IMAGING PERFORMED BY

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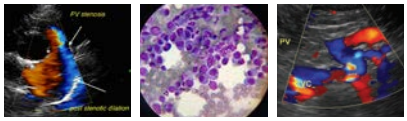


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/29/22

PATIENT

Messi Robin

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

2/20/15

WEIGHT

45 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Haviland

INVOICE

41724

PRESENTING CLINICAL SIGNS

Present for cranial abdominal pain- has been lethargic, PU/PD- having accidents in the house.

Current Medications: Was hospitalized O/N on fluids 9/24- 9/25. Started on meds with ER facility - doxycycline, antacid & probiotics.
ER rec. AUS. O wishes to pursue AUS here.
Lab Results: BW performed at ER hospital: Mild non regenerative anemia 29%/ TS 7.2, neutrophilia 19, mildly decreased BUN, mild hypoalbuminemia, low urine SG proteinuria
Radiographs: Poor serosal detail of rads, abnormal gas patterning, displaced intestines
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV butorphanol for pain during scan.
Stat Report: STAT requested.

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 **left kidney** measured 6.14 cm. Pericapsular inflammatory pattern noted around the left kidney. Trace pyelectasia noted and echogenic debris within the left renal pelvis. Slight subcapsular renal fluid noted.

The **right kidney** revealed largely normal size (6.0 cm) 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Minerlization noted.

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 2.77 cm x 0.88 cm at the cranial pole and 0.75 cm at the caudal pole. The left adrenal gland measured 2.1 cm x 0.80 cm at the caudal pole and 0.73 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** 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

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.

Other

The right ovary was cystic and irregular, measuring approximately 2.0 cm. the uterine stump was visualized measuring 1.0 cm in width. Some microcystic changes were noted. The region of the left ovarian fossa presented significant heterogeneous hypoechoic parenchymal changes with secondary hyperechoic fat and localized areas of free fluid. The margins were ill-defined with hypoechoic undifferentiated sublumbar tissue noted, measuring approximately 4.0 cm x 3.0 cm. Ultrasound guided FNA warranted.

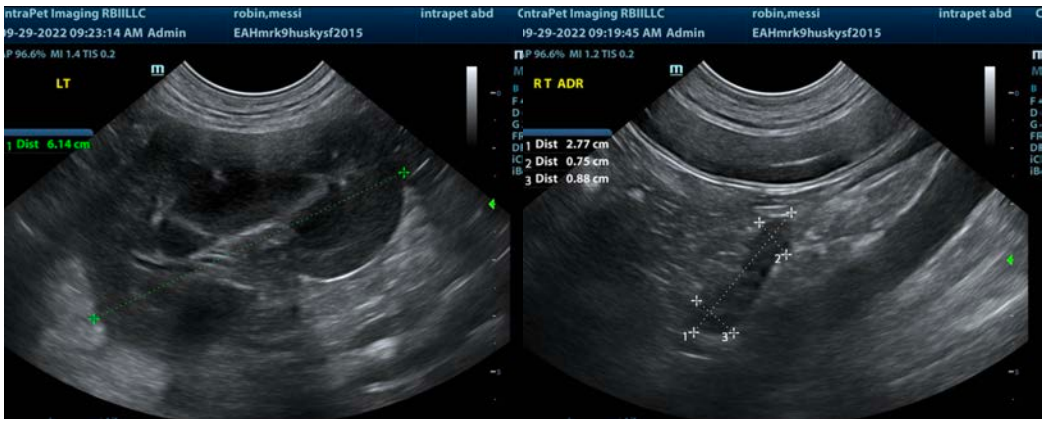
Reactive sublumbar lymph nodes noted, measuring up to 6.0 mm each.

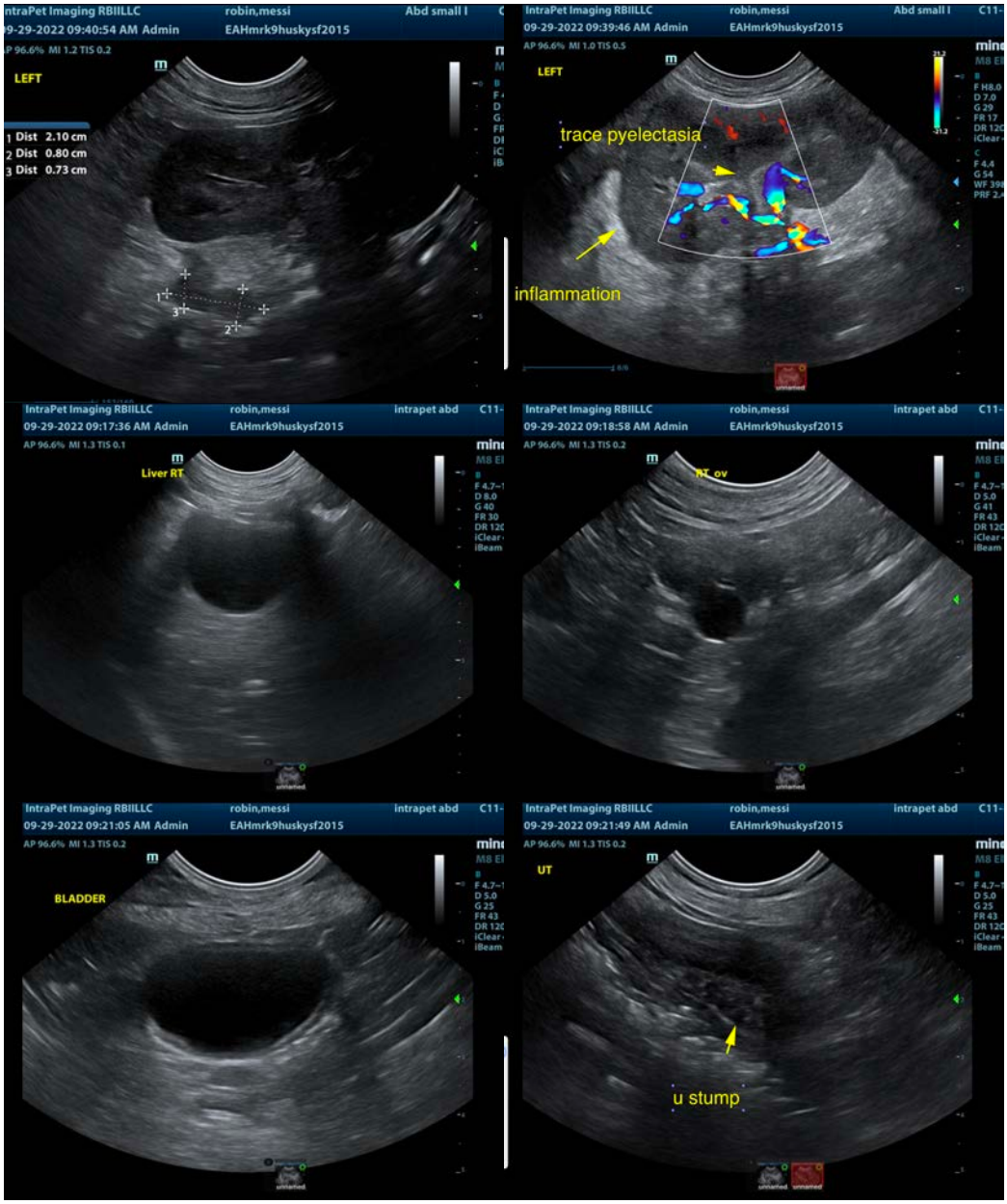
ULTRASONOGRAPHIC FINDINGS

- Extensive sublumbar left ovarian pathology, ill-defined
- Secondary left kidney nephritis
- Residual cystic right ovary
- Prominent uterine stump

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the undifferentiated tissue recommended. CT evaluation would be ideal to assess potential resectability. However, the margins were very ill-defined in this patient. Recommend defining the tissue first. The pattern would suggest potential adrenal involvement, however the left adrenal gland appeared to be normal, yet some echogenic tissue was noted around the left adrenal gland and the potential of a connection between the left adrenal gland and the sublumbar pathology cannot be completely ruled out.




IntraPet Imaging RBIILLC
robin,messi
Abd small I
09-29-2022 09:40:54 AM Admin
EAHmrk9huskysf2015
LEFT
1 Dist 2.10 cm
2 Dist 0.80 cm
3 Dist 0.73 cm
IntraPet Imaging RBIILLC
robin,messi
Abd small I
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EAHmrk9huskysf2015
LEFT
trace pyelectasia
inflammation
IntraPet Imaging RBIILLC
robin,messi
intrapet abd
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Liver RT
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BLADDER
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robin,messi
intrapet abd
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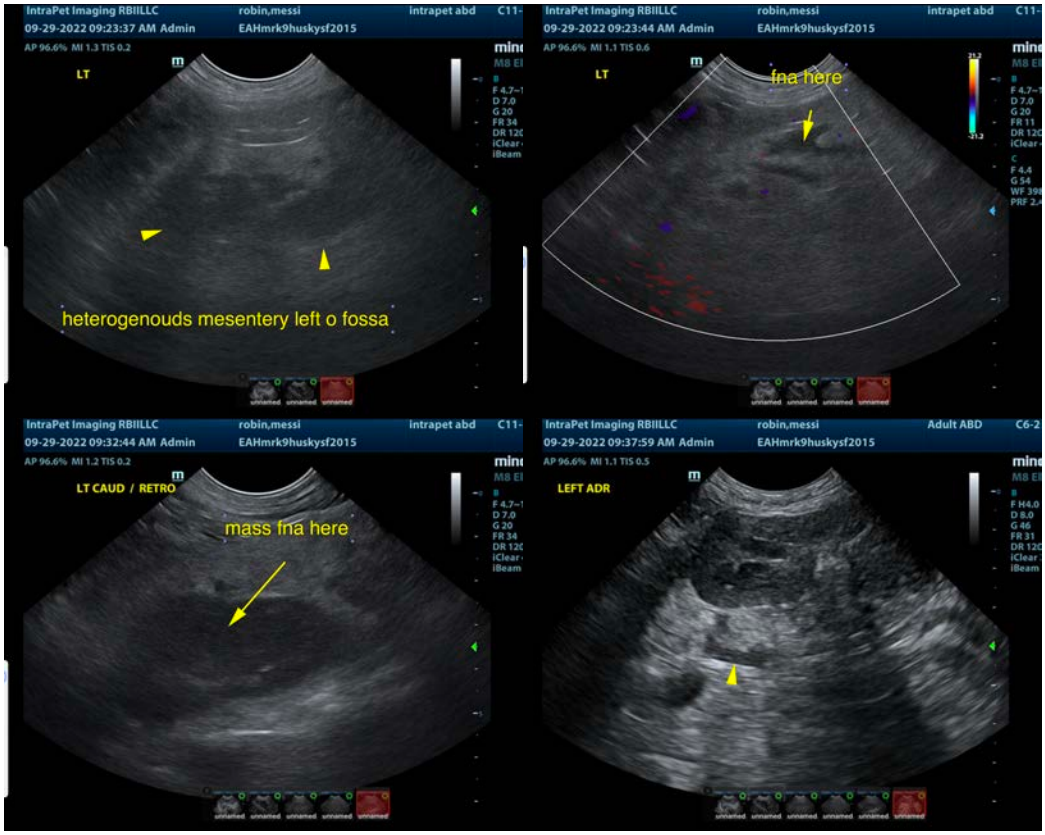
EAHmrk9huskysf2015
UT
u stump



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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