IMAGING PERFORMED BY

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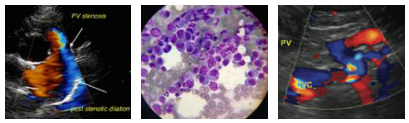

SonoPath
Clinical Sonography & Telecytology
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DATE
1/25/22

PATIENT
Cosmo Stasky

SPECIES
Canine

BREED
Bichon

SEX
Intact male

AGE
5/17/10

WEIGHT
16 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Medical Center of Bel Air

REFERRING VET
Dr. Chaudhry

INVOICE
95468

PRESENTING CLINICAL SIGNS

History: The patient has been vomiting on and off for weeks per the owner. Every time he eats, he vomits, it's like he can't keep anything down.
Current Medications: Cerenia 16mg- 1 tab sid for 4 days, Omeprazole 10mg/ mL- 1 mL SID, Purina k9 HA chicken flavor.
Lab Results: Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Stat requested by DVM.
Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 3.26 cm. The testicles were imaged and found to be uniform with no evidence of pathology.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.67 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.81 x 0.65 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 2.06 x 0.54 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Hyperechoic, non-disruptive nodules were noted and measured up to 1.4 cm. This is consistent with a pattern of hepatic remodeling. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed concentric hypoechoic thickening that measured up to 1.18 cm in wall thickness. Gastric stasis was noted as well. The small intestines and colon were unremarkable. The epigastric lymph node was enlarged, rounded and hypoechoic 1.24 x 1.18 cm.

Pancreas

The **pancreas** revealed minor heterogenous changes noted at the right base. Secondary pancreatitis is suspected. Pancreatic lymph node was also enlarged and measured 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

Gastric/pyloric thickening with epigastric lymphadenopathy. Concern for emerging gastric neoplasia. Severe gastritis with epigastric lymphadenitis is possible.
Secondary pancreatitis is suspected.
Hyperechoic hepatic nodules.
BPH Prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend full thickness biopsies of the pyloric antrum and lymph nodes. Ultrasound-guided FNA of the gastric wall could be considered. However, complete exfoliation for a definitive diagnosis would likely be difficult. FNA of the lymph node could also be considered. Endoscopy may prove fruitful on diagnosis; however, I am concerned that the pathology appears to be intramural and not necessarily mucosal. I strongly recommend full thickness lymph node and gastric biopsies in this patient. Gastric lymphoma, carcinoma and hypertrophic pyloric gastropathy with gastritis and lymphadenitis are all possible. There was no evidence of foreign bodies.


IntraPet Imaging APIILLC
stasky,cosmo
IntraPet linear L14-6Ns
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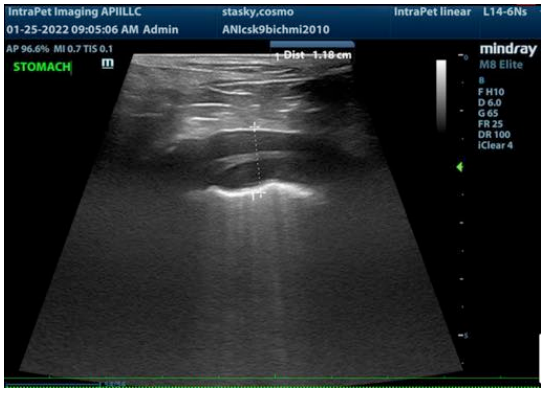
ANIcsk9bichmi2010
AP 96.6% MI 0.7 TIS 0.1
STOMACH
mindray
M8 Elite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1 Dist 1.18 cm
STOMACH
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IntraPet Imaging APIILLC
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IntraPet abd... C11-3s
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ANIcsk9bichmi2010
AP 100.0% MI 1.4 TIS 0.3
1 Dist 1.24 cm
2 Dist 2.18 cm
RT
LIVER
mindray
M8 Elite


IntraPet Imaging APIILLC
stasky,cosmo
IntraPet abd... C11-3s
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RT
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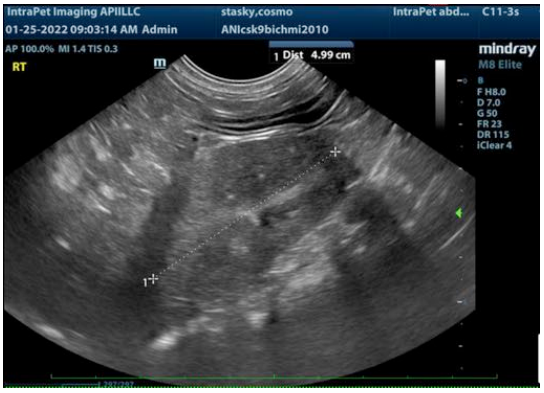
mindray
M8 Elite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stasky,cosmo
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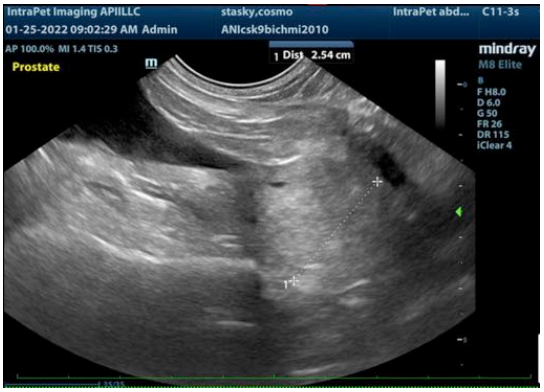
RT
mindray
M8 Elite


IntraPet Imaging APIILLC
stasky,cosmo
IntraPet abd... C11-3s
01-25-2022 09:02:37 AM Admin
ANIcsk9bichmi2010
AP 100.0% MI 1.4 TIS 0.3
1 Dist 3.26 cm
Prostate
mindray
M8 Elite



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com