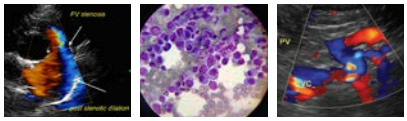
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/4/22

PATIENT

Kaylee Rane

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

2/14/10

WEIGHT

21.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Nexut Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

40931

PRESENTING CLINICAL SIGNS

History of suspected chronic enteropathy previously managed w/diet and supportive therapy. Has HAC, proteinuria, recently increased trilostane to BID due to persistent signs. This worsened her GI signs, and she is now having intermittent diarrhea. Additional history of nasal disease (inflammatory destructive rhinitis vs neoplasia).

Current Medications: Trilostane 30mg BID (just decreased back to once daily), Tylan powder 1/8tsp BID, proviable
Lab Results: 8/11: UPC 2.4, ALT 151, ALP 1775, chol 502.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 (6.26 cm) with a small parenchymal cyst. 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 (6.84 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/borderline large measuring 0.78 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there are occasional small, pinpoint hyperechoic foci in the parenchyma.

The right adrenal gland is borderline large measuring 0.89 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 somewhat abnormal in appearance in that it is hypoechoic and slightly irregular with an occasional hyperechoic foci.

Spleen

The spleen is surgically absent due to previous splenectomy.

Liver

The liver is large in size, and normal in 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. There is a small, ill-defined, hyperechoic nodule measuring 0.73 cm, and a small cystic lesion measuring 1.47 cm in diameter.

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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.35 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 is an occasional prominent mesenteric lymph node. One such lymph node measures 0.54 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Borderline adrenomegaly with occasional pinpoint hyperechoic foci in the parenchyma – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. The significance of the hyperechoic foci is unknown.

- Large, heterogeneous liver with an ill-defined hyperechoic nodule and a cystic structure – 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. The cystic structure is most consistent with a benign hepatic cyst. The hyperechoic lesion is ill-defined and trends towards a benign lesion.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

SECONDARY FINDINGS

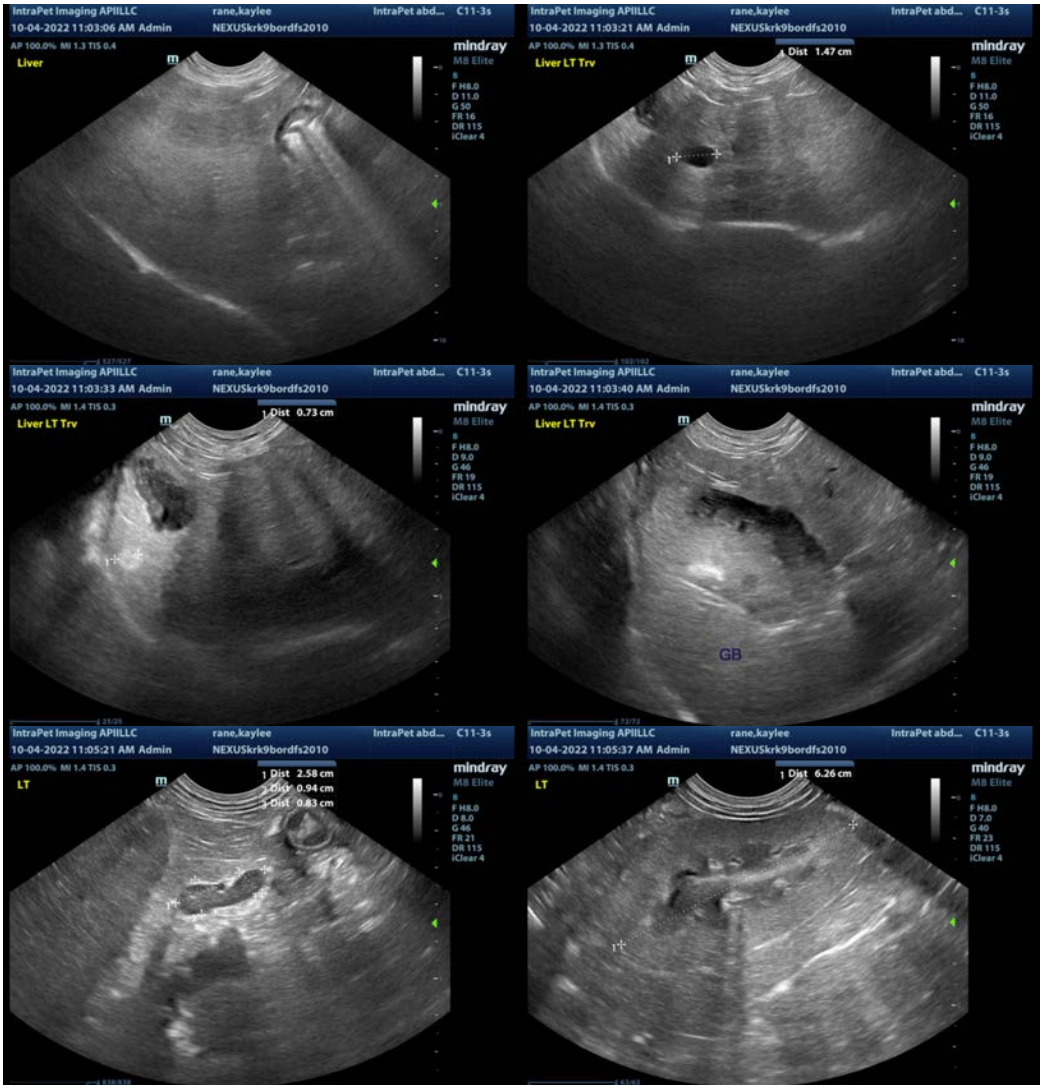
- Absent spleen – Previous splenectomy performed.

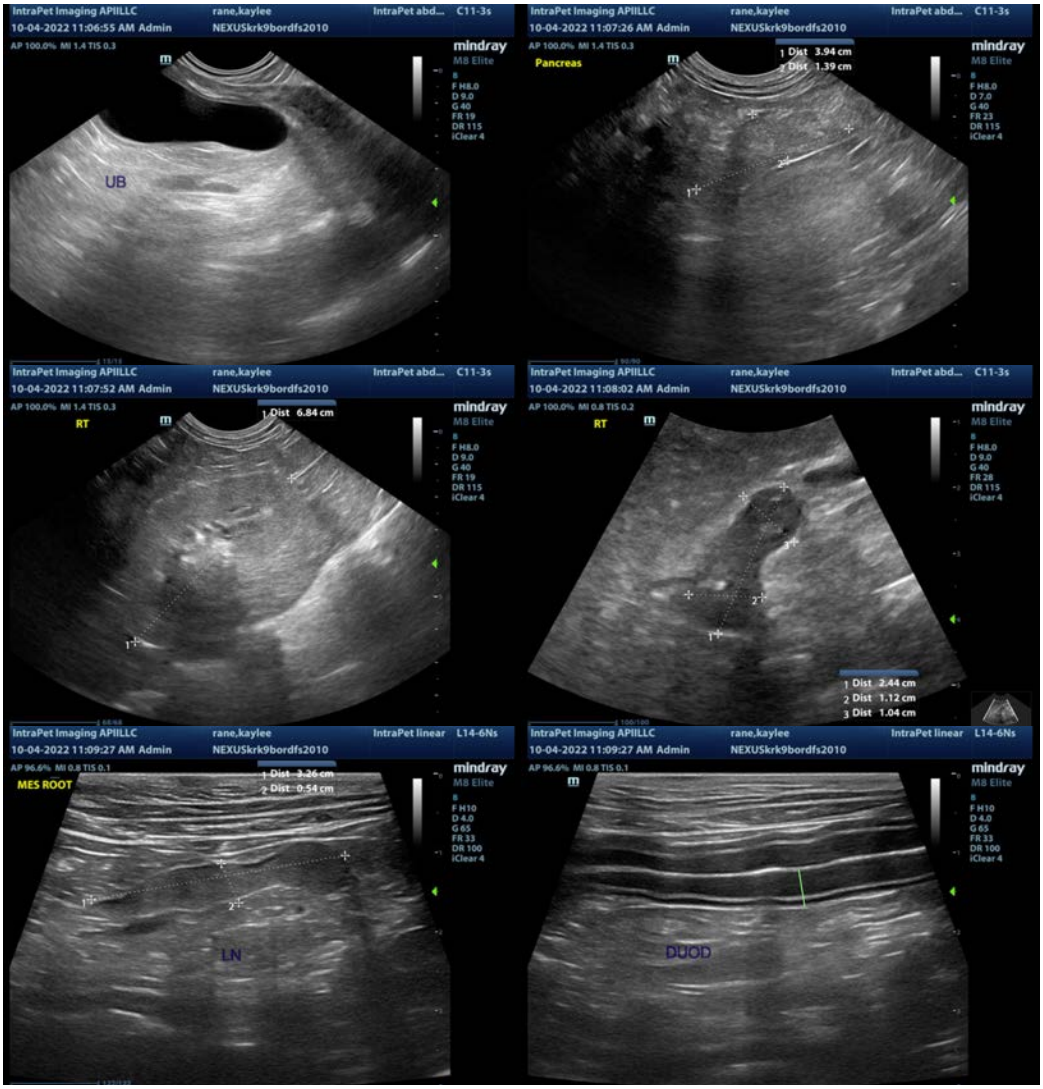
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings include borderline bilateral adrenomegaly with occasional hyperechoic foci within the parenchyma, a large heterogeneous liver, moderate gallbladder debris, and an absent spleen due to previous splenectomy.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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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