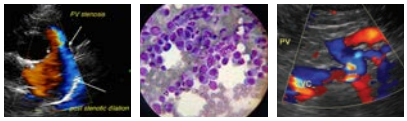
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

1/4/23

PATIENT

Drake Sharpe

SPECIES

Canine

BREED

Border Collie

SEX

Intact Male

AGE

6/10/14

WEIGHT

46 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Gibson

INVOICE

43926

PRESENTING CLINICAL SIGNS

Autoimmune thrombocytopenia 7/2022 - long tapering prednisone course with routine blood checks resolved issues at the time. Steroid hepatopathy seen secondarily to pred in 8/22 bloodwork that resolved with pred taper. 12/19/22 appointment: Did fine until being off prednisone for 14 days - ADR, decreased appetite. O gave 10mg pred sunday AM and it seemed to help pet to feel better. PE - NSF on physical. Chem 10/cbc run to recheck from IMTP/poss IMHA. HCT 37% DEC RETICULOCYTES, pcv 42%, platelets wnl. Rest of chems wnl. PLAN: Restart 20mg prednisone SID, recheck cbc again in 1 week (chem 10 cbc inhouse). 12/27/22: CBC shows improvement with hematocrit/pcv 45%, and platelets are stable WNL. Pet slightly improved per o.

Current Medications: Prednisone.
Date of Previous IntraPet Ultrasound: No previous.
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 is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged (3.12 cm wide) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

The right kidney is normal in size (6.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.32 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal to slightly decreased in size (2.32 cm long x 0.89 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal to slightly decreased in size (0.47 cm at the cranial pole and 0.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver
Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal
The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. Mild mucosal speckling is appreciated. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas
The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Both testicles are visualized without evident pathology.

PRIMARY FINDINGS

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

SECONDARY FINDINGS

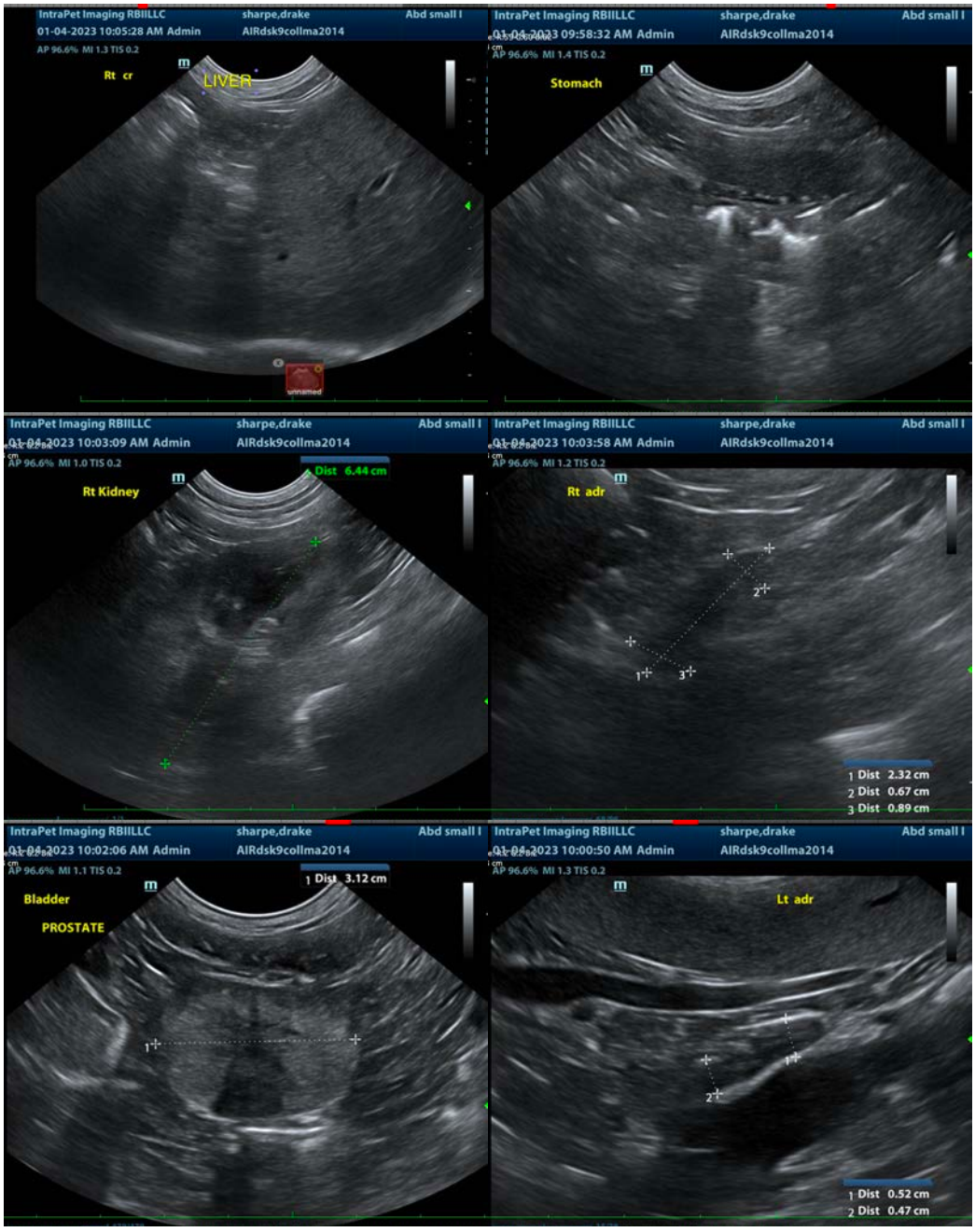
- **Benign Prostatic Hyperplasia –** Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

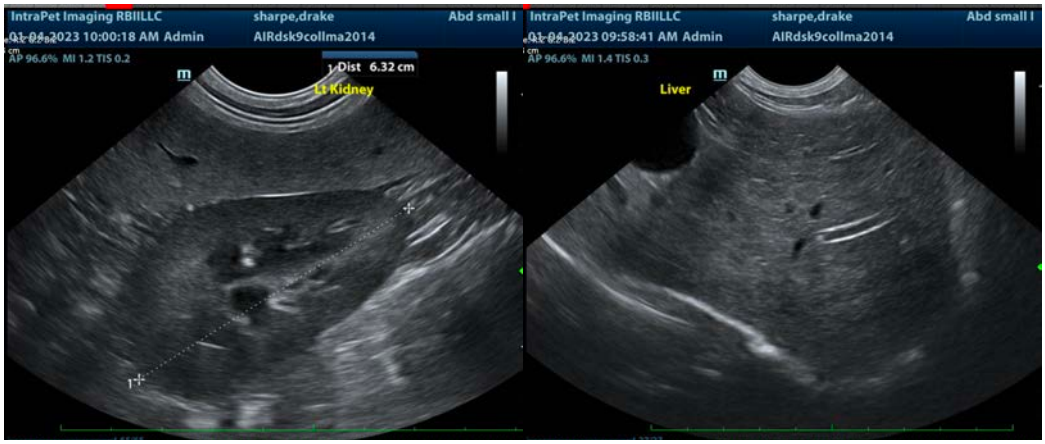
- **Mildly flat adrenal glands –** Consistent with chronic steroid administration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a relatively unremarkable abdomen for an intact patient receiving steroids. Given the anemia and lethargy, etc., recommendations include a very slow gradual tapering of the steroids to the lowest tolerated dose and potentially long-term low-dose steroids if necessary to maintain normal CBC. Additionally, in case

the anemia is secondary to microulceration secondary to the Pred, daily antacid therapy such as Omeprazole is recommended.





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.

Beth Johnson, DVM, DACVIM
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