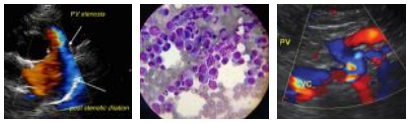
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/19/23

PATIENT

Riggs Davis

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

7/26/17

WEIGHT

128 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Hickory Vet

REFERRING VET

Dr. Silcox

INVOICE

22994

PRESENTING CLINICAL SIGNS

History of prostatitis/ prostatic infections. Neutered November 2021. April 2023 had symptoms of a UTI with Pyuria/bacteriuria. Treated with antibiotics. Symptoms of UTI returned 6/13/2023. Urine culture pending.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Dexdomitor.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Prostate is mildly enlarged (2.32 cm wide). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding is likely normal patient variant, especially given that this patient was recently neutered as an adult. Prostatitis or, much less likely, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc. and either further investigated or monitored, as indicated.

Left kidney is normal is size (7.36 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.

Right kidney is normal is size (7.79 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

Left adrenal gland is normal in size (3.64 cm long x 0.7 cm at cranial pole and 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (4.23 cm long x 0.96 cm at cranial pole and 0.77 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness 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. 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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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 no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

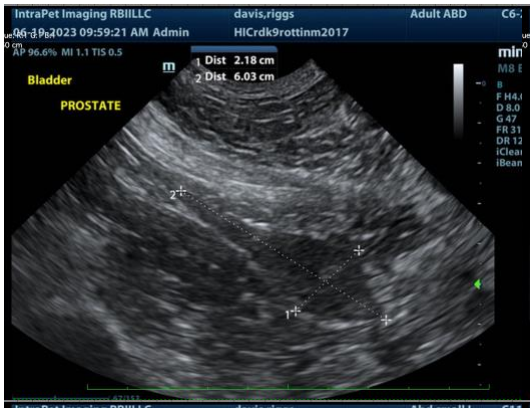
- Coarse splenomegaly – can be associated with congestion caused by sedation, but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Very subtle/mild prostatomegaly, likely normal patient variant, as described above.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patients reported urinary tract infection could potentially be a persistent urinary tract infection that never fully cleared vs a recurrent infection. As is reportedly pending, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

If this patient has a urinary tract infection at this time, recommendations are to treat it, ideally, based on culture and sensitivity results, as a complicated urinary tract infection, meaning a 4+ week course of therapy, including a follow up culture a week to 10 days after starting antibiotics to assure no secondary organisms, etc., are present, as well as a final culture a week to 10 days after finishing antibiotics to assure full clearance.
If at that time infections continue to return, further investigation for possible recurrent infections may be warranted at that time.


IntraPet Imaging RBIILLC
davis,riggs
Adult ABD
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AP 96.6% MI 1.1 TIS 0.5
1 Dist 2.18 cm
2 Dist 6.03 cm
Bladder
PROSTATE


IntraPet Imaging RBIILLC
davis,riggs
Abd small I
06-19-2023 09:55:39 AM Admin
HICrdk9rottinm2017
AP 96.6% MI 1.4 TIS 0.2
1 Dist 7.36 cm
Lt Kidney


IntraPet Imaging RBIILLC
davis,riggs
Abd small I
06-19-2023 09:55:53 AM Admin
HICrdk9rottinm2017
AP 96.6% MI 1.2 TIS 0.1
1 Dist 3.64 cm
2 Dist 0.84 cm
3 Dist 0.70 cm
Lt adr


IntraPet Imaging RBIILLC
davis,riggs
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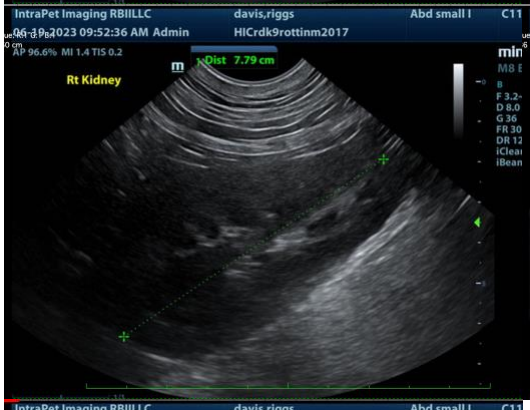
3 Dist 0.96 cm
Rt adr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davis,riggs
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06-19-2023 09:52:36 AM Admin
HICrdk9rottinm2017
AP 96.6% MI 1.4 TIS 0.2
1 Dist 7.79 cm
Rt Kidney


IntraPet Imaging RBIILLC
davis,riggs
Abd small I
06-19-2023 09:54:13 AM Admin
HICrdk9rottinm2017
AP 96.6% MI 1.4 TIS 0.1
1 Dist 0.84 cm
2 Dist 0.63 cm
Spleen


IntraPet Imaging RBIILLC
davis,riggs
Abd small I
06-19-2023 09:50:18 AM Admin
HICrdk9rottinm2017
AP 96.6% MI 1.1 TIS 0.2
1 Dist 2.32 cm
Bladder
PROSTATE

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
info@SonoPath.com