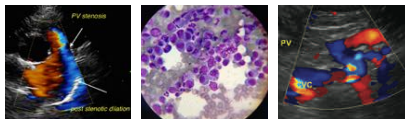
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/19/22

PATIENT
Rooney Heighton

SPECIES
Canine

BREED
Beagle Terrier Mix

SEX
Spayed Female

AGE
6/14/18

WEIGHT
25 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

HOSPITAL NAME
Stay Pet Veterinary

REFERRING VET
Dr. Klimovitz

INVOICE
30527

PRESENTING CLINICAL SIGNS

Elevated ALP, persistent and unknown reason as to why.
Current Medications: None.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A trivial, and clinically insignificant amount of free floating sediment is present. There is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 4.44 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. The cortex is hypoechoic to the spleen. There are no signs of nephroliths or pyelectasia. Blood flow is excellent. The surrounding mesentery is not hyperechoic.
The **right** kidney measures 5.03 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.47 cm at the cranial pole, 0.51 cm at the caudal pole and 1.84 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.37 cm at the cranial pole, 0.33 cm at the caudal pole and 1.52 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly, however, mild microhepatica cannot be excluded. The liver's borders are smooth and sharp. The echotexture is homogeneous and it is within normal limits in echogenicity; it is hypoechoic to the falciform fat and spleen. Focal lesions are not visualized. The walls of the portal veins are mildly prominent. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

Gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

No overt abnormalities are observed with the echogenicity or echotexture of either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

No major abnormalities are observed on today's abdominal ultrasound. However, subjectively, mild microhepatica cannot be excluded. Liver size is better characterized with abdominal radiographs.

A portosystemic shunt is considered unlikely based on the absence of multiple abnormalities on today's ultrasound (renomegaly, cystoliths, etc.), however, hypoplasia of the portal vein (previously known as microvascular hypoplasia) cannot be excluded based on the possible microhepatica in conjunction with the mild decrease in Rooney's hematocrit, hemoglobin and most importantly, the microcytosis.

If liver size is within normal limits, her mild microcytic anemia may be further evaluated by performing a blood smear and SNAP 4Dx, as well as evaluating for reticulocytes or polychromasia.

Another possibility for microcytosis and very mild anemia is familial hypocobalaminemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

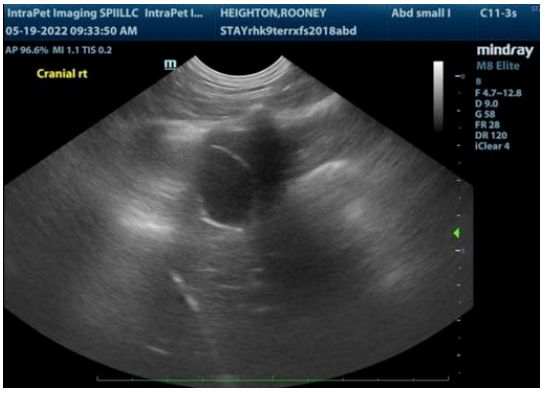
Abdominal radiographs may be considered to evaluate the size of the liver.

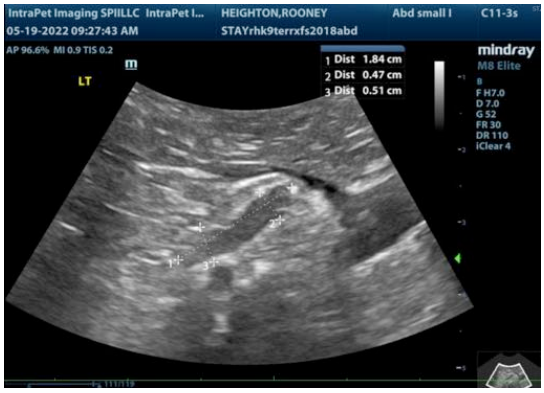
Serum bile acids are suggested and a possible protein C concentration.

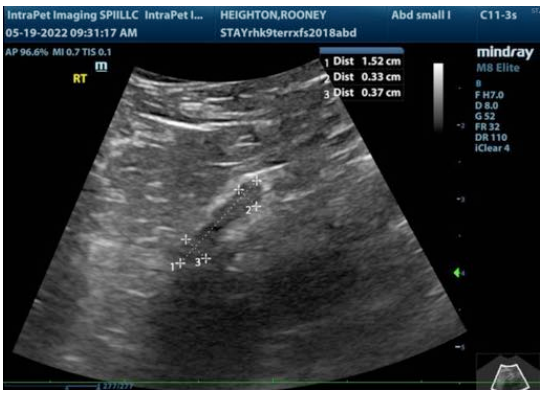
As mentioned above, a blood smear and SNAP 4Dx, as well as evaluating for reticulocytes or polychromasia.

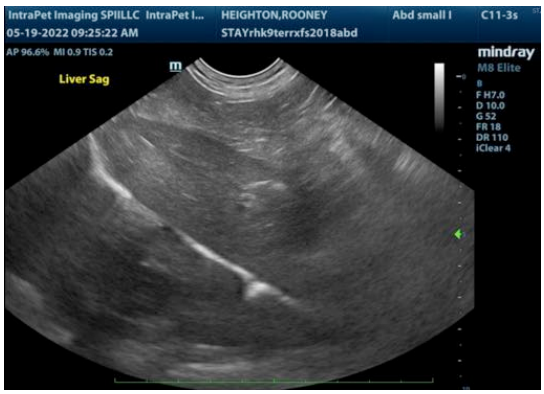
Depending on the above results, a cobalamin concentration may be considered.

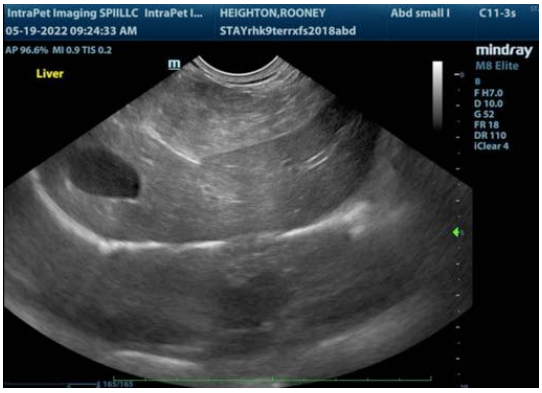
Further diagnostics, will depend on the above results.











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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM
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