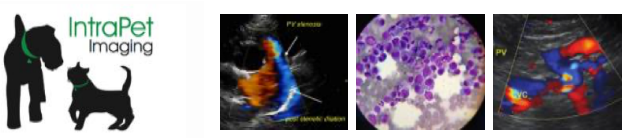
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/28/22

PATIENT

Zephyr McClain

SPECIES

Canine

BREED

Mixed Breed

SEX

Male, intact

AGE

2/24/2016

WEIGHT

52.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Del Favero

INVOICE

13061

PRESENTING CLINICAL SIGNS

P found as a stray in OK. O brought in for assessment on 2/24/22 and also noted occasional stranguria. Estimating age at about 5-6 years old. PE 2/24- BAR, enlarged prostate, multiple scars, but otherwise remainder of PE largely unremarkable.

Current Medications: Started on 2/24/22- Carprofen 50mg BID, Enrofloxacin 136mg SID. Started on 2/25/22 Doxycycline 300mg BID.
Lab Results: 2/24- ALT 420, ALP 137, heartworm positive, Thrombocytopenia 82k.
Radiographs: chest rads pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Gabapentin and Trazodone PO.
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 lumen is moderately distended with mostly 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 enlarged (2.67 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.07 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 is normal size (6.77 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 (0.56 cm at cranial pole) (0.68 cm at caudal pole) (2.29 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 upper limits of normal size (0.76 cm at cranial pole) (0.74 cm at caudal pole) (2.23 cm in length) with a slightly irregular shape. 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 (2.07 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 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. Luminal contents are mostly anechoic. 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 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.

Other

The testicles are subjectively normal in size (left testicle 3.73 x 2.71 cm; right testicle 3.72 x 2.74 cm) and symmetrical with homogeneous parenchyma. No focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis may also be present, particularly given the history of stranguria.

- An obvious cause for the patient's elevated ALT is not identified in this study. Differentials include inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), Leptospirosis, reactive hepatopathy, infiltrative neoplasia (unlikely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the prostate, if a definitive diagnosis is desired, consider traumatic urethral catheterization to obtain prostatic cells to submit for cytologic evaluation. Castration is also strongly recommended along with a 4-week course of a fluoroquinolone (i.e., enrofloxacin).

- To further evaluate the elevated liver enzymes, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) can be considered. If surgical biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation should also be obtained.

- If a more conservative approach is desired, consider initiating Denamarin (along with broad spectrum antibiotics) and rechecking liver values in a month. If the liver values do not improve, hepatic tissue sampling can be reconsidered at that time.


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Liver
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Spleen
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LT
1 Dist 2.29 cm
2 Dist 0.76 cm
3 Dist 0.56 cm
LT adr
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Bladder
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mindray
prostate
1 Dist 4.07 cm
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mindray
RT
1 Dist 2.23 cm
2 Dist 0.82 cm
3 Dist 0.76 cm
Rt adr
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mindray
TEST LT
1 Dist 3.73 cm
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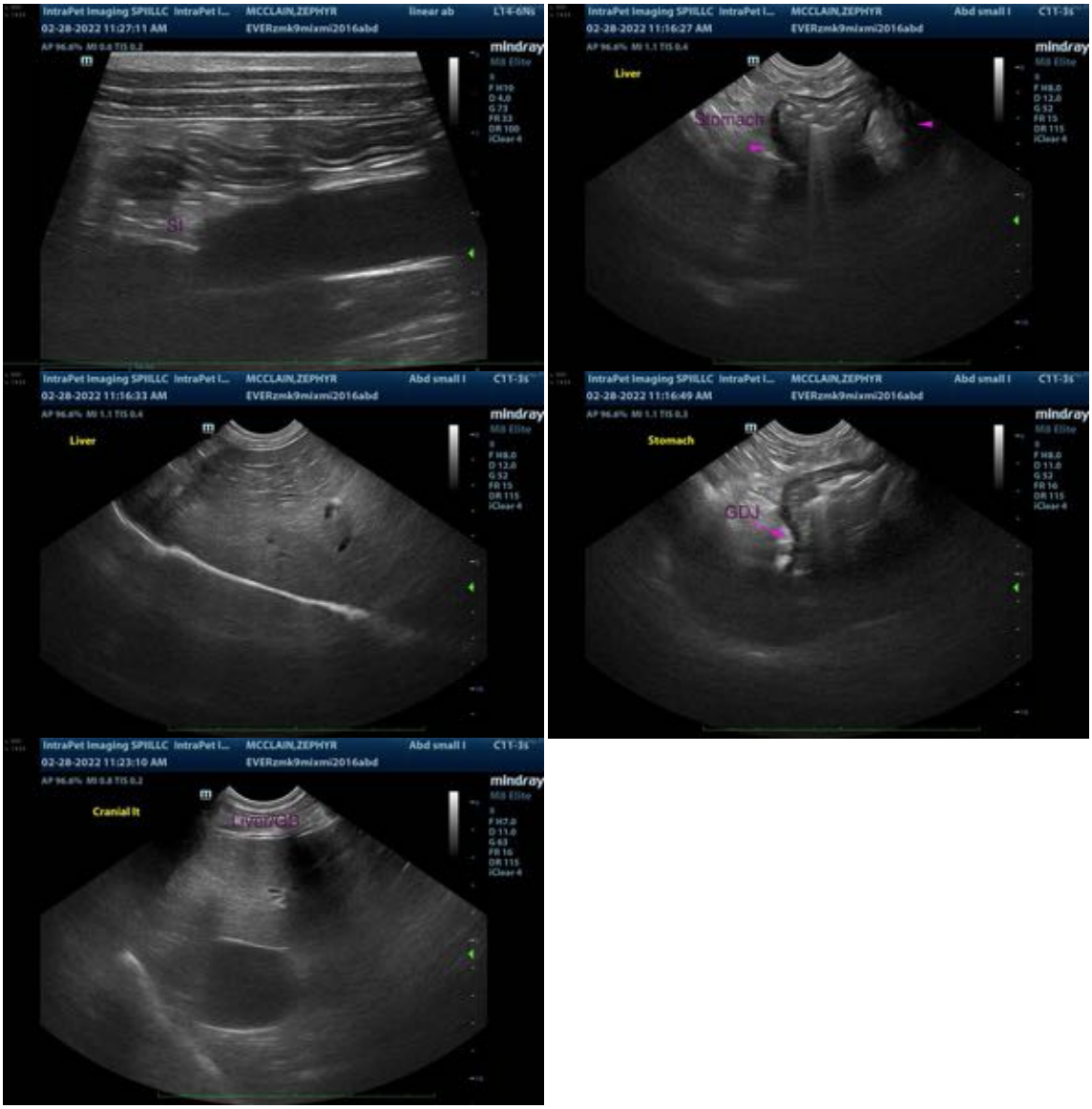
mindray
TEST RT
1 Dist 3.72 cm



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