



DATE	PRESENTING CLINICAL SIGNS
10/17/22	History: Second option; previous vet noticed protein in urine and enlarged prostate and spleen on xray per O in January; no organomegaly or palpable mass during abdominal palpation.
PATIENT	
Chico Mitchell	Current Medications: None listed.
SPECIES	Date of Previous IntraPet Ultrasound: No previous.
Canine	Sedation: Not required to complete full diagnostic ultrasound.
BREED	Stat Report: Not requested.
American Pitbull	Imaging Performed By: Stephanie Warga RDCS, RVT.
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	Urinary bladder is adequately 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.
10/2/12	Prostate is normal in size, echotexture and echogenicity for a neutered male.
WEIGHT	Left kidney is normal is size (6.19 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.
71.5 Pounds	Right kidney is normal is size (6.96 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.
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measures 2.7 cm long x 0.7 cm at the cranial pole and 0.87 cm at the caudal pole. The right adrenal gland measures 2.9 cm long x 0.77 cm at the cranial pole and 0.8 cm at the caudal pole.
HOSPITAL NAME	Spleen
Claws N Paws AH	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). A 0.8 cm x 0.5 cm hypoechoic nodule is noted near the tail of the spleen, non-capsule-disrupting. Splenic vasculature appears normal.
REFERRING VET	Liver
Dr. Singh	Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 0.6 cm x 1.2 cm cyst is noted in the right liver. Visible vasculature and biliary tree appear normal without distension or congestion.
INVOICE	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Small hepatic cyst
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Chronic active pancreatitis

Secondary Findings

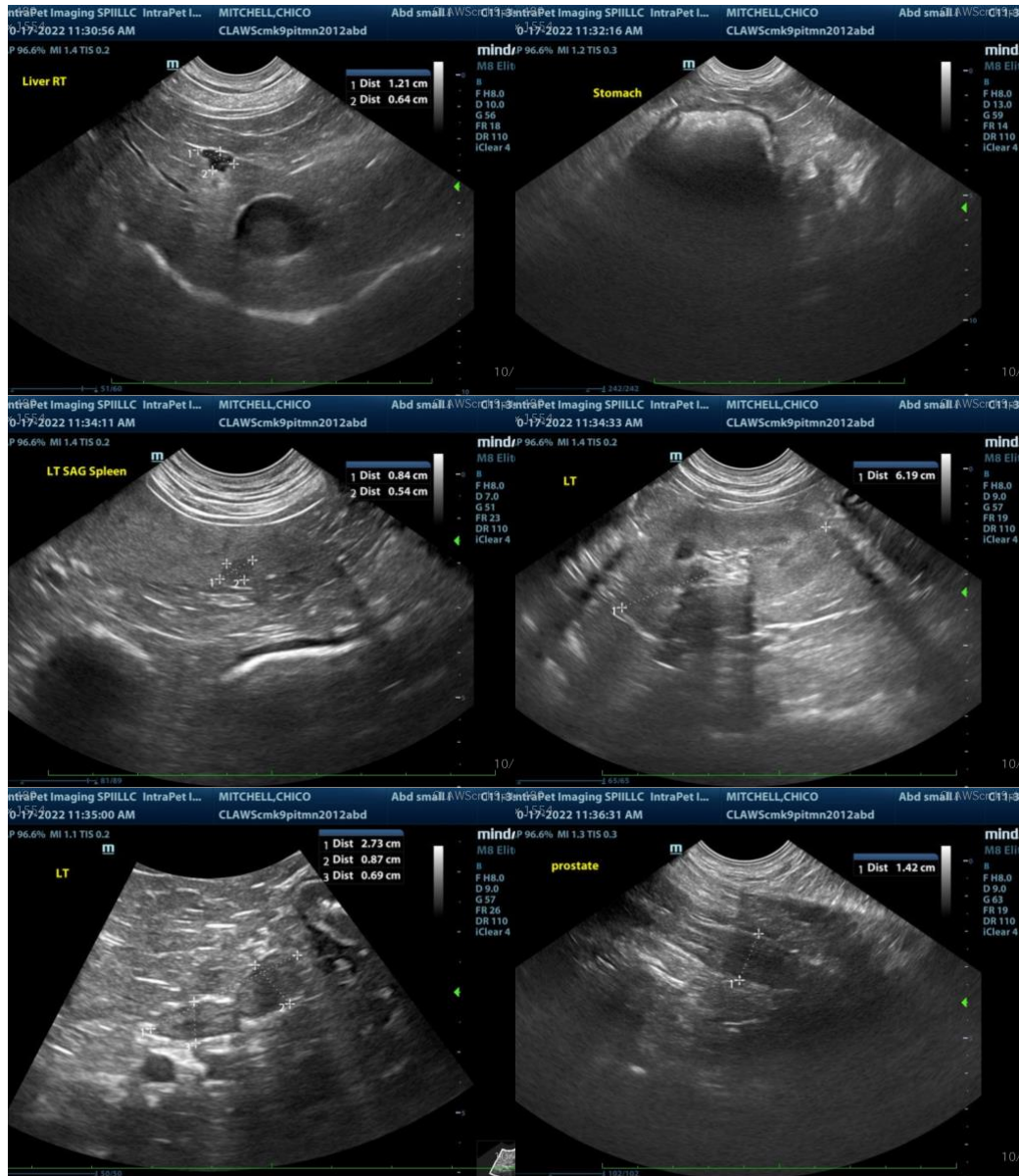
- Age-related adrenal gland changes

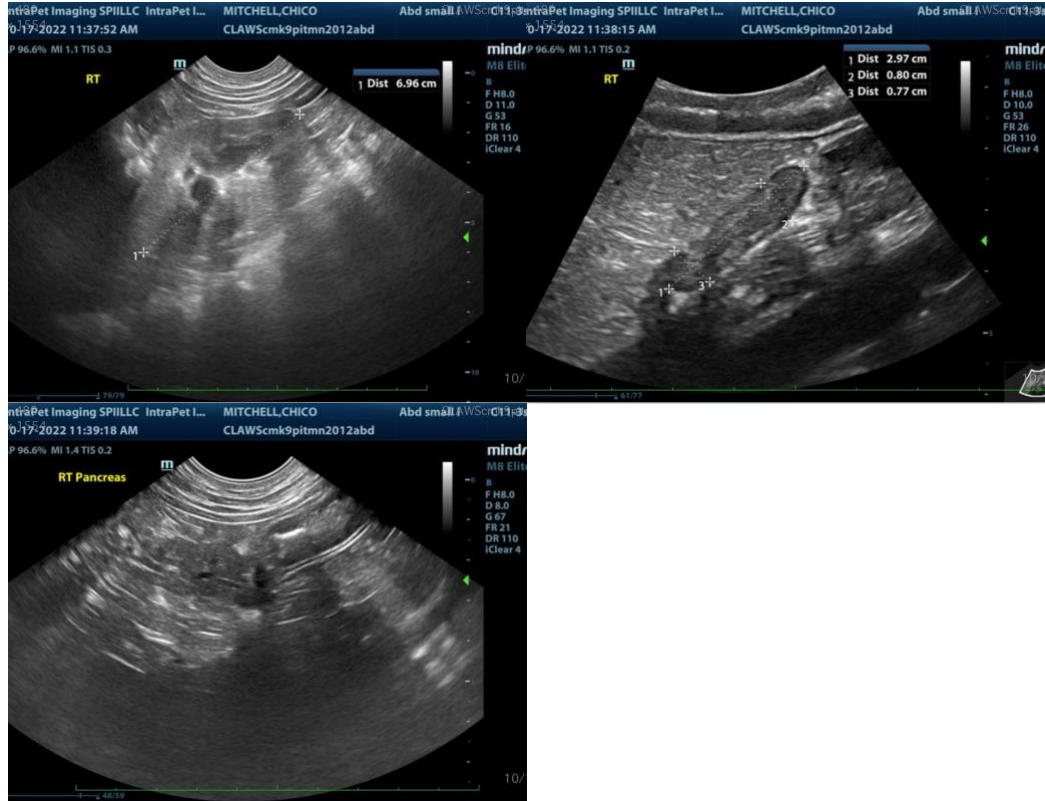
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported history of proteinuria, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A blood pressure is also recommended, if not recently evaluated.

Overall, the changes described above are mild and/or age-related and trend towards the benign. Therefore, further recommendations are dependent on any new developing clinical signs and/or the results of the urinalysis/UPC.





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.

Beth Johnson, DVM DACVIM

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