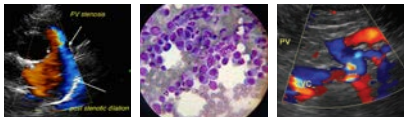
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

1/12/23

PATIENT

Liv Szymanski

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

3/4/20

WEIGHT

7.4 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

44163

PRESENTING CLINICAL SIGNS

Last aus: There is an ill-defined region in the right adrenal gland. This does not deviate the shape or size of the adrenal and could very likely be an incidental finding. I suspect it is unrelated to any of the GI signs reported. Recommend recheck in 2-3 months. BP 11/10/2023 126, 144, 144 mmHg

Current Medications: Proviable daily.
Date of Previous IntraPet Ultrasound: 10/13/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.68 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.37 cm at the cranial pole, 0.50 cm at the caudal pole, and 1.31 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. There is a mild ill-defined hyperechoic irregularity visualized in the mid portion of the right adrenal measuring approximately 0.49 cm x 0.50 cm (previous measurement 10/22/22 was 0.63 cm x 0.56 cm). No evidence of vascular invasion is visualized. This lesion appears stable from the previous exam.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

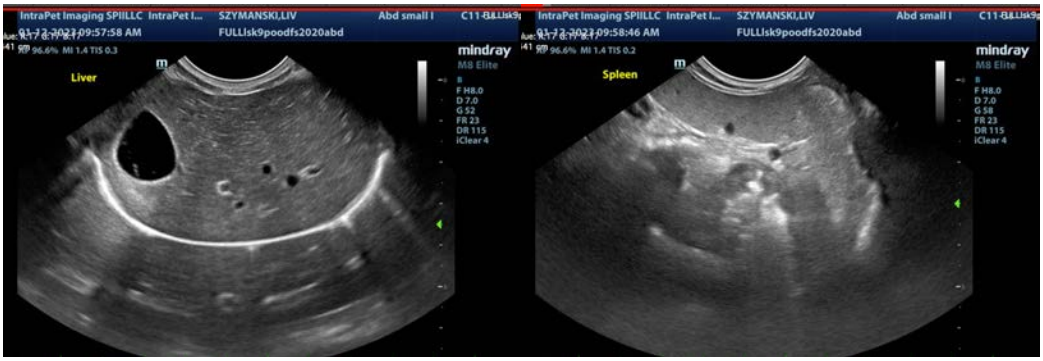
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible but normal sized mesenteric lymph nodes measuring 0.36, 0.27 cm. The largest is visualized at 0.64 cm. The mesentery is of normal echogenicity.

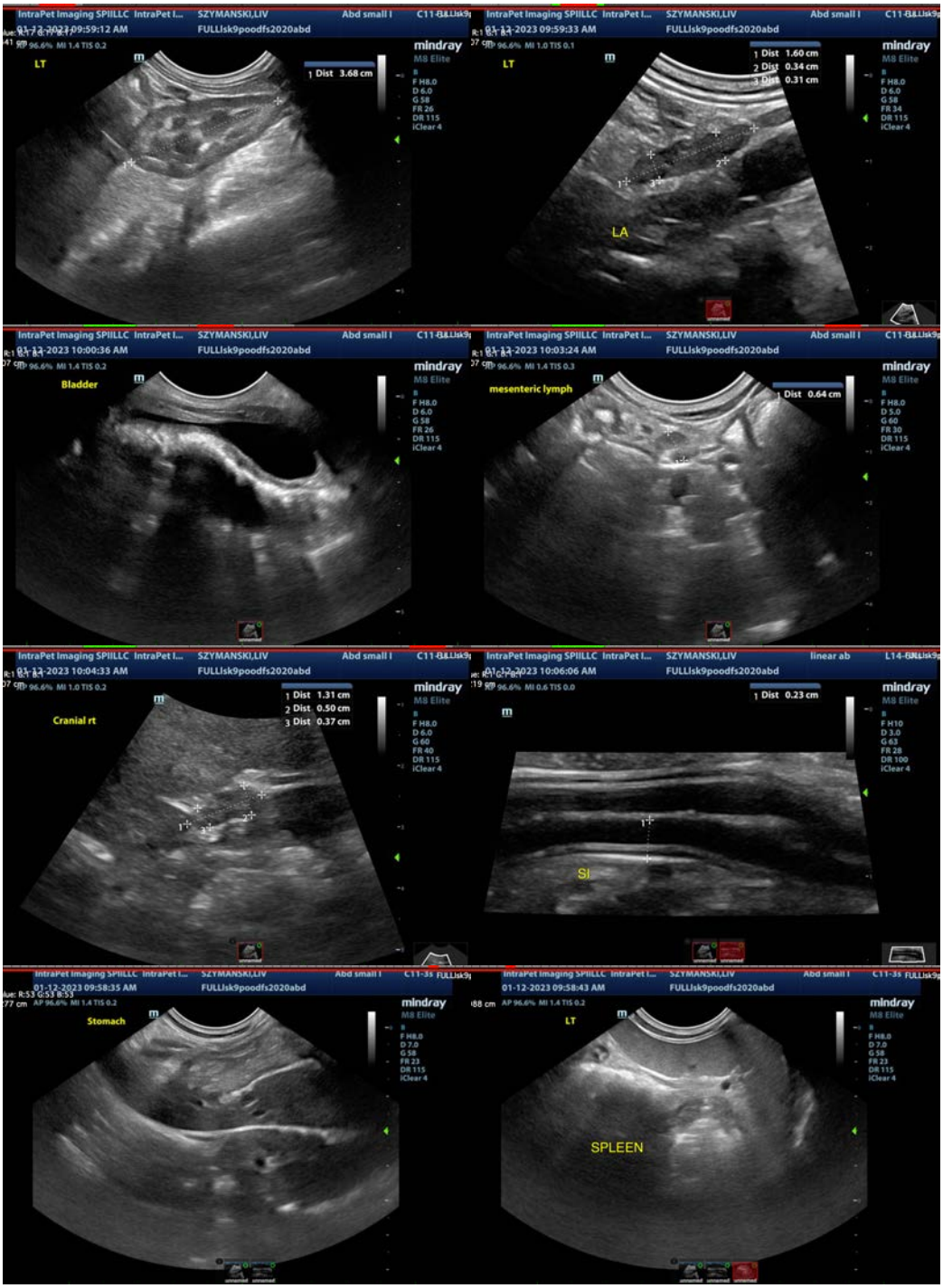
ULTRASONOGRAPHIC FINDINGS

- Ill-defined hyperechoic region of the right adrenal gland – This region appears stable from the previous scan 10/22/22.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal and very similar to the previous scan on 10/22/22. The previously noted right adrenal lesion is stable and has not changed significantly, making an aggressive neoplastic lesion much less likely. Consider recheck in 4-6 months, looking for a possible more slowly growing lesion.

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LT
1 Dist 3.68 cm
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1 Dist 1.60 cm
2 Dist 0.34 cm
3 Dist 0.31 cm
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Bladder
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mesenteric lymph
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Cranial rt
1 Dist 1.31 cm
2 Dist 0.50 cm
3 Dist 0.37 cm
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Stomach
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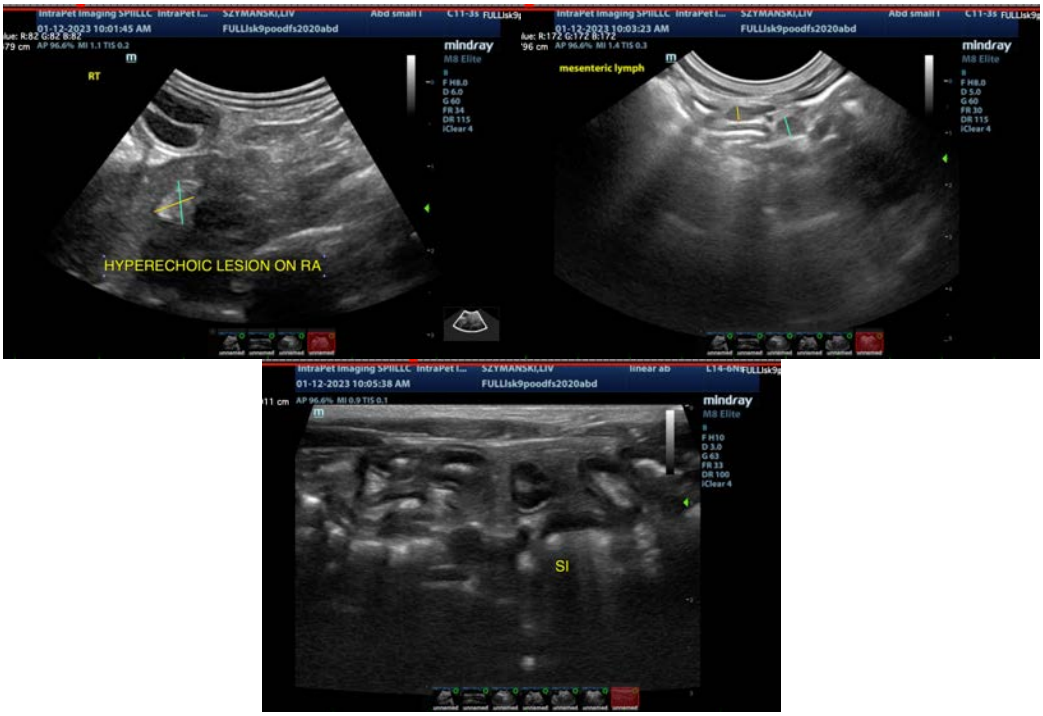
SPLEEN



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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