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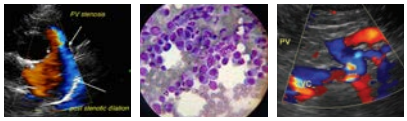
IntraPet.com



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DATE

12/21/21

PATIENT

Jenny Heider

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Female

AGE

8/8/11

WEIGHT

81.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Care Center

REFERRING VET

INVOICE

33612

PRESENTING CLINICAL SIGNS

History: Seen on November 26th for decreased appetite and vomiting, bloodwork showed hypercalcemia, sent home with an appetite stimulant, rechecked on November 29th with no improvement with appetite, more bloodwork performed showed low cortisol- concerned with Addison's, ACTH performed next day showed more Cushing's, treated at that time with low dose Prednisone to see if improvement.

Lab Results: hypercalcemia. Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: 8-20-2019.
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 (6.6 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.77 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 0.67 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.

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 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, 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

Both the left and right ovaries are visualized and appear cystic. The right ovary measures 3.8 cm x 2.88 cm. The left ovary measures 2.7 cm x 1.36 cm. Additionally, both the left and right horn of the uterus are visualized cranially, close to the ovaries and appear somewhat prominent with possible very mild fluid dilation. These findings are not consistent with pyometra.

ULTRASONOGRAPHIC FINDINGS

- Small, pinpoint non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

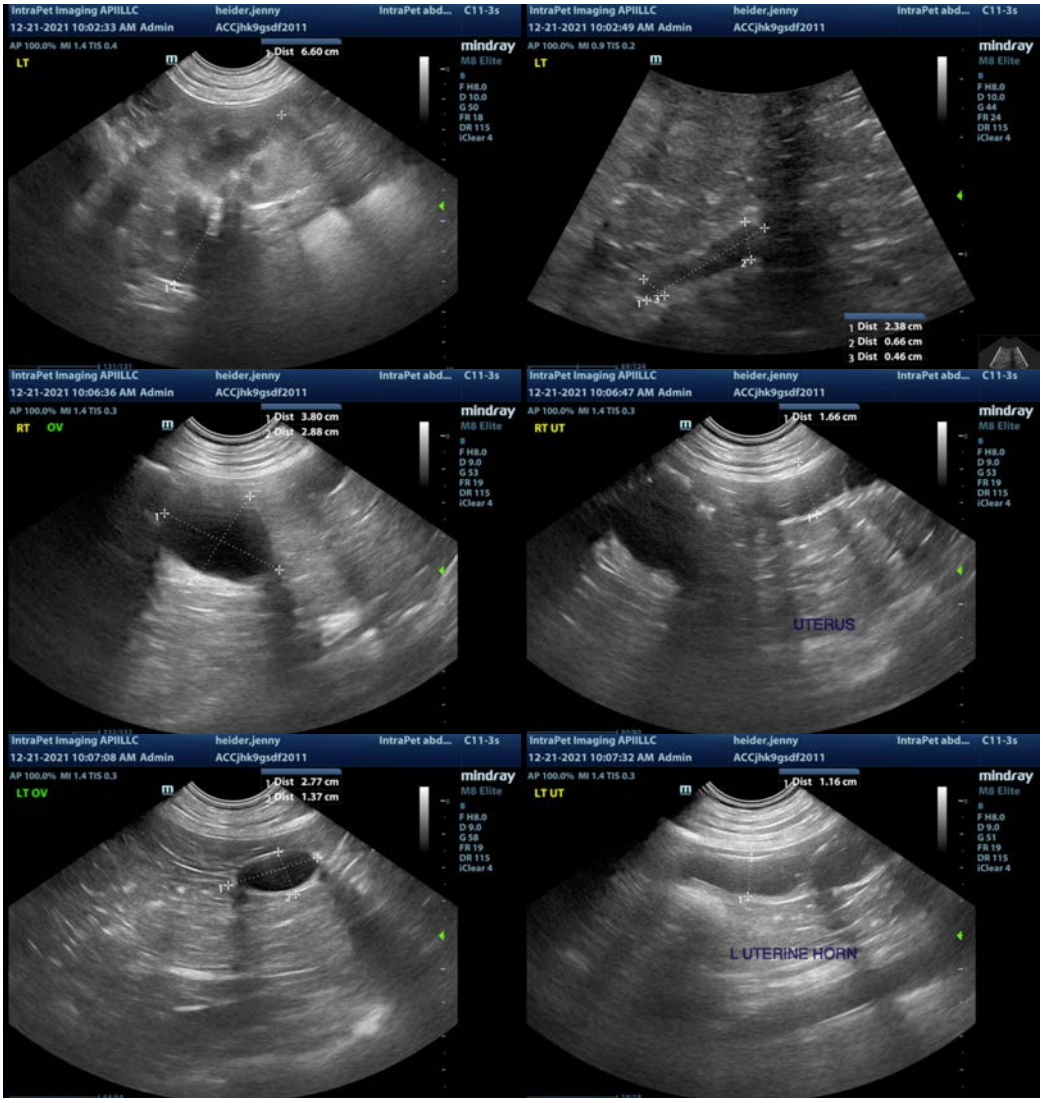
- Cystic ovaries with prominent/visible uterus – most consistent with a senior intact female dog (possibly with previous litters?). A scant amount of fluid is visualized within the uterus, but this is unlikely consistent with pathology.

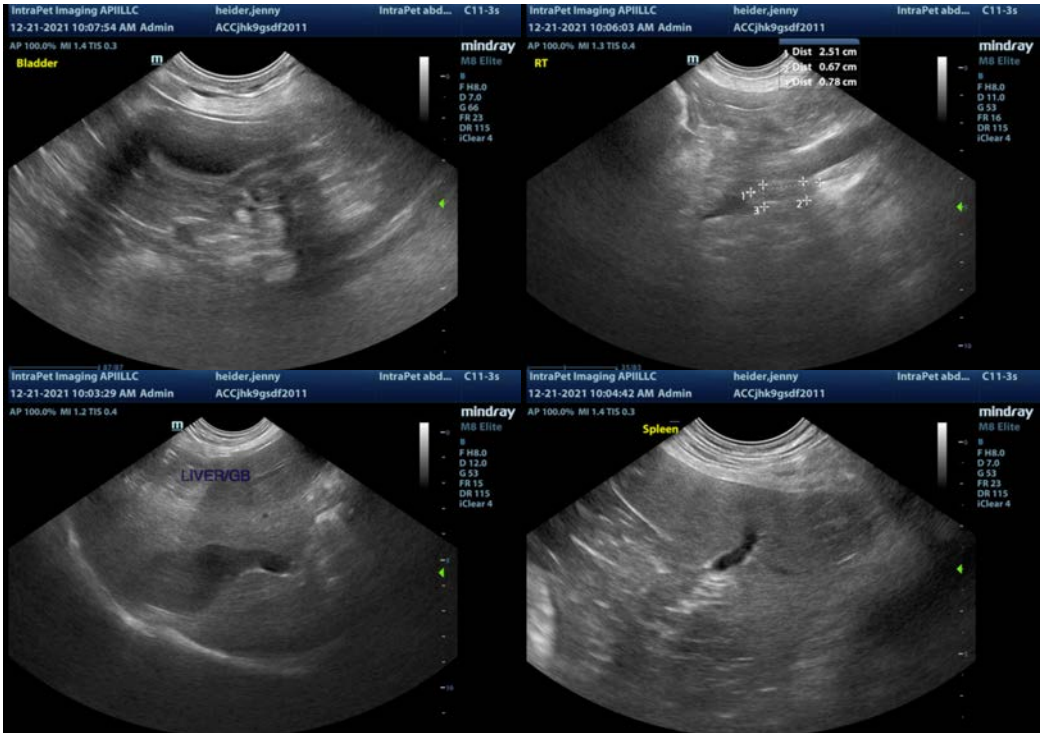
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for an older intact female dog. No large mass effects are visualized or lymphadenopathy. Consider these recommendations for further workup:

- Recommend discontinuation of corticosteroids, as this can mask a cause for hypercalcemia. Consider additional testing after being off medications for several weeks.
- Recommend an ionized calcium, PTH, and PTHrP level to Michigan State's endocrine lab (hypercalcemia malignancy panel) to determine if the hypercalcemia is real and if there is evidence of hyperparathyroidism.
- Recommend good rectal exam to look for evidence of an anal gland tumor.
- Recommend oral exam to look for any evidence of oral masses.
- Recommend 3-view thoracic radiographs.

- Recommend careful palpation of peripheral lymph nodes for any evidence of lymphadenopathy, and consider fine needle aspirate.
- If this scan was performed while the patient was on Prednisone, this could be temporarily masking some lesions.





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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