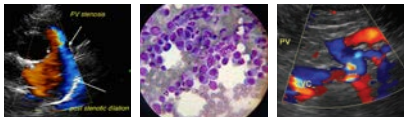
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/29/23

PATIENT

Gunner Durastanti

SPECIES

Canine

BREED

Rott x

SEX

Neutered Male

AGE

9/3/13

WEIGHT

71 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Durastanti

INVOICE

43596

PRESENTING CLINICAL SIGNS

P has been ADR for 48 hours. Has been taking 20-30 min to eat a meal when he is typically a hoover. More clingy than usual. Drinks a lot of water and has a history of isosthenuria without any other changes on BW/UA. Last BW performed 2/3/23. Sending out full panel 6/28/23 (results pending). Radiographs were performed of chest and abdomen. Chest was clear but loss of detail at central abdomen and a diffusely large spleen was noted. Also has an enlarged mandibular lymph node which was aspirated and sent out 6/28/2023 (results pending).

Current Medications: Fluoxetine 40mg SID, for about 2 weeks, Trazodone 100mg 2 hours prior to vet visits
6/28/23 needed butorphanol and dexdomitor for radiographs, will likely have to sedate for ultrasound as well.
Lab Results: 2/3/23 BW completely normal, isosthenuria with no other changes on urinalysis
6/28/23 BW pending, may be available by scan time tomorrow
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Trazadone.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.37 cm) with mild pyelectasia at 0.41 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.55 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is large, slightly irregular, and severely mottled, measuring at 2.95 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is large in size and hypoechoic 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 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. 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 are large hypoechoic lymph nodes in the portal region measuring 2.33 cm x 6.27 cm and 2.07 cm x 2.12 cm. The omentum is hyperechoic around the enlarged lymph node and spleen.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, hypoechoic, 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.

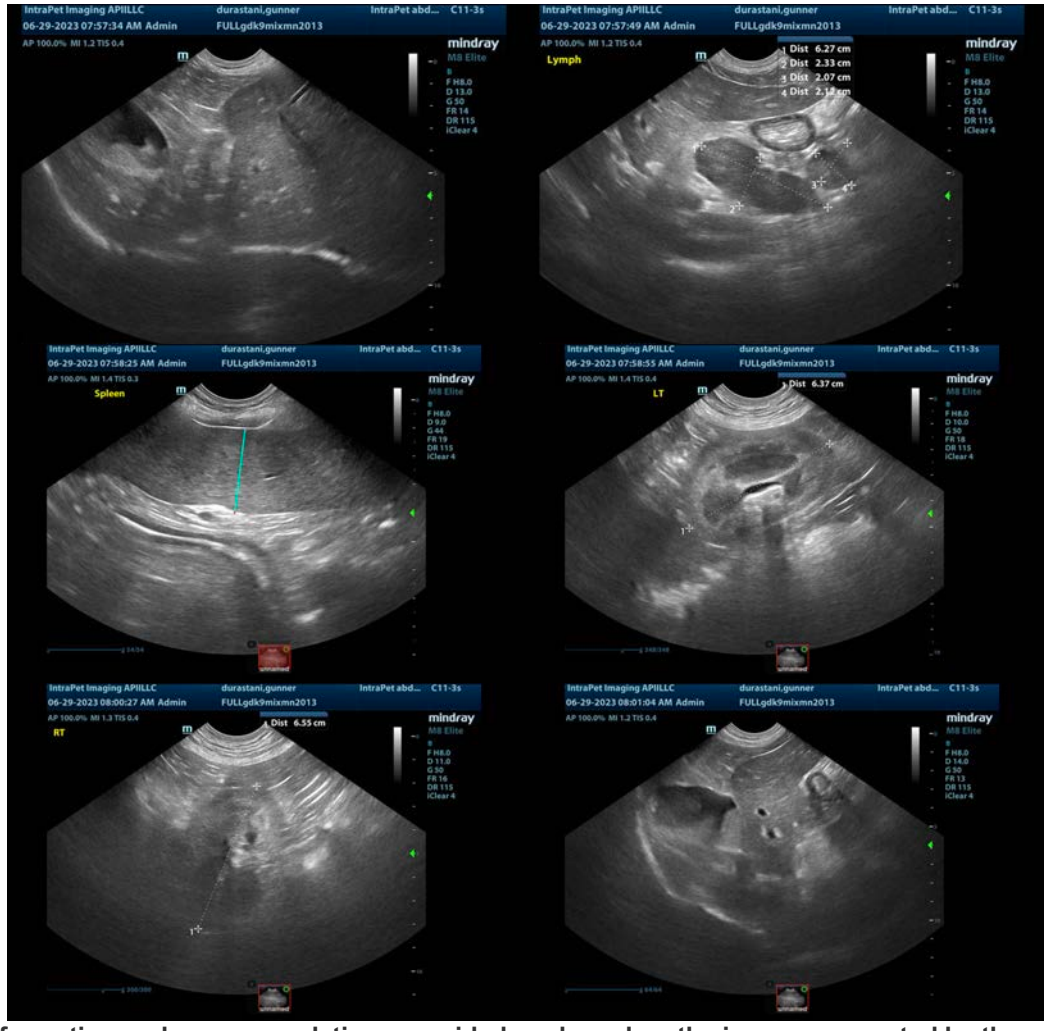
- Mild left-sided renal pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Large, hypoechoic, irregular lymph nodes in the portal region – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large, slightly irregular, and mottled in appearance. Recommend a fine needle aspirate of the spleen. Additionally, the portal lymph nodes are large and hypoechoic. Unfortunately, these are too deep to easily sample. If a cytologic diagnosis cannot be obtained based no splenic aspirates, consider hepatic aspirates, as there is concern for an underlying neoplastic process (round cell neoplasia, etc.). Additionally, your peripheral lymph node aspirate may be helpful.

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



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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