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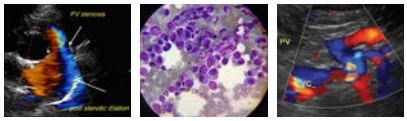

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DATE

10/15/21

PATIENT

Woody Smith

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

1/23/16

WEIGHT

87.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Russ

INVOICE

26340

PRESENTING CLINICAL SIGNS

History: Possible mass in abdomen, possible opaque region in cranial lung field.

Current Medications: Phenobarbital – dose not specified.
Lab Results: Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 prostate is normal in size (1.38 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (7.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.85 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 0.83 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. No focal parenchymal abnormalities are visualized. There is a 1.35 cm round structure adjacent to the spleen that is isoechoic and most suggestive of an accessory spleen. An isoechoic lymph node cannot be excluded as a possibility. Recommend continued monitoring.

Liver

The liver is large in size, and echogenicity with smooth peripheral margins. The parenchyma is 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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. 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. There is a moderate caudal abdominal lymphadenopathy. The sublumbar lymph nodes are visualized and measure 1.9 cm in diameter. Additionally, a caudal mesenteric lymph node is measured at 1.8 cm diameter. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal uniform echogenicity.

Other

Images are taken lateral to the rectum, and a 1.4 cm hypoechoic structure suggestive of an anal gland is visualized. Recommend rectal exam to look for evidence of infection, tumor, etc.

PRIMARY FINDINGS

- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This is likely secondary to Phenobarbital therapy.

- Caudal abdominal lymphadenopathy – Sublumbar lymph nodes are prominent and drain the caudal abdomen. Differentials include inflammation, infection or neoplasia.

SECONDARY FINDINGS

- Round isoechoic structure adjacent to the spleen – most consistent with accessory spleen, likely incidental.

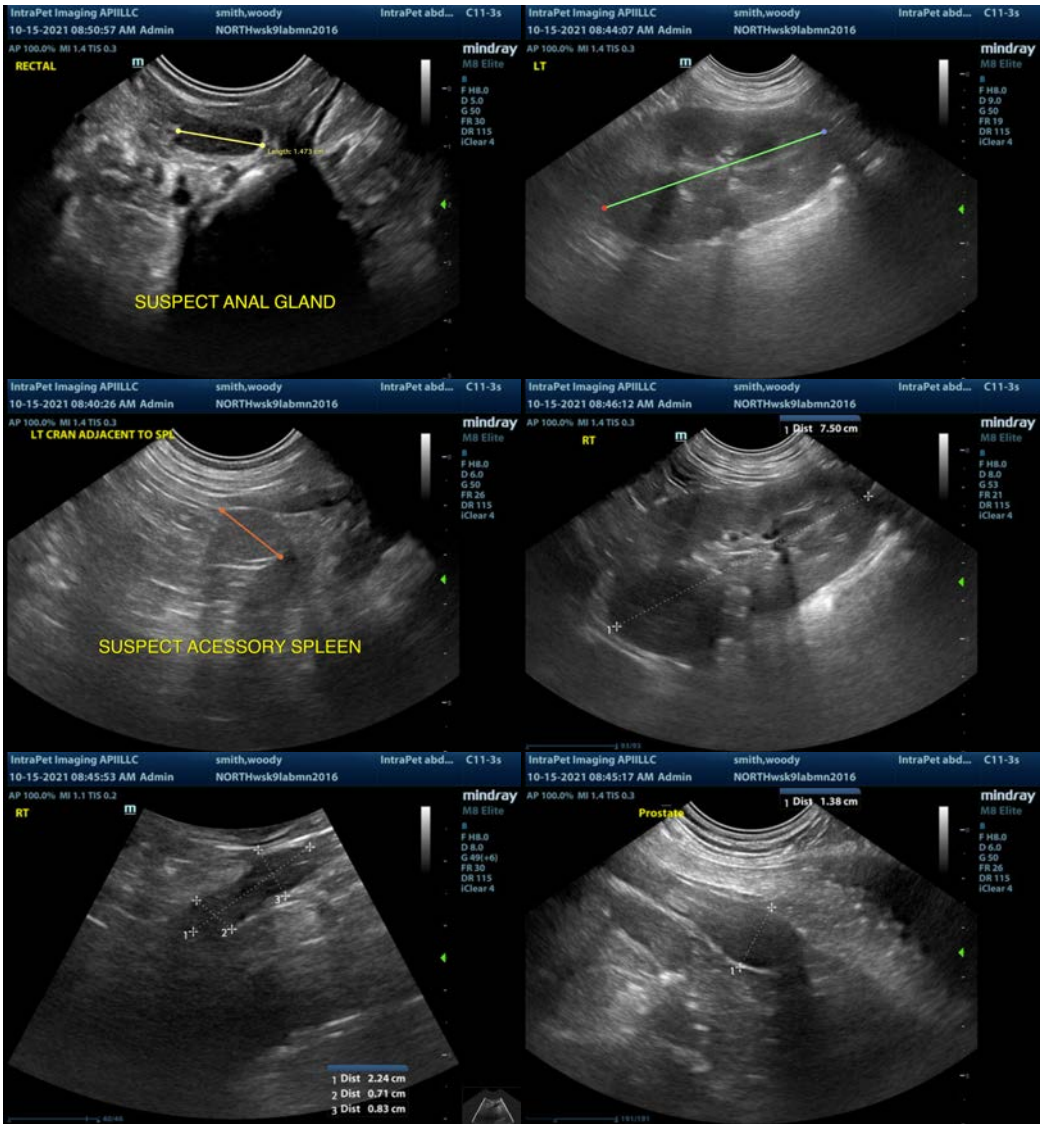
- Possible anal gland pathology visualized. Recommend rectal exam and further evaluation.

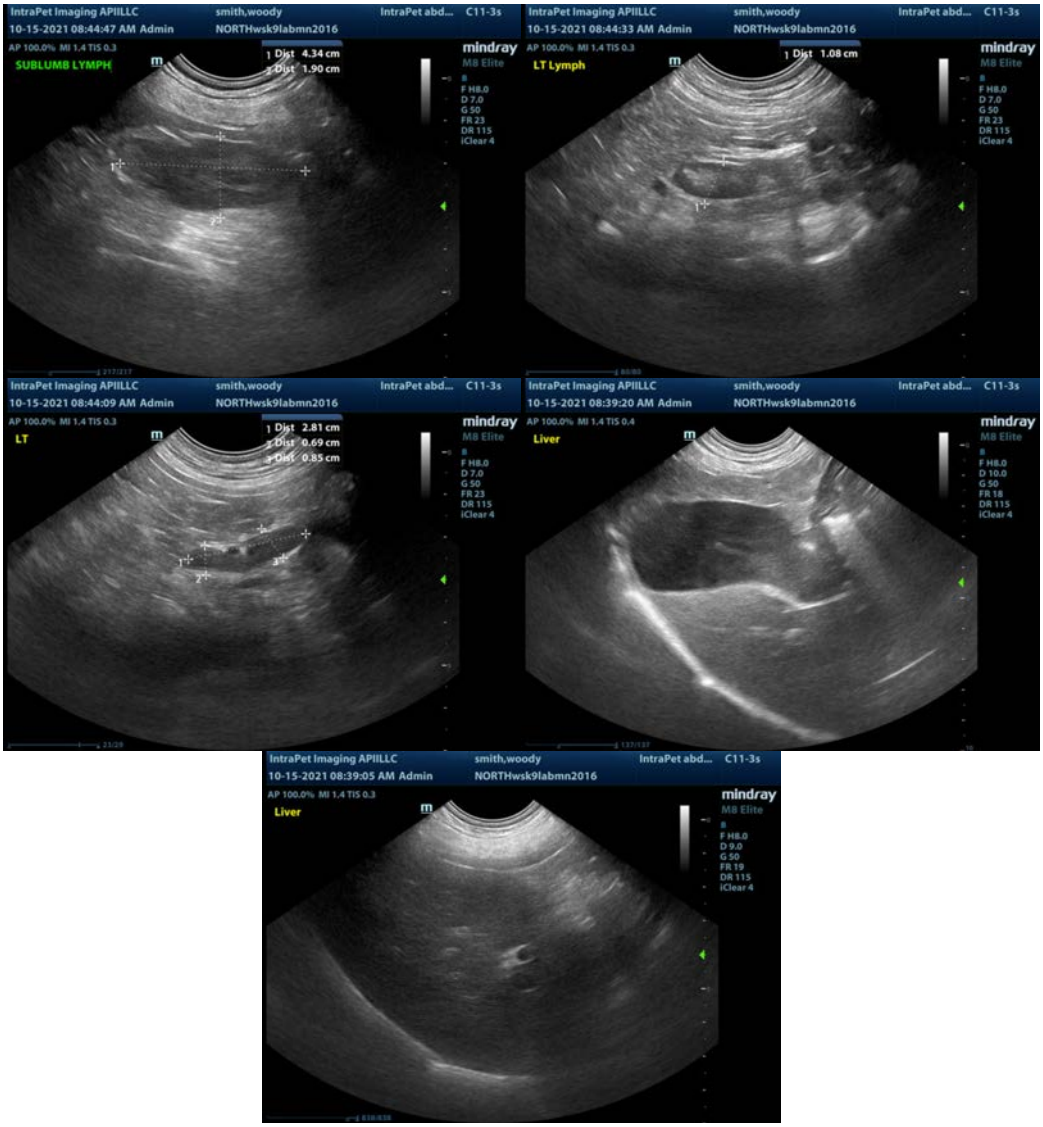
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a large abdominal mass. The liver is large and heterogeneous. This is likely due to the Phenobarbital therapy. Additionally, there is a small isoechoic nodule adjacent to the spleen, which I suspect is normal accessory spleen.

There is a caudal abdominal lymphadenopathy. The source of this is not 100% clear. Recommend rectal exam to look for an anal gland, palpation of peripheral lymph nodes, and evaluation of the pelvic limbs for any mass effects, wounds, etc.

The blood work provided reported a borderline low albumin level. Recommend liver function test and Phenobarbital levels to look for evidence of toxicity/liver failure. Additionally, consider evaluation of urine protein/creatinine ratio and a GI panel to try to differentiate if the hypoalbuminemia is coming fro the liver, kidneys or GI tract. Recommend an ionized calcium and 3-view thorax.





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