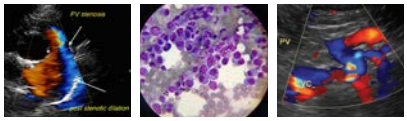
IMAGING PERFORMED BY

IntraPet.com



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

**DATE**

4/12/23

**PATIENT**

Scarlett Reed

**SPECIES**

Canine

**BREED**

Labrador X

**SEX**

Spayed Female

**AGE**

9/9/16

**WEIGHT**

31 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Eldersburg Vet

**REFERRING VET**

Dr. Alper

**INVOICE**

46603

## PRESENTING CLINICAL SIGNS

Pt presents for annual examination and vaccinations. o presented to the ER approx 2 weeks ago for a suspect UTI and given a convenia injection which helped alleviate the symptoms. pt is eating well, o has noted a decrease in water drinking since switching to the canned diet, however urination has not changed. energy level is normal, no c/s/d/v. o is concerned that pt has lost weight-per o approx 10 lbs in one year. This was from February exam

Current Medications: None.
Lab Results: cbc/chem=nsf. cPL=normal
Radiographs: No obvious fb, obstruction, mass.
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 and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The proximal urethra appears normal and free of any irregularities, calculi, etc. As it is followed more distally, the urethra appears somewhat prominent, measuring 0.47 cm in diameter. No definitive irregularities are noted. Correlate with a digital rectal exam and consider continued monitoring.

The left kidney has a normal shape and size (5.24 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 (5.01 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 0.61 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 0.60 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 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 0.37 cm. Jejunum wall measures 0.33 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, 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.

## ULTRASONOGRAPHIC FINDINGS

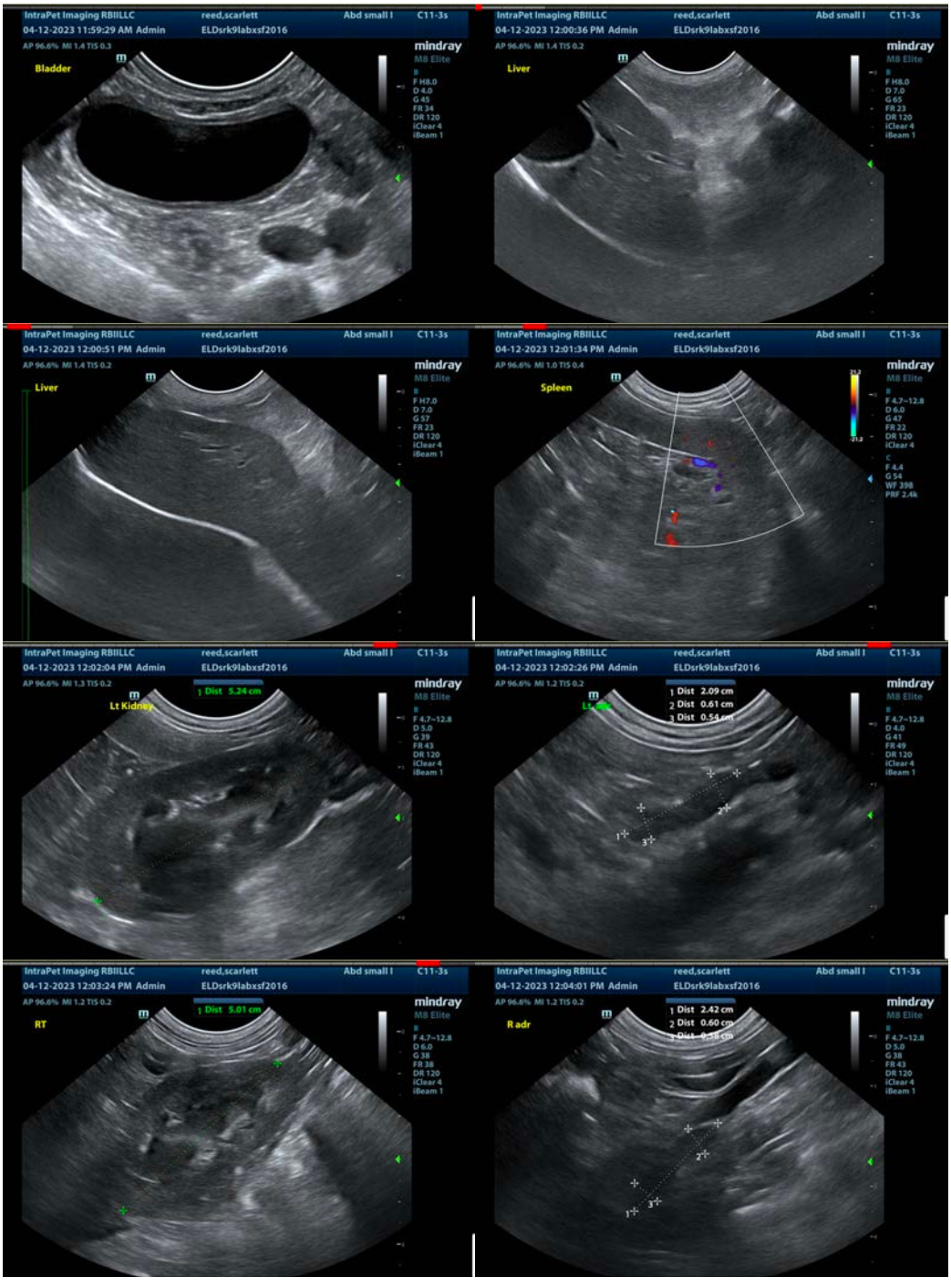
- Subjectively prominent urethra – The significance of this is unclear. Correlate with a digital rectal exam, free catch urinalysis, and continued monitoring.

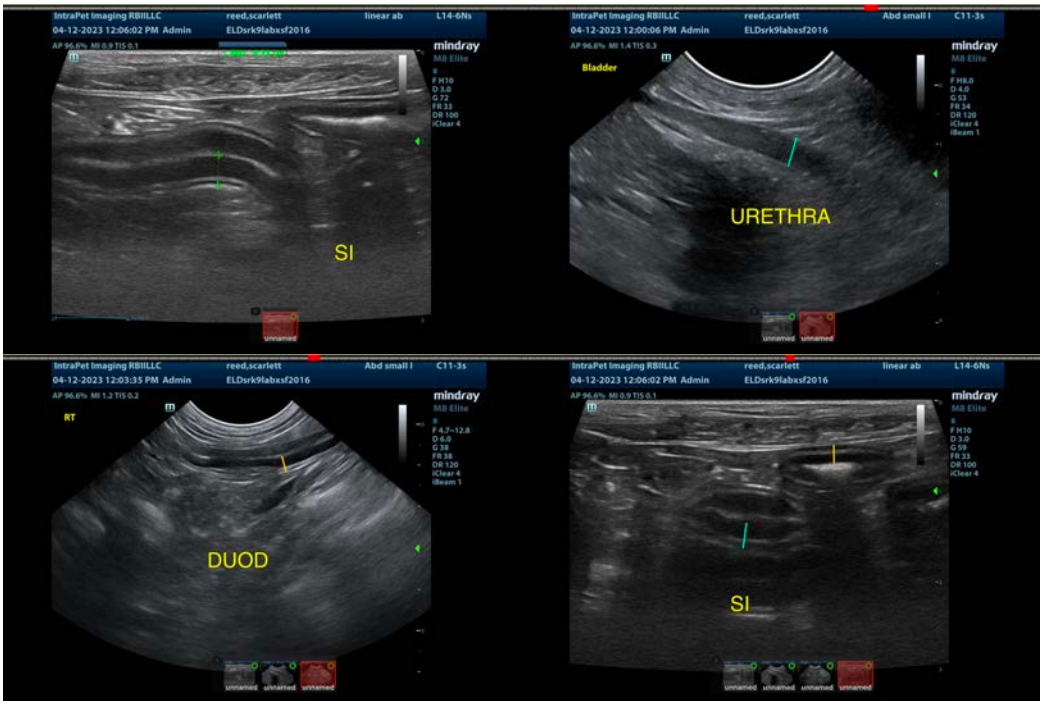
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No focal lesions were visualized to explain the weight loss reported.

- Carefully examine the history, looking for differences in activity levels, diet, treats, etc.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.
- Consider screening for Addison's disease and evaluation of electrolyte levels.
- If weight loss persists, underlying gastrointestinal disease could be considered, as this does not always cause significant ultrasonographic lesions. Consider starting with a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate.

The urethra appears subjectively prominent on today's exam. The significance of this is uncertain. Correlate with a digital rectal exam and a free catch urinalysis. Was the diagnosed UTI cultured? Recommend continued monitoring for any lower urinary tract signs and palpation for any urethral thickening. Consider reevaluation with ultrasound if symptoms persist.


IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 11:59:29 AM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
Bladder
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:00:36 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
Liver
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:00:51 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
Liver
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:01:34 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
Spleen
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:02:04 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
1 Dist 5.24 cm
Lt Kidney
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:02:26 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
1 Dist 2.09 cm
2 Dist 0.61 cm
3 Dist 0.54 cm
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:03:24 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
1 Dist 5.01 cm
RT
IntraPet Imaging RBIILLC
reed,scarlett
Abd small I
C11-3s
04-12-2023 12:04:01 PM Admin
ELDsrk9labxsf2016
mindray
M8 Elite
1 Dist 2.42 cm
2 Dist 0.60 cm
R adr




**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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com