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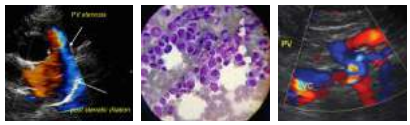

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/24/21

PATIENT

Dozer Medford

SPECIES

Canine

BREED

English Bulldog

SEX

Male Intact

AGE

12/29/09

WEIGHT

47.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

11900kk

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Painful; losing weight, losing hair. Date: 09-24-2021 Notes: ok until about 3 months ago - had seizures about 1/month -- Since May, has lost 8 lbs. and has had constant diarrhea. Fecal has been negative twice; lab work-- do not have actual paper-- but anemic, increase WBC, increase platelets, decrease BG(?) decrease in CA, thyroid ok, proteins low, low cholesterol na/k 24. Patient is painful, crying, abdomen pain. Worse when gets firm food has not been vomiting and good appetite. Assessment: neoplasia vs IBD vs lymphangiectasia vs PEI vs Addison's vs other. US-- to help narrow down, may not be definitive without a biopsy. Survey lateral rads-- ensure no obvious changes, US tomorrow. Repeat just chem 10/lytes for now.

Current Medications: Clavamox, Metronidazole, Sucralfate, Buprenorphine.

Lab Results: Panhypoproteinemia. Liver and kidney values are normal. Normal electrolytes. Normal PCV.

Radiographs: no over changes.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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 mildly distended with anechoic urine. A scant amount of 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 (2.98 cm in width) with slightly irregular peripheral contours. The parenchyma is hyperechoic to heterogenous in appearance. Several small, ill-defined, cystic areas are observed throughout the parenchyma. In addition, a 2.42 x 1.78 cm irregular, multi-septated, paraprostatic cyst is observed laterally. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.86 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (7.01 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.81 cm at cranial pole) (0.78 cm at caudal pole) (2.74 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 borderline enlarged (1.02 cm at cranial pole) (0.78 cm at caudal pole) (2.94 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 (1.47 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 is moderately distended. The wall is of appropriate thickness. One to two small polypoid-like lesions are arising from the luminal surface. A scant amount of echogenic debris is present. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal fogging and striations in several segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious 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 mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

The left testicle measures 3.29 x 2.03 cm. it is subjectively normal in size with a normal shape and smooth peripheral contours. A 1.15 x 1.08 cm hypoechoic nodule is observed within the parenchyma. In addition, a 1.34 x 1.03 cm hypoechoic nodule is also seen. A few smaller hypoechoic nodules/areas are also present.

The right testicle is subjectively normal in size (3.86 x 2.81 cm) with a normal shape and smooth peripheral contour. A 3.35 x 2.27 cm heterogeneous mass with multi-septated cysts is observed within the parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The patient's clinical history and sonographic changes are consistent with a protein-losing enteropathy. Differentials include lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, infiltrative neoplasia (i.e., lymphoma), other enteropathy. Gastric stasis is also present and is likely functional with a lower possibility of a pyloric outflow tract obstruction.

- Diffuse peritonitis is likely secondary to bowel pathology.

- Bilateral testicular masses, possibly of different origins. The changes are concerning for neoplasia. However, there is potential for benign pathology.

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Paraprostatic cysts are also seen. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- Bilateral, age-related renal changes with dystrophic mineralization.
- Mild, bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If an aggressive approach is desired, consider surgical gastrointestinal biopsies along with castration and submission of the testicles for histopathology.
2. Other diagnostic/therapeutic considerations include the following:
    a. Despite negative fecal evaluation, prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    b. Transition to a low-fat, hypoallergenic diet.
    c. Consider further testing for concurrent causes of hypoalbuminemia via pre- and post-prandial serum bile acids, UPC (if proteinuria is present), and a resting cortisol level.
    d. Three-view thoracic radiographs should be performed to assess cardiopulmonary status, particularly given the patient's hypoalbuminemic state.


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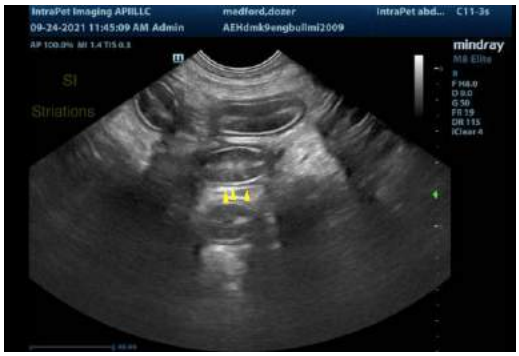
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2 Dist 0.81 cm
3 Dist 0.89 cm
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2 Dist 1.02 cm
3 Dist 0.83 cm
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Left
1 Dist 2.15 cm
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RT
TEST
1 Dist 2.35 cm
2 Dist 2.27 cm
mindray

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.

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