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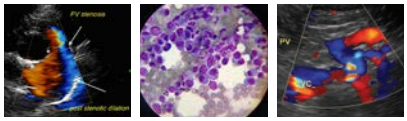
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/11/22

PATIENT

Harper Hylton

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

6/3/15

WEIGHT

6/3/15

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Gernhart

INVOICE

41974

PRESENTING CLINICAL SIGNS

Harper has had a persistently elevated SDMA and now borderline Creat at 1.4 for 1 year. She has an elevated Globulin and Neutrophlia. has been elevated last year at her wellness exam and bloodwork. When it was rechecked, it was normal. We are getting a urine culture and sensitivity today and BP checked we can add that at exam. Harper is happy and active at home. No abnormalities on PE.

Current Medications: None.
Lab Results: SDMA , neutrophilia elevated Creat borderline globulinemia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Dexdomitor.
Stat Report: Not requested.

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 (6.1 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 (6.0 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 0.60 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 0.70 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. Margins are irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a 2.7 cm x 2.02 cm mixed echogenic mass in the caudal third of the spleen. Additionally, there is a smaller hypoechoic nodule measuring 0.50 cm x 0.53 cm near this mass lesion.

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 0.40 cm. Jejunum wall measures 0.38 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 prominent and mottled compared to the surrounding isoechoic 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. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic splenic mass with second smaller hypoechoic nodule – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histocytic sarcoma etc..)

- Prominent mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

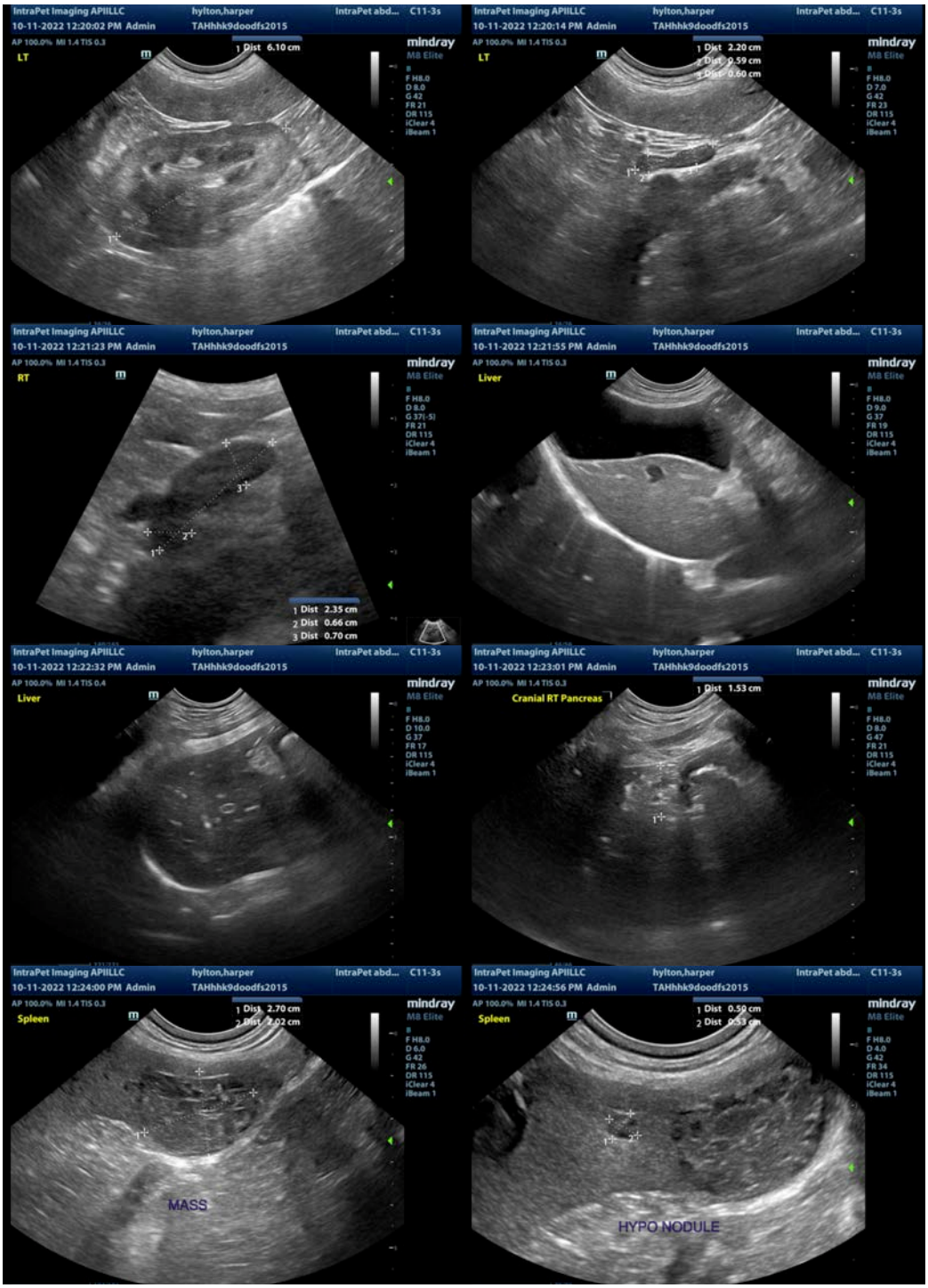
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

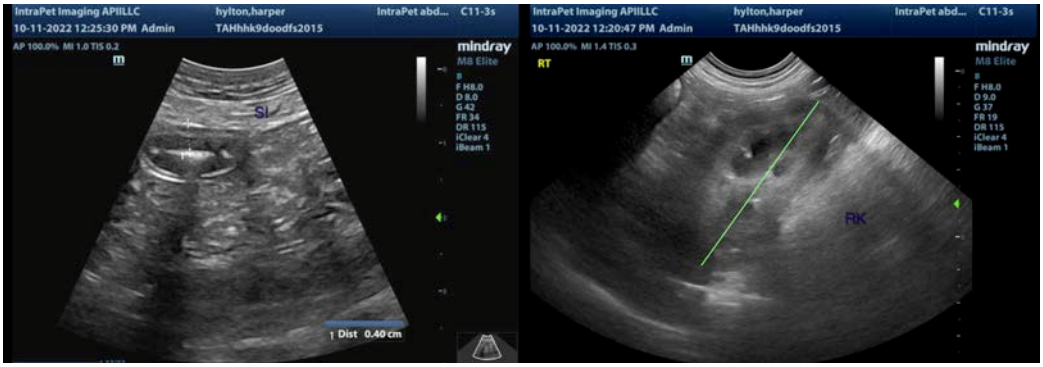
The kidneys appear relatively normal. This combined with a good concentrating ability makes advanced renal disease less likely. There is a low albumin level reported. This can be seen with a protein losing nephropathy, enteropathy, or underlying liver disease, but other differentials exist. Additionally, it could be compensatory for the elevated globulin level.

Consider a urine protein to creatinine ratio, and a liver function test to look for sources of the low albumin level. If these are normal, then consider the possibility of underlying GI disease, although no lesions were observed on today's exam. If this patient has a history of underlying GI signs, consider obtaining GI biopsies. There is a mixed echogenic mass effect within the spleen, which deviates the splenic capsule somewhat. Additionally, there is a smaller hypoechoic nodule. You could consider a fine needle aspirate of this lesion, or, if possible, a splenectomy for both diagnostic and therapeutic purposes. If underlying signs have been present, you could consider obtaining GI biopsies at that time.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Your plan for a urine culture and blood pressure is excellent.





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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