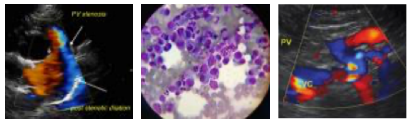
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6.28.2022

PATIENT

Teddy Duke

SPECIES

Canine

BREED

Golden

SEX

Neutered Male

AGE

1/14/2013

WEIGHT

84lbs

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

11173

PRESENTING CLINICAL SIGNS

This is to monitor changes in the spleen and liver from previous ultrasounds.

Current Medications: None.
Date of Previous IntraPet Ultrasound: 3/2/21 and 4/7/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 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 **left kidney** is normal size (6.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **prostate** is normal in size (1.30 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Adrenal Glands

The **left adrenal gland** is normal size (0.49 cm at cranial pole) (0.51 cm at caudal pole) (3.48 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 (0.67 cm at cranial pole) (0.72 cm at caudal pole) (3.58 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 (1.07 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 1.27 cm ill-defined, hypoechoic nodule is observed at the caudomedial aspect. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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

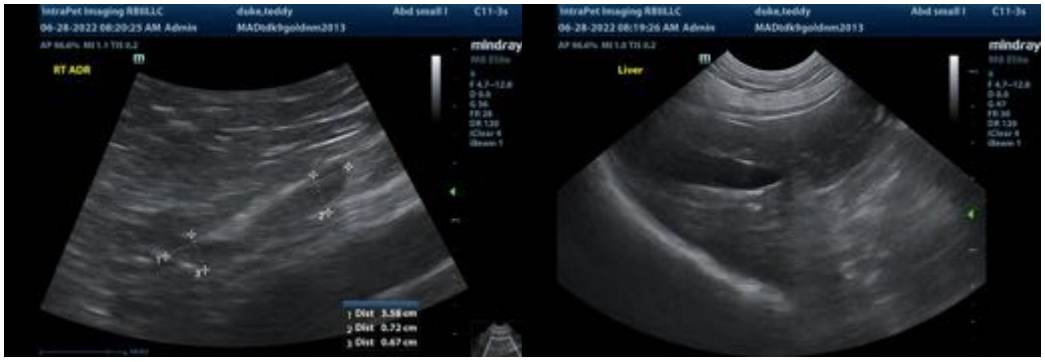
Primary Findings

- The diffuse splenic parenchyma changes, including the nodule, trends toward the benign (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). The largest nodule seen today is bigger than the largest nodule seen on the previous sonogram.
- The hepatic parenchymal changes are most consistent with age-related remodeling and findings are similar to the previous study. Correlation with the patient's liver values is recommended.
- Although the prostate is normal in size for this breed, it appears slightly larger than the previous sonogram. Therefore, it should also be monitored sonographically.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a repeat ultrasound in 6-8 weeks to reassess the lesions seen on today's study.

Regarding the slightly larger prostate, a urine BRAF test can be considered to further assess for lower urinary tract neoplasia, particularly if the clinical suspicion high. A negative BRAF test does not completely rule out the possibility of cancer, however. Therefore, if there is a strong suspicion of prostatic neoplasia, further testing (i.e., traumatic urethra catheterization or surgical biopsy) may be necessary to get a definitive diagnosis. However, it should be noted that the prostate size for this patient is still within the normal reference range.



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.

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