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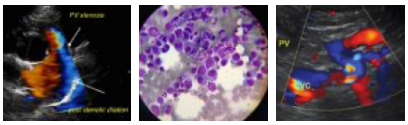
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/7/21

PATIENT

Frosty Schwinn

SPECIES

Canine

BREED

Bichon mix

SEX

Male, neutered

AGE

9/9/2008

WEIGHT

14.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bel Air VH

REFERRING VET

Dr. Stevenson

INVOICE
12670

PRESENTING CLINICAL SIGNS

History: 11/20/21: No bowel movement for 2 days, straining, repeated posturing. eating, drinking, urinating within normal limits, no lethargy. 2+ calculus/gingivitis +/- 1/6 grade heart murmur L (murmur not appreciated 11/29/21). Possible colitis?

Current Medications: Gabapentin 50mg Give 1 every 8-12 hours, rx'd 11/29/21, Entyce 30mg/ml Give 0.7 mL by mouth every 24 hours (at the same time each day) rx'd 11/29/21, Dermalone thin layer on rectum every 12 hours. No response to: Panacur (3.3ml's once a day for 5 days), Metronidazole (100mg's every 12 hrs for 10 days) & Proviable caps once a day for 15 days.
Lab Results: CBC done 11/29/21: *slight increase in PLT: 580, *slight increase in BUN: 28, *increase in PCT: 0.66. Attached separately.
Radiographs: Radiographs done 11/29/21: narrow IV Disc spaces L1-2, L2-3 +/- L-5, T8-9. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. The penile urethra is evaluated. No obvious abnormalities are observed.

The prostate is mildly to moderately enlarged (1.49 cm width) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.52 cm at caudal pole) (2.04 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 (0.66 cm at cranial pole) (0.51 cm at caudal pole) (2.40 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 (1.30 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.99 x 0.81 cm heterogeneous nodule is observed near the lateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

A brief evaluation of the rectum reveals no obvious abnormalities.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Prostatomegaly. Differentials include benign age-related remodeling vs emerging neoplasia vs hyperplastic change (i.e., if patient was neutered late in life). It is unclear whether the prostatomegaly is contributing to the patient's straining to defecate or if a primary colonic issue is present.

Secondary Findings:

- Minor age-related renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A thorough rectal evaluation is recommended if not already performed.
- Consider a urine BRAF test to further assess for prostatic neoplasia.
- Ultimately, a colonoscopy with biopsies may be necessary to get a definitive diagnosis.
- Regarding the splenic nodule, three-view thoracic radiographs are recommended to assess for metastatic disease. A fine needle aspirate of the lesion should be performed (if clotting status is appropriate). If cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology is recommended. A colonoscopy could potentially be performed under the same anesthesia.


IntraPet Imaging RBIILLC
schwinn,frosty
Abd small I
C11-3x
12-07-2021 12:08:20 PM Admin
BELNORfsk9bichxnm2008
mindray
Spleen
Dist 0.99 cm
Dist 0.81 cm


IntraPet Imaging RBIILLC
schwinn,frosty
linear ab
L14-6Ns
12-07-2021 12:11:58 PM Admin
BELNORfsk9bichxnm2008
mindray
Os penis


IntraPet Imaging RBIILLC
schwinn,frosty
Abd small I
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mindray
Rt adr
Dist 2.04 cm
Dist 0.51 cm
Dist 0.66 cm


IntraPet Imaging RBIILLC
schwinn,frosty
Abd small I
C11-3x
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Lt adr
Dist 2.04 cm
Dist 0.59 cm
Dist 0.66 cm


IntraPet Imaging RBIILLC
schwinn,frosty
Abd small I
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mindray
Liver


IntraPet Imaging RBIILLC
schwinn,frosty
Abd small I
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mindray
RT
GDJ

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com