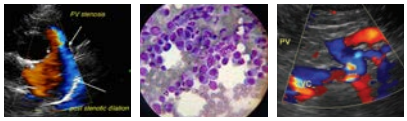
IMAGING PERFORMED BY

IntraPet.com



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

DATE

1/18/23

PATIENT

Diamond Lincoln

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

6/26/14

WEIGHT

69 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Gibson

INVOICE

44299

PRESENTING CLINICAL SIGNS

Recently found mast cell tumors on integument. Preoperative ultrasound to screen internally for any mass effects on organs, especially spleen/liver.

Current Medications: Soloxine 0.4 mg bid for hypothyroidism. Apoquel 16mg sid for allergic flares. Preventions.
Lab Results: ALP 431, rest within normal limits.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (7.55 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Small pinpoint hyperechoic foci are visualized throughout the cortex, most consistent with small mineralizations. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Small pinpoint hyperechoic foci are visualized throughout the cortex, most consistent with small mineralizations. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.88 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 0.88 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. There are numerous hyperechoic pinpoint foci throughout the parenchyma, most consistent with small mineralizations.

Liver

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

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted with a questionable, small amount of pericardial effusion. Multiple views would be necessary for confirmation. Consider a cardiac ultrasound.

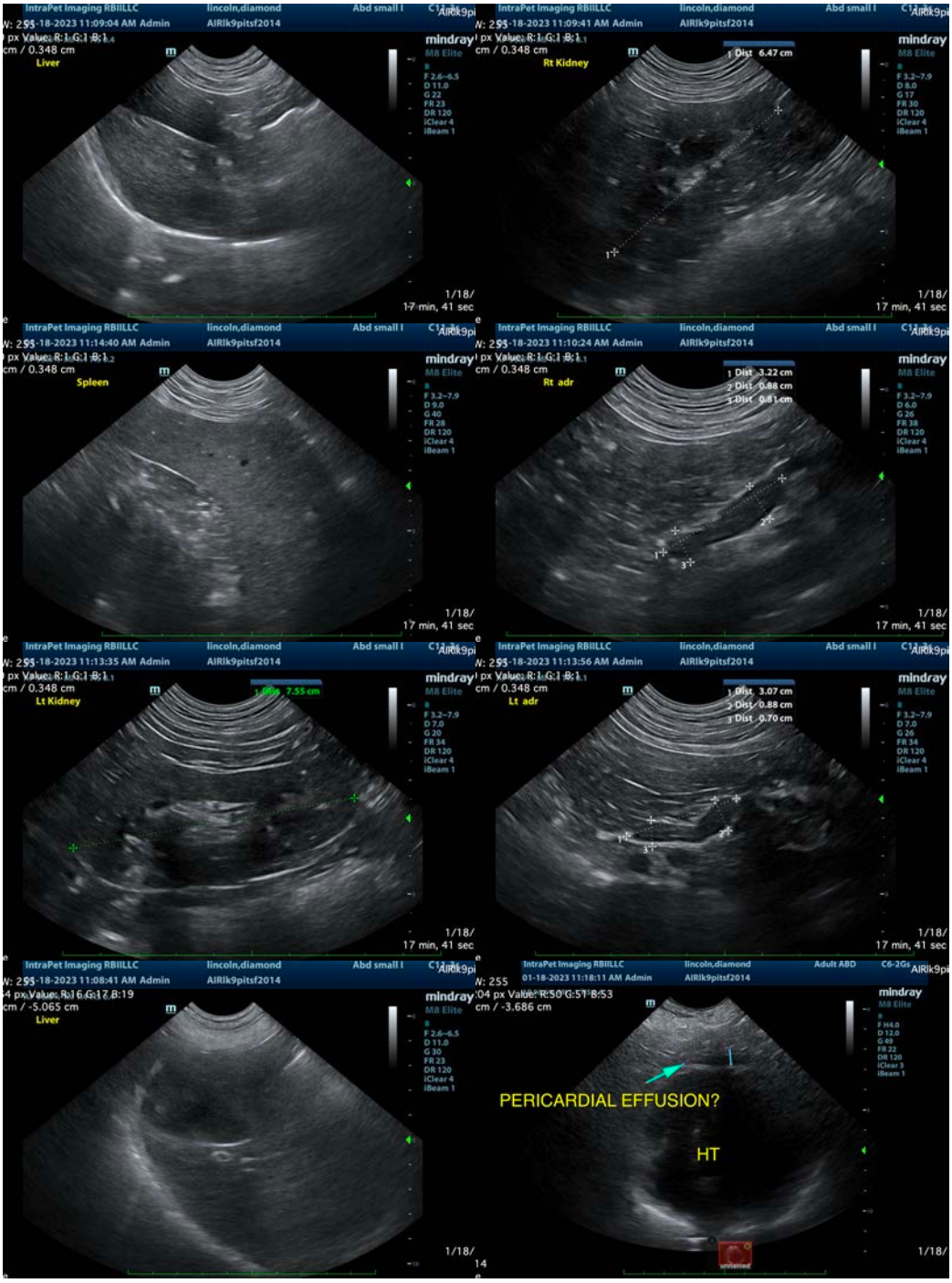
ULTRASONOGRAPHIC FINDINGS

- Pinpoint hyperechoic foci throughout the splenic parenchyma – This likely represents small benign mineralizations.
- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Questionable, small volume pericardial effusion – Consider cardiac ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is largely normal. There are small hyperechoic foci visualized in the kidneys and the spleen. I suspect these are benign hyperechoic foci, possibly consistent with small mineralizations. Additionally, the liver is mildly heterogeneous, which is likely an age related change for a 9 year old dog. Unfortunately, it is difficult to differentiate these likely benign processes with the possibility of infiltrative mast cell disease. A fine needle of both locations could be considered out of an abundance of caution.

There is a questionable small area visualized on the brief view of the heart submitted, which could be consistent with pericardial effusion. Consider a cardiac ultrasound.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lincoln,diamond
Abd small I
AIRIk9pitsf2014
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Liver
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Rt Kidney
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Spleen
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Liver
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PERICARDIAL EFFUSION?
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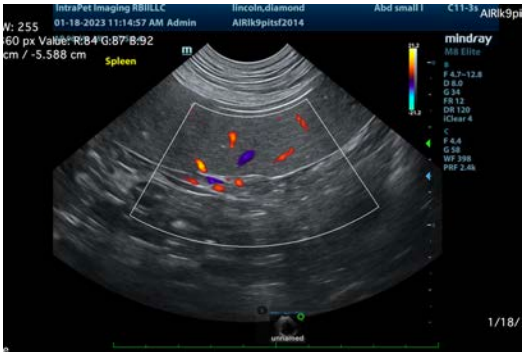
mindray
M8 Elite
17 min, 41 sec



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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