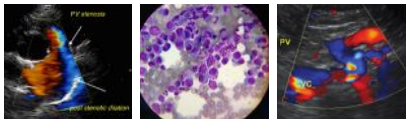
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/23/2022

PATIENT

Lucky Black

SPECIES

Canine

BREED

Mixed Breed

SEX

Intact Male

AGE

12/20/2016

WEIGHT

79.5lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Claws N Paws Animal Hospital

REFERRING VET

Dr. Singh

INVOICE

10453

PRESENTING CLINICAL SIGNS

Current Medications: Metronidazole 750mg BID, Cerenia 74mg SID, Proviable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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 enlarged (6.90 cm in length) (4.65 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to slightly heterogenous in appearance, with a few ill-defined parenchymal cysts. In addition, a 1.35 cm periprostatic cyst is observed. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (7.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.61 cm at caudal pole) (2.24 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 (0.68 cm at cranial pole) (0.74 cm at caudal pole) (2.88 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 subjectively normal in size 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 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 is moderately distended. The wall is slightly thickened (up to 0.30 cm), with a “double-walled” effect. A small 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 contains air and a scant amount of fluid. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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
Trace free fluid is observed. A few prominent lymph nodes are observed in the cranial, mid, and caudal abdomen, the largest measuring 4.58 cm in length. The nodes are of normal shape and echogenicity.

Other
The left testicle measures 5.19 x 2.99 cm.
The right testicle measures 4.51 x 1.95 cm.
The left testicle is larger than the right testicle. A 2.19 x 1.96 cm hypoechoic to slightly heterogenous nodule/mass is observed within the left testicular parenchyma. The right testicular parenchyma is homogenous.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of an inflammatory process (i.e., inflammatory bowel disease).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Trace ascites
- Left testicular nodule/mass. Neoplasia is favored, although a benign process cannot be excluded.

Secondary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. A single periprostatic cyst is also present
- The gall bladder wall changes could be consistent with cholecystitis, low oncotic pressure, increased hydrostatic pressure, other. Correlation with clinical findings is recommended.
- Minor age-relate pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:

    1. Serum cobalamin, folate, PLI and TLI

    2. A fecal evaluation for ova/Giardia

    3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

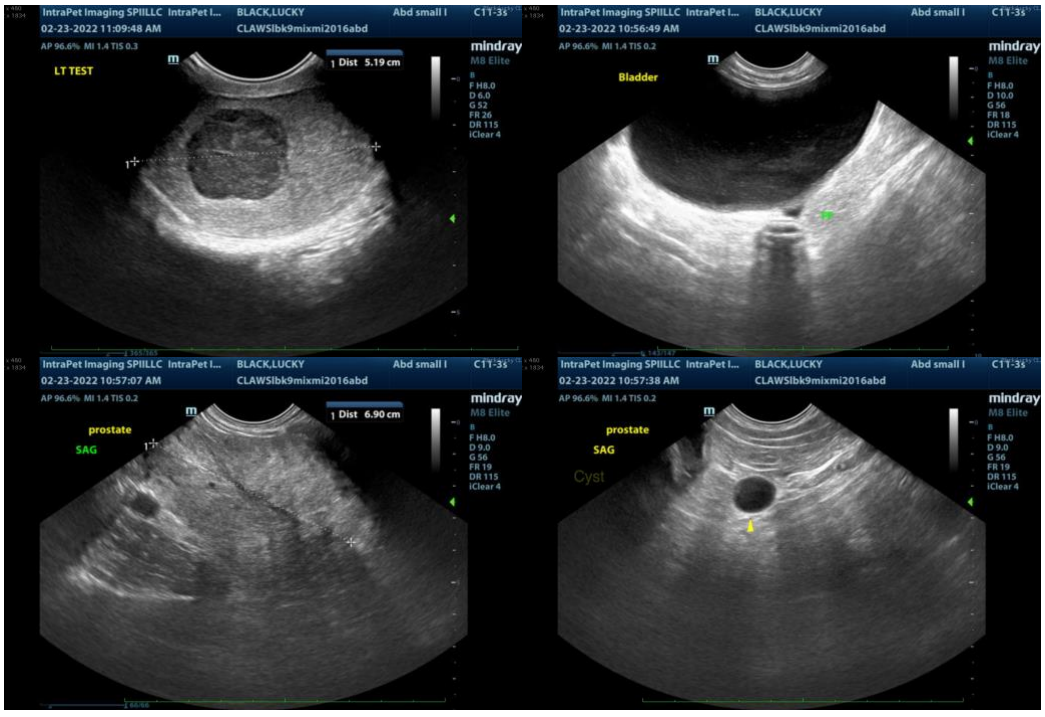
    4. A 6-week limited antigen diet trial to assess for food allergies.

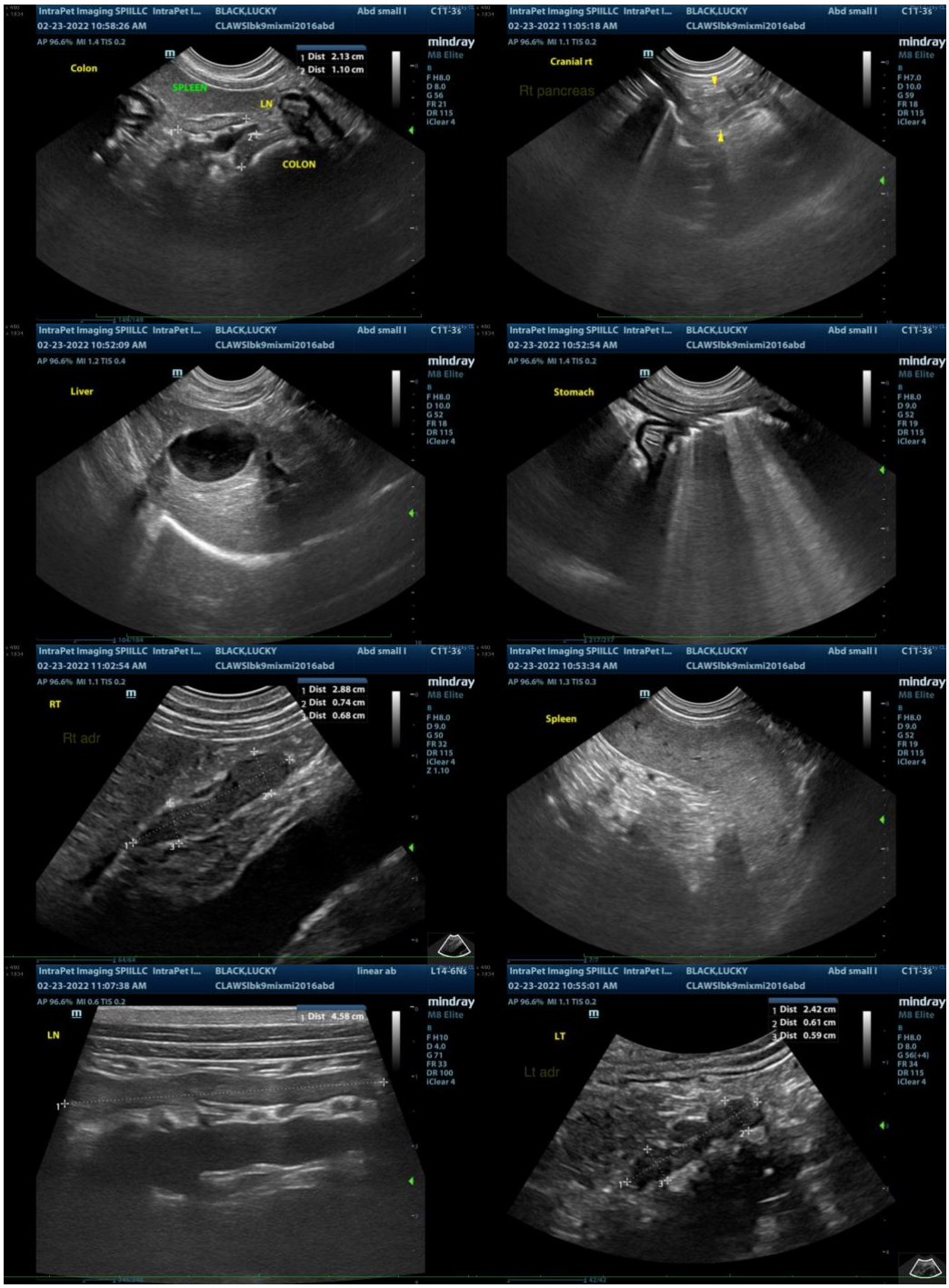
    5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.

    6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

    7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. If surgical biopsies are pursued, castration with submission of the testicles for histopathology is recommended.

    8. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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SPLEEN
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2 Dist 1.10 cm
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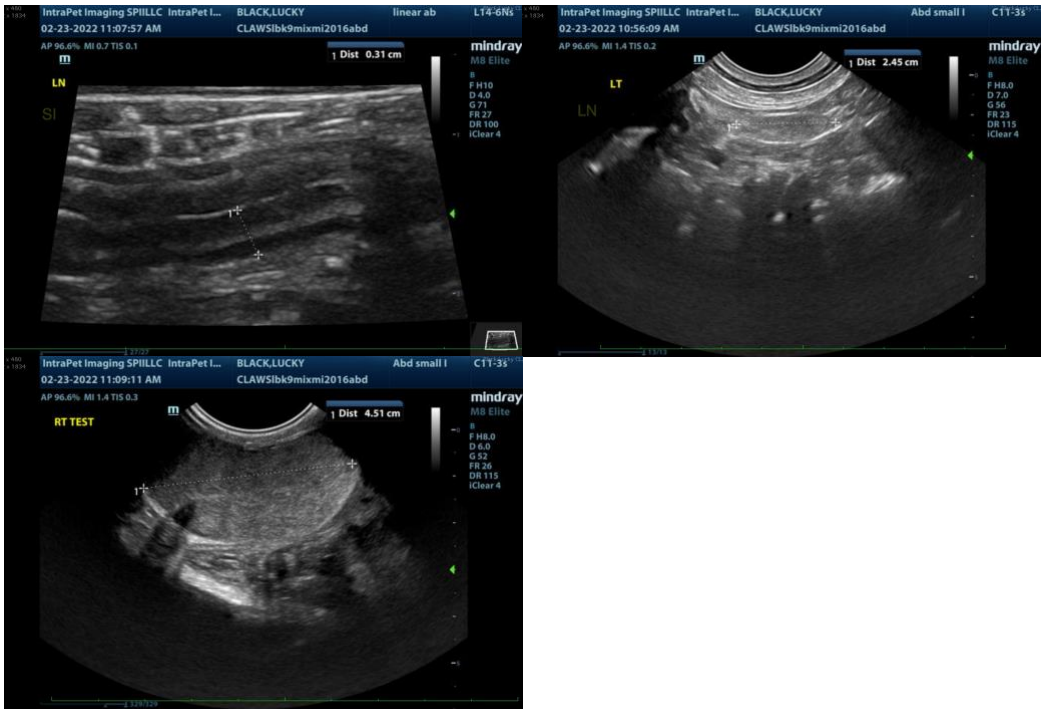

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com