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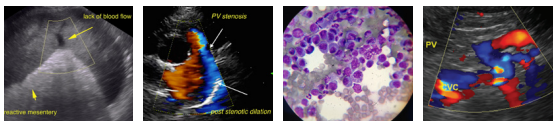


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Shaq Davis

SPECIES
Canine

BREED
Labrador

SEX
Neutered Male

AGE
13 Years

WEIGHT
71.5 Pounds

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Linn Vet Hospital

REFERRING VET
Dr. Braat

INVOICE
35743

DATE
2/17/22

PRESENTING CLINICAL SIGNS

Presented to clinic 2/13/22. Can't walk, high temp, Lungs congested. Patient was not eating and heart was racing. Shaq is unable to stand, right rear leg is very swollen and getting worse and swelling is moving up into groin/stomach area.
Abnormal PE/Chem/CBC/UA Results: Current Medications Last night 2/16/22 given Baytril and Dexamethasone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is subjectively over distended with anechoic contents. No masses or inflammatory changes. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. A calculus exhibiting distal acoustic shadowing is present along the gravity dependent inner wall of the lumen urinary bladder, measuring 1.2 cm.

The prostate is mildly symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. A normal bilobed shape is maintained. However, the parenchyma is heterogeneous with cysts and cavitations scattered throughout it. No mineral is noted.

The right kidney is normal in size (6.91 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 (8.2 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 in size (2.91 cm long x 0.53 cm at the cranial pole and 0.84 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.73 cm long x 0.62 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

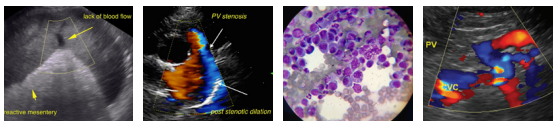
Spleen

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 rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

The gallbladder is non-distended in size. The wall is smooth, but mildly edematous and measures 0.3 cm thick. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. 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 peritoneal effusion. There is suspected medial iliac lymphadenopathy with a hypoechoic nodule noted near the aortic bifurcation that measures 2.5 cm x 1.4 cm.

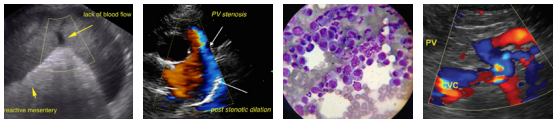
ULTRASONOGRAPHIC FINDINGS

- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Mildly edematous gallbladder wall – Rule out cholangitis versus edema secondary to another metabolic cause.
- Subjectively overdistended bladder with a 1.2 cm shadowing cystolith along the dependent inner wall.
- Cystic prostatomegaly with suspected medial iliac lymphadenopathy – Rule outs include benign cystic or bacterial prostatitis with reactive lymphadenopathy versus infiltrative neoplasia, which cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a fine needle aspirate of the liver if coagulation status is appropriate. Urinalysis and urine culture are recommended if not already evaluated, given the urinary bladder and prostatic changes. Urine submission to look for BRAF gene mutation, which is associated with prostate cancer, could also be considered versus a fine needle aspirate of the prostate (with small risk of tumor seeding/trailing) for cytology and culture.

A fine needle aspirate of the enlarged lymph node is also recommended if patient's coagulation status is appropriate. It is unclear from these images whether or not the presenting clinical signs of hind limb swelling and fever are related to the intraabdominal lesions or not. Further diagnostics for the limb swelling could include a CT scan of that limb as well as infectious disease testing, as well as fine needle



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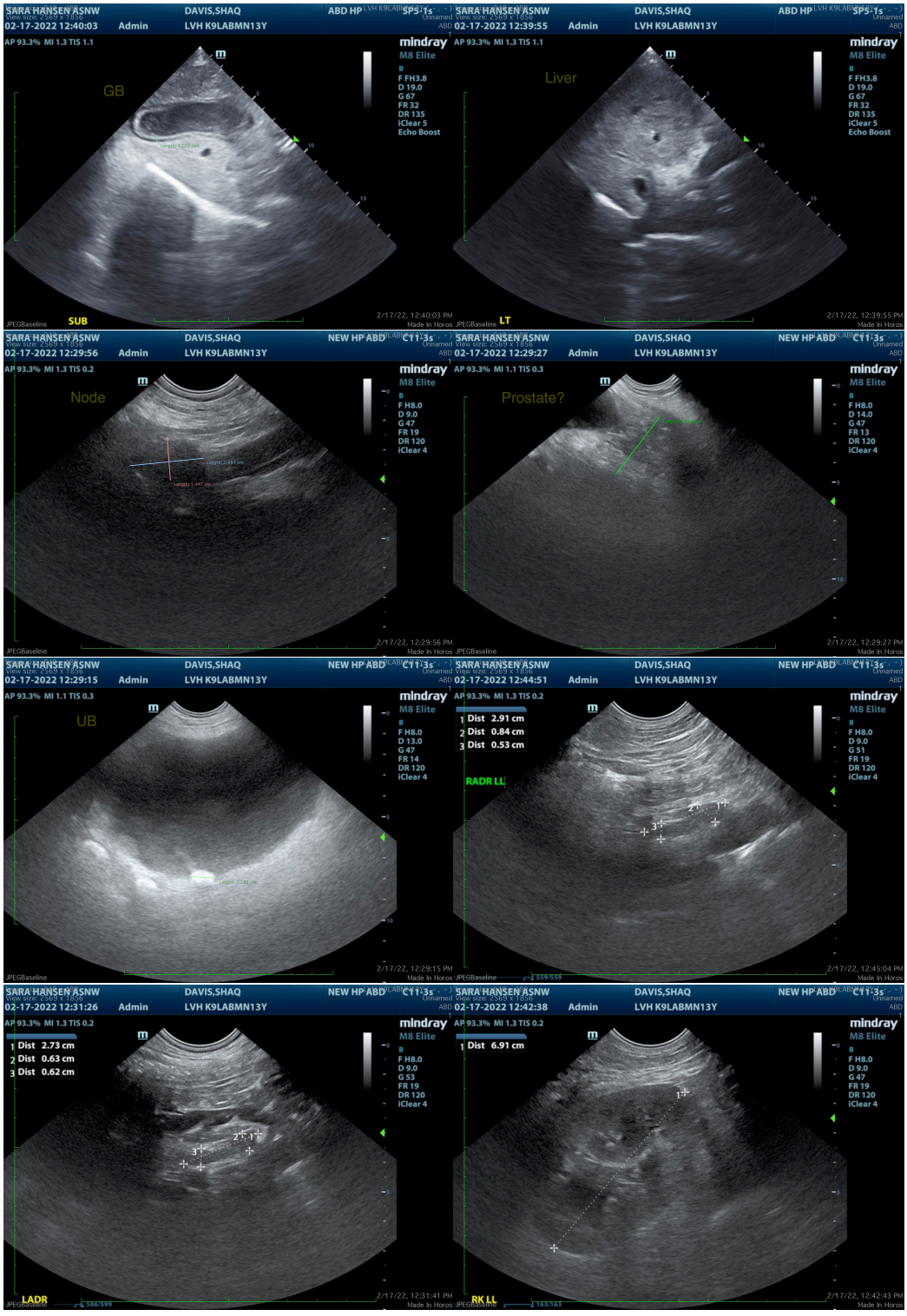
aspirate of any peripherally enlarged lymph nodes noted on exam.



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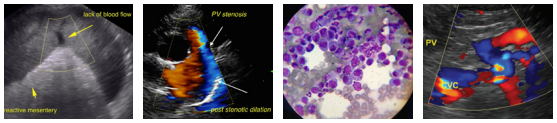

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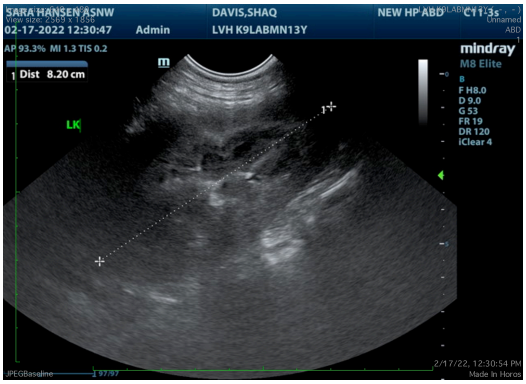

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com