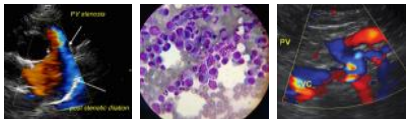
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/23/23

PATIENT

Stella Trionfo

SPECIES

Canine

BREED

Hound Mix

SEX

Spayed Female

AGE

4/11/15

WEIGHT

40 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Edgewood VH

REFERRING VET

Dr. Wright

INVOICE

23024

PRESENTING CLINICAL SIGNS

History: Left hind limb lameness. Tumor at left stifle- spindle cell tumor.

Current Medications: Vetprofen 75mg ½ BID, Tramadol 50mg 1 TID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated Dexdomitor.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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. The right kidney measured 6.46 cm. The left kidney measured 6.07 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 2.38 cm x 0.63 cm at the cranial pole and 0.52 cm at the caudal pole. The left adrenal gland measured 2.5 cm x 0.63 cm at the cranial pole and 0.61 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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Minor fluid filled **gastric** lumen was noted. The GI tract was normal otherwise.

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.

Free Abdomen

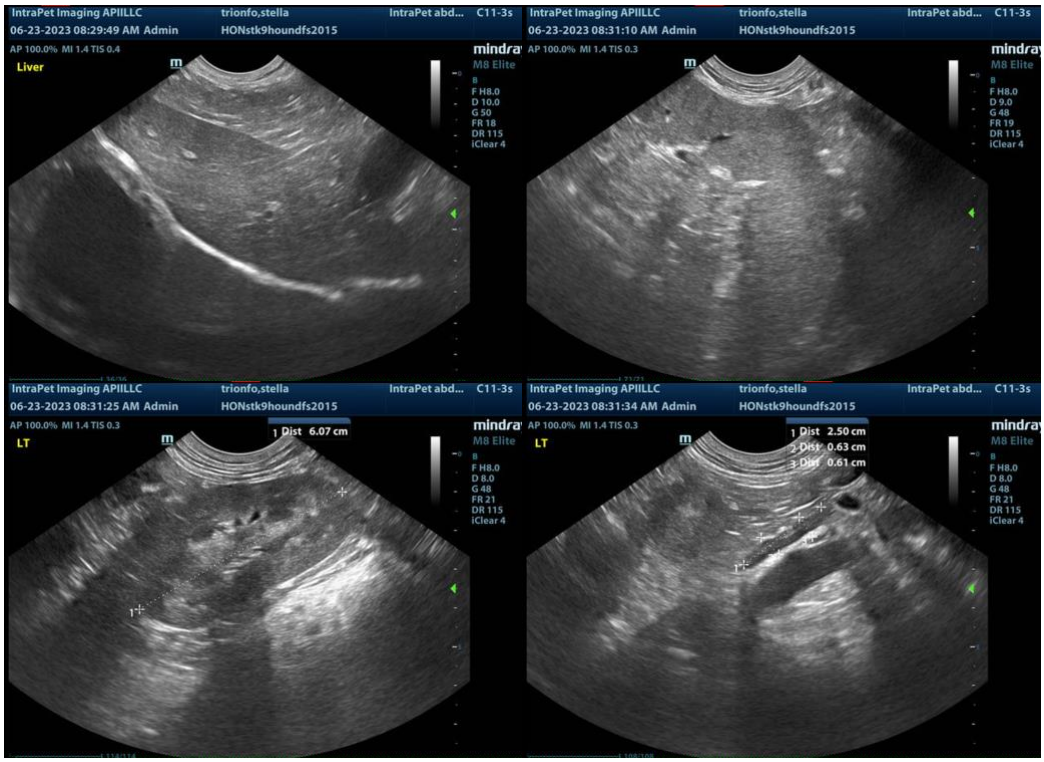
An iliac/sublumbar **lymph node** (2.0 cm x 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. This is a minor change, likely normal variant. However, given the patient history, this region should be monitored or ultrasound guided FNA, if accessible.

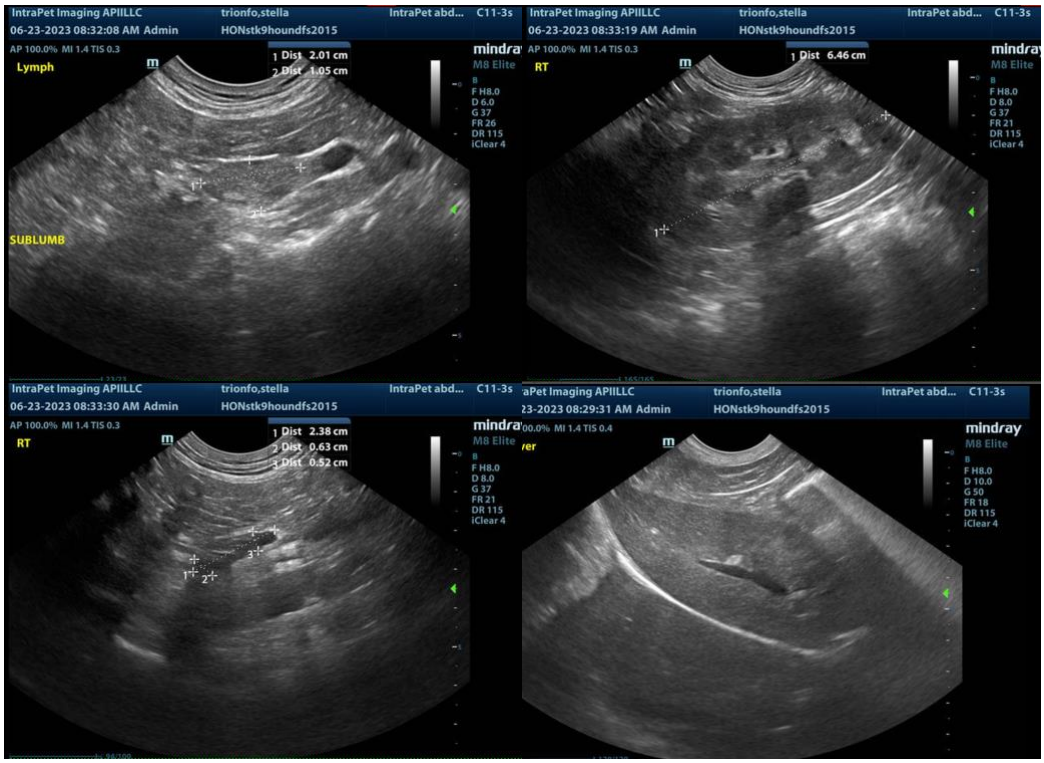
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.
- Slight prominence to the iliac/sublumbar lymph nodes.
- Minor fluid filled gastric lumen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The iliac/sublumbar lymph nodes should be monitored and/or FNA yet no evidence of organ metastasis is noted in this patient.





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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