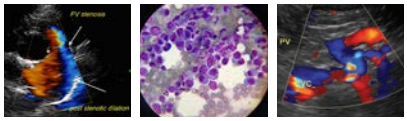
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/4/23

PATIENT

Autumn Warczynski

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

4/20/14

WEIGHT

65.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Banfield White Marsh

REFERRING VET

Dr. Wharton

INVOICE

44637

PRESENTING CLINICAL SIGNS

Not eating. Decreasing Hematocrit.

Current Medications: None listed.
Radiographs: 8/3/23 WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Sedated with Torb and Propofol
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, 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 left kidney measured 6.71 cm. The right kidney measured 7.34 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 2.28 cm x 0.62 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 2.39 cm x 0.94 cm at the caudal pole and 0.80 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes 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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**, which may represent medications. The pylorus was patent. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

Reactive mesenteric lymph nodes noted, example measured 4.25 cm x 0.83 cm.

Pancreas

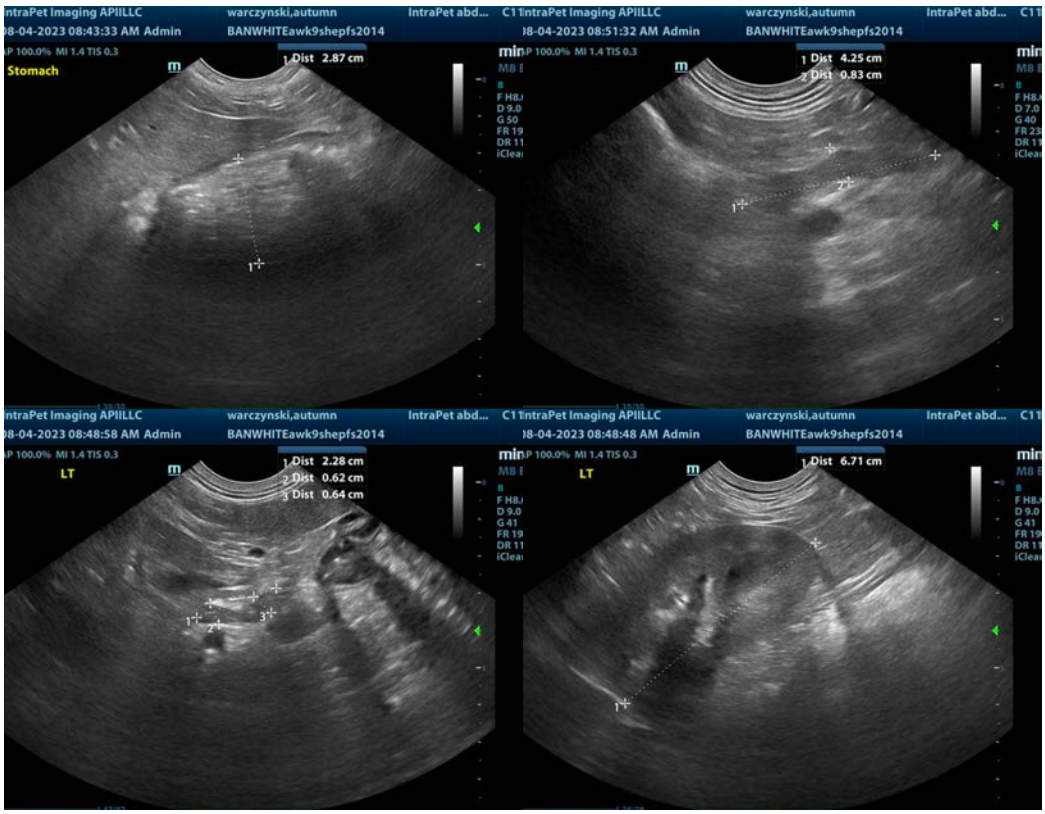
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

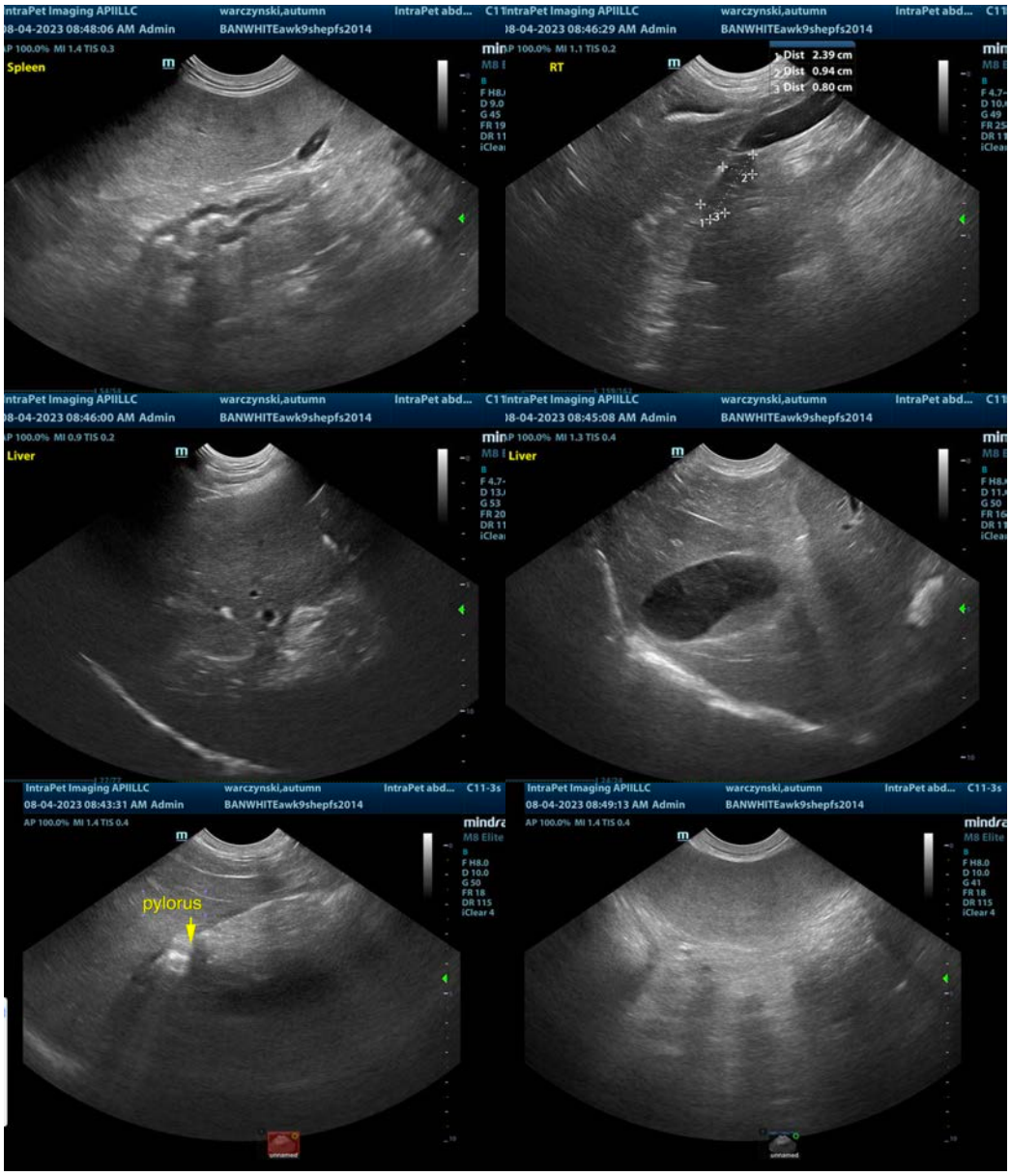
ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, micronodular spleen
- Retention of ingesta or delayed outflow in the stomach
- Mild mesenteric lymphadenopathy, reactive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO at the time of the sonogram, the cause is unclear. No overt foreign body evident. Given the vague clinical signs, screening FNA of the spleen indicated. FNA of the mesenteric lymph nodes would be ideal with cytology +/- culture. The cause of anorexia is unclear. The gastric presentation is most consistent with delayed outflow, possibly owing to systemic disease.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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