IMAGING PERFORMED BY

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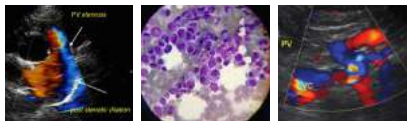

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/8/21

PATIENT

Max Rodriguez

SPECIES

Canine

BREED

Bichon Mix

SEX

Male Neutered

AGE

2011

WEIGHT

13 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Festival Veterinary Clinic

REFERRING VET

Dr. Harvey

INVOICE

11982kk

PRESENTING CLINICAL SIGNS

Urinary Incontinence, Abd pain, enlarged prostate. The patient was neutered in August. CBC is normal. Amylase and lipase are elevated.

Current Medications: Apoquel 5.4mg 1/2 PO QD, Deramaxx 1/2 PO QD.

Radiographs: potentially enlarged prostate compressing on colon cranially. There also appears to be cardiomegaly.

Date of Previous IntraPet Ultrasound: No previous

Sedation: Sedation not required.

Stat Report: Stat report not requested by DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is mildly enlarged (1.29 cm in width) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (4.01 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.49 cm at caudal pole) (1.66 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.60 cm at cranial pole) (0.48 cm at caudal pole) (1.49 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic adherent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction is normal. A portion of the colonic wall is mildly thickened (up to 0.60 cm) with retention of the normal layering pattern. There is no evidence of obstruction.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Given the patient's recent castration (August 2021), the prostate changes are likely secondary to residual benign prostatic hyperplasia.
- The colonic wall changes are most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Minor, bilateral, age-related renal pathology with dystrophic mineralization.

**An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the urinary incontinence, a urinalysis and urine culture and sensitivity are recommended. Also consider a PLI to assess for low-grade pancreatitis as a possible cause for abdominal pain.
2. Given the cardiomegaly observed on the abdominal radiographs, thee-view full chest radiographs +/- echocardiogram, ECG, and blood pressure are recommended.


IntraPet Imaging APIILLC
rodriguez,max
IntraPet abd...
10-08-2021 09:45:47 AM Admin
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mindray
Stomach
Liver/GB


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rodriguez,max
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mindray
LT
Lt adr
1 Dist 1.66 cm
2 Dist 0.54 cm
3 Dist 0.60 cm


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RT
Rt adr
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3 Dist 0.60 cm


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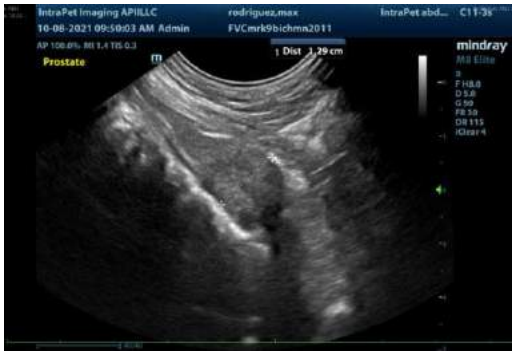
mindray
SI
1 Dist 0.40 cm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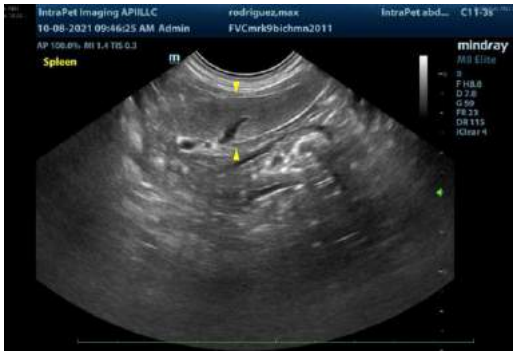
Prostate
1 Dist 1.29 cm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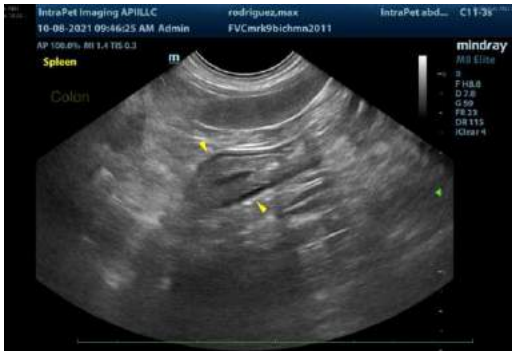
mindray
Spleen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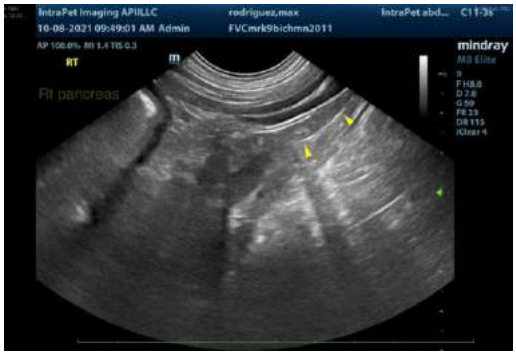
Spleen
Colon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IntraPet abd...
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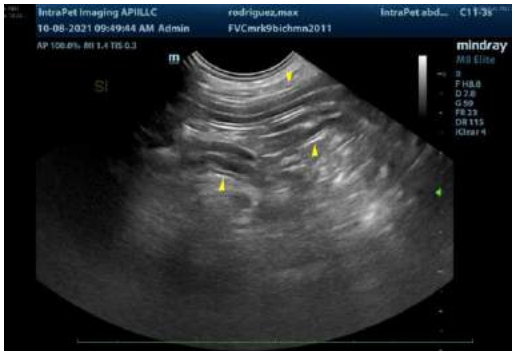
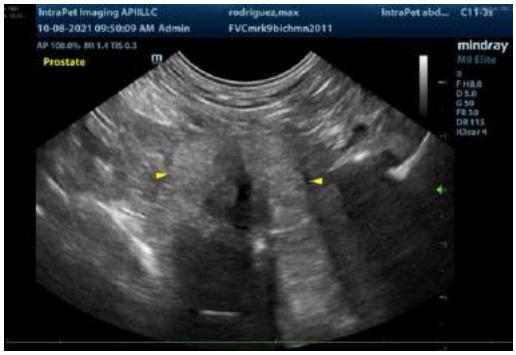
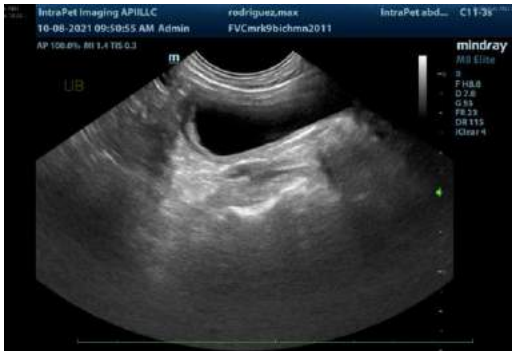
FVCmrk9bichmn2011
mindray
RT
Rt pancreas







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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