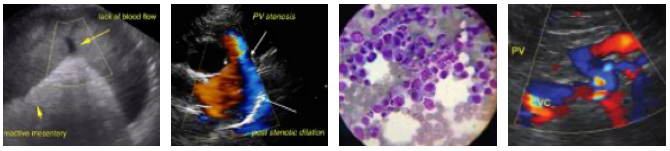
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Koko Encarnasion

SPECIES
Canine

BREED
Mixed breed

SEX
Male, intact

AGE
3 Yrs.

WEIGHT
40 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ferrer

INVOICE
14748

DATE
3/15/23

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to evaluate anorexia. The patient was presented for evaluation of anorexia on 3-13-23 . Has not eaten in the last 3 days. He usually eats white rice, boiled chicken, and GI wet diet. Has had soft feces in the last 3 days. Has not noticed blood in feces. He is BAR. Does not have vomiting. Recently, he was started to be taken to the park. The owner says his attention is drawn to females in heat. Pt has developed diarrhea with hematochezia and had an episode during the ultrasound study.
Abnormal PE/Chem/CBC/UA Results: CBC RBC: 9.45 M/µL(5.65-8.87) HCT: 63.4% (37.3-61.7) HGB: 21.9 g/dL (12.1-20.5) CHEM: K: 3.4mmol/L (3.5-5.8) Radiographs - decreased serosal detail.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (4.03 cm in width) with slightly irregular 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 (6.72 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.

The right kidney is normal size (6.78 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.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.51 cm at caudal pole); 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.

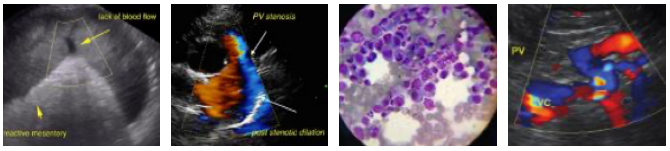
The right adrenal gland is normal size (1.55 cm at cranial pole) (0.64 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.55 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 gallbladder is of normal contours



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and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 ileocecocolic junction and colonic wall are 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

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.37 cm in length. 1-2 medial iliac lymph nodes are visible, the largest measuring 1.45 cm in length. The nodes are normal in shape and echogenicity.

Other

The testicles are subjectively normal in size and symmetrical with homogeneous parenchyma.

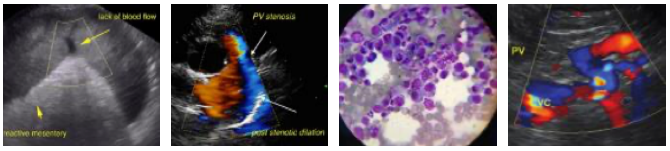
ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include stress colitis (although this is not usually preceded by several days of anorexia), acute hemorrhagic gastroenteritis, dietary indiscretion, infectious/parasitic disease, underlying metabolic issue, mild pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.
- Consider prophylactic deworming with Fenbendazole as well as initiation of a probiotic +/- a fiber supplement.
- A bland diet should also be initiated when the patient is eating.



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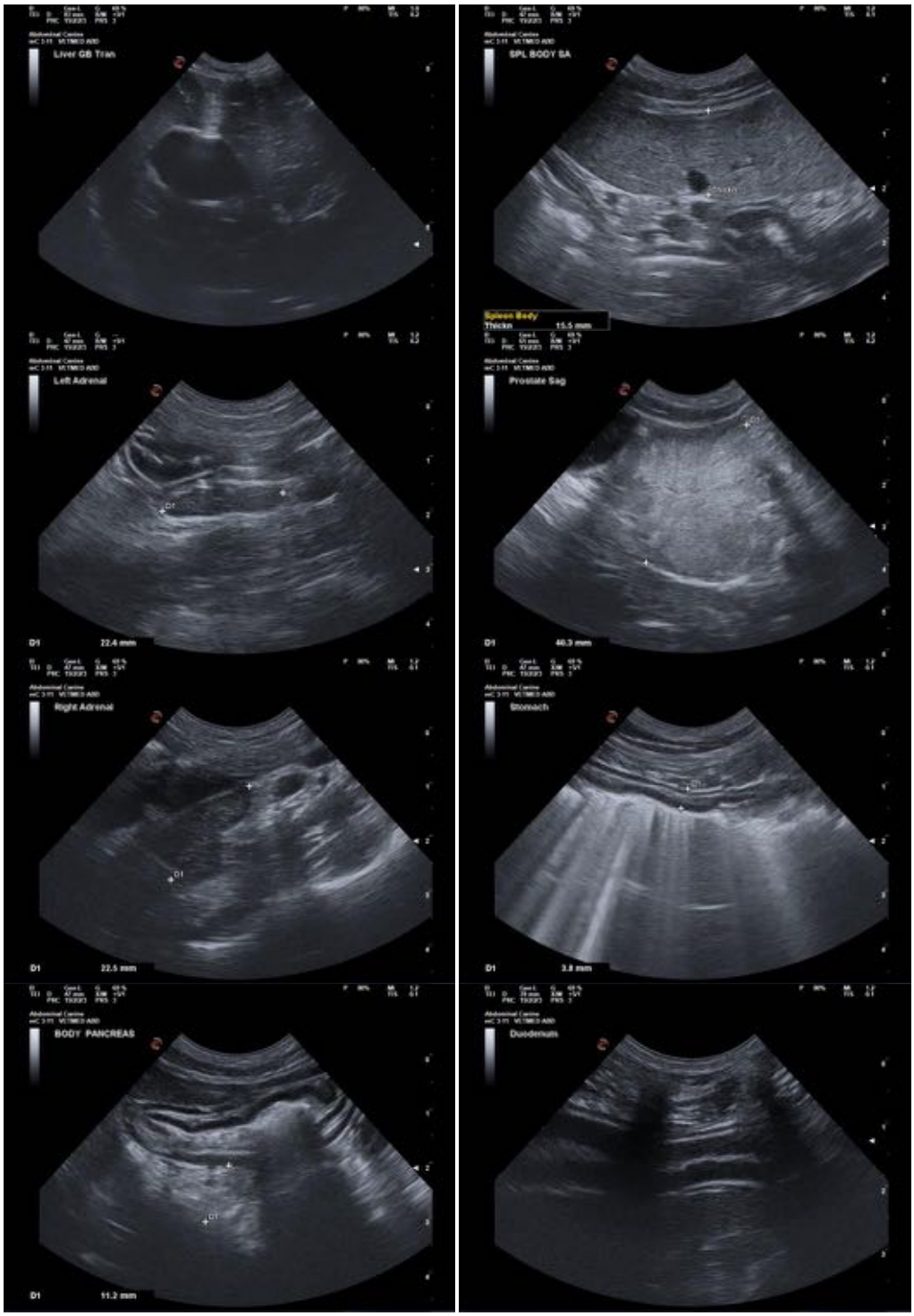
- If the patient's clinical signs do not begin to improve with symptomatic care, a more advanced GI workup may be warranted.



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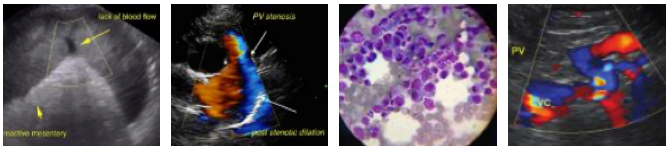

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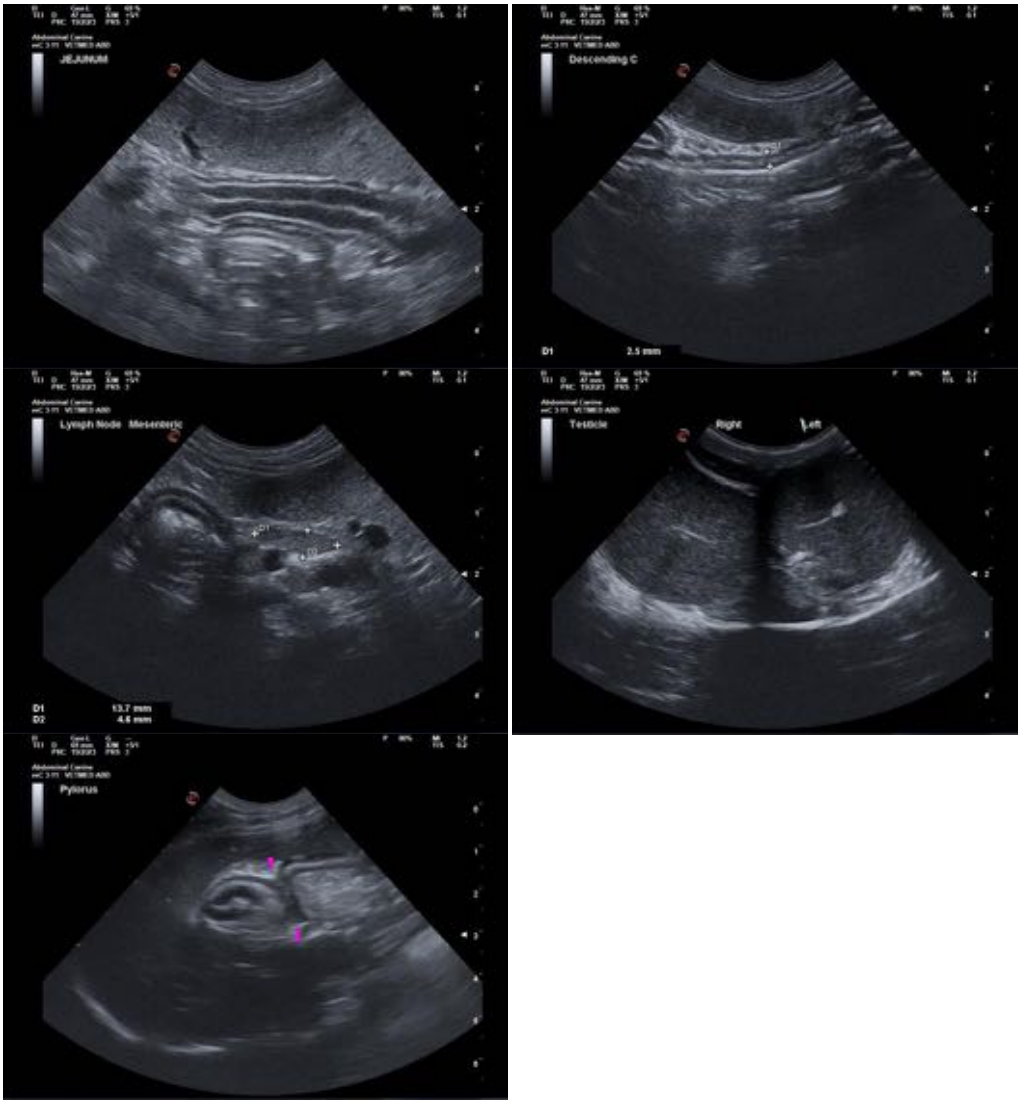

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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