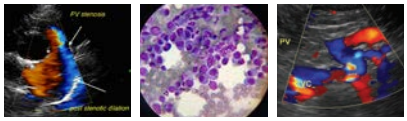
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/11/22

PATIENT

Lando Averella

SPECIES

Canine

BREED

Boxer

SEX

Intact Male

AGE

5/27/16

WEIGHT

87.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

40372

PRESENTING CLINICAL SIGNS

On and off loose stool, some vomiting, tense abdomen.

Current Medications: None listed.
Radiographs: Caudal abdominal mass.
Date of Previous IntraPet Ultrasound: No previous.

Sedation: 0.3 ml tel / 0.3 ml torb / 0.1 dom IV

Stat Report: Not requested.

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 (4.6 cm thick) 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 (7.78 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 (7.58 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 (2.73 cm long x 0.92 cm at the cranial pole and 0.86 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 (3.24 cm long x 0.67 at the cranial pole and 0.76 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 (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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. It is mildly distended with echogenic fluid.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

No testicular pathology noted.

ULTRASONOGRAPHIC FINDINGS

- Mild acute pancreatitis suspected.
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered. Normal patient variant cannot be definitively ruled out, and this finding should be interpreted in combination of laboratory changes suggestive of a hepatopathy and/or clinical signs.
- **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.

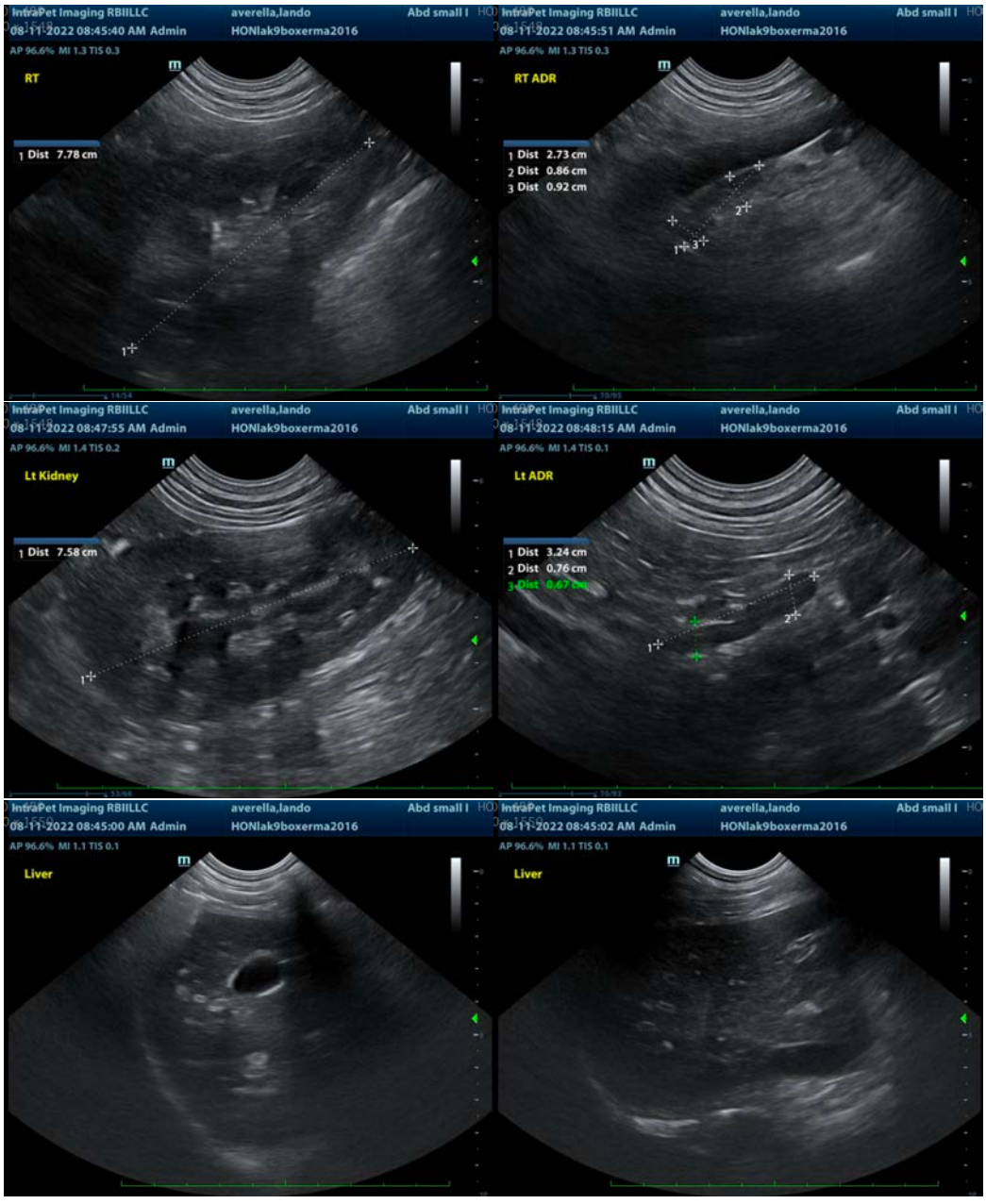
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

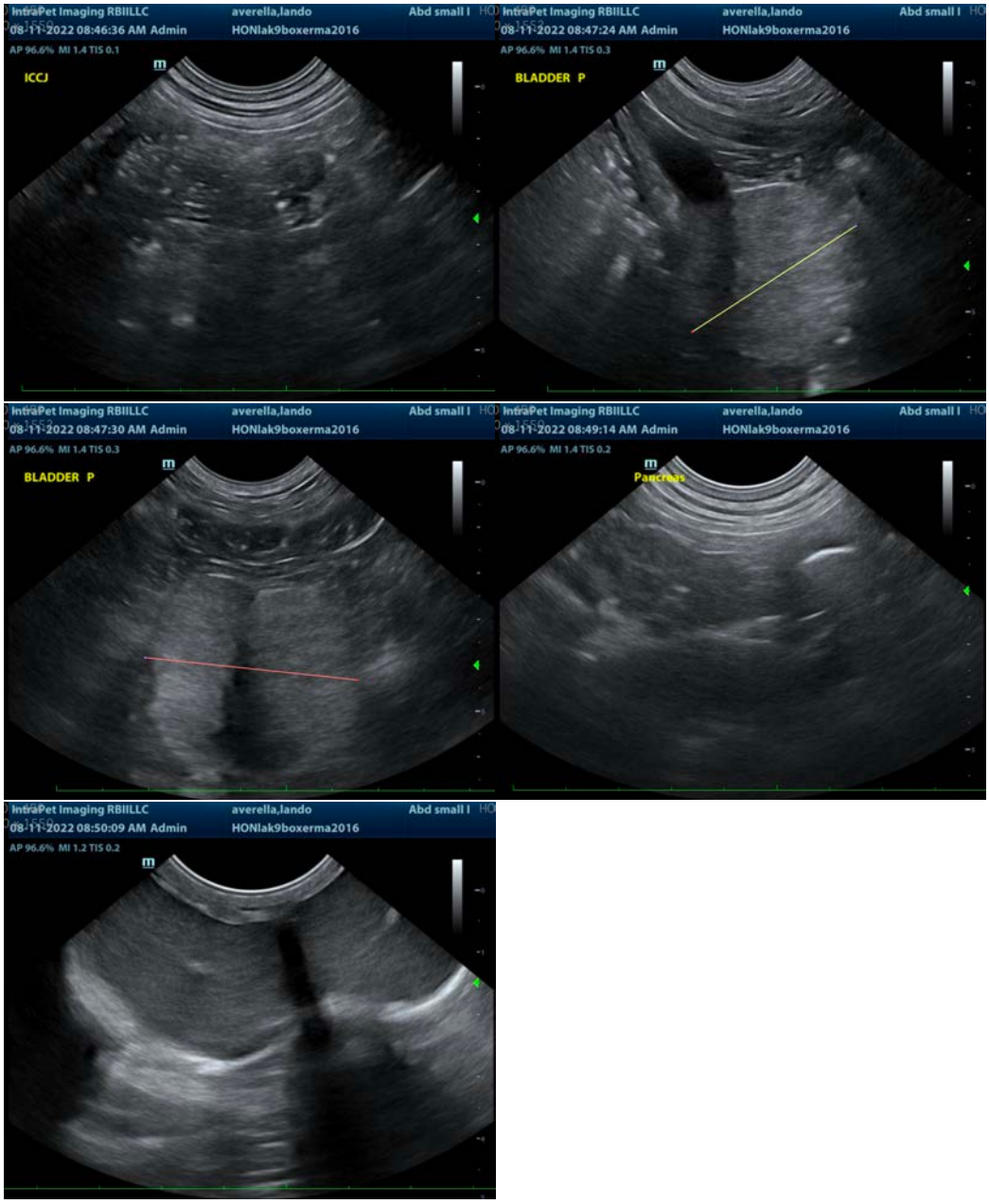
CBC/Chem panel, electrolytes and urinalysis are recommended, if not recently evaluated, for further evaluation of the liver as well as any other metabolic condition causing the reported gastrointestinal signs.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, supportive/symptomatic medical management of clinical signs with antiemetics, gastroprotectants, appetite stimulants, or nutritional support as needed, pain management if indicated, broad-spectrum antibiotics, and fluid therapy, if warranted, if recommended. At least short term transition to a low-fat diet is recommended. A probiotic is also recommended, given the reported diarrhea. Empirical deworming with a 5-day course of Panacur could be considered. After managing this patient's

gastrointestinal upset, once the patient is stable again, neutering should be considered to prevent progression of suspected early benign prostatic hyperplasia and ultimately clinical signs down the road.





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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