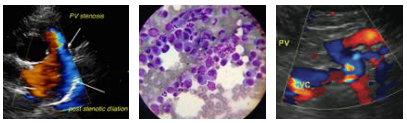
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
10/4/21

PATIENT
Boomer Dailey

SPECIES
Canine

BREED
Poodle

SEX
Intact male

AGE

WEIGHT
1/3/12

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Charm City VH

REFERRING VET
Dr. Karbonik

INVOICE
92155

PRESENTING CLINICAL SIGNS

History: Owner saw blood in urine; no straining or increase in frequency of urination. On PE, prostate is enlarged.
Current Medications: Clavamox 62.5mg - 1 1/2 tablets BID x 10 days.
Lab Results: U/A - inc rbc's and wbc's. Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV sedation utilized for AUS
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric polypoid changes that appeared to be limited to the mucosa. The submucosa and muscularis appeared to be intact. Multiple calculi were present.

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 3.41 cm. cm. The testicles were imaged and found to be uniform.

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 4.82 cm. The right kidney measured 4.63 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 left adrenal gland measured 2.07 x 0.51 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.1 x 0.51 cm at the caudal pole and 0.66 cm at the cranial 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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+

Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

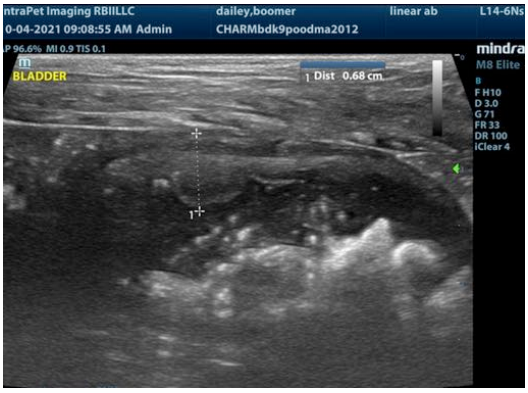
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

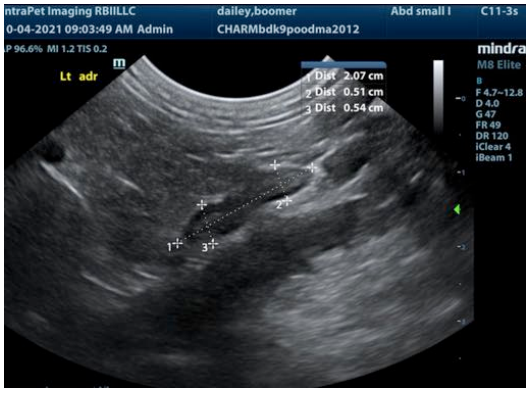
ULTRASONOGRAPHIC FINDINGS

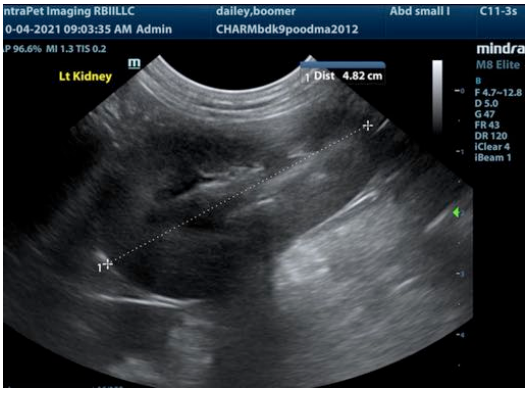
Multiple bladder calculi and polypoid cystitis pattern.
Mild potential for underlying carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, bladder wall biopsy, stone analysis and culture with normal and retrograde urethral flushing and neutering is all indicated in this patient. Neoplasia is not suspected, yet cannot be completely ruled out without biopsy of the bladder wall.



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dailey,boomer
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C11-3s
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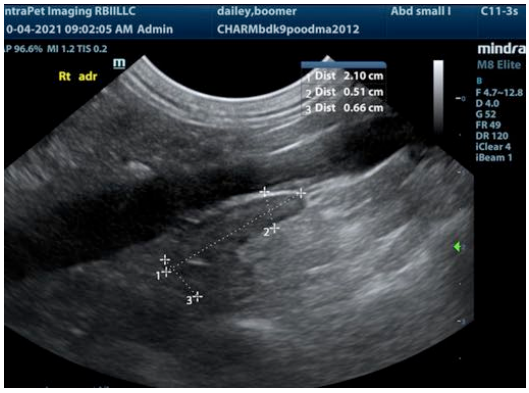
Lt Kidney
1 Dist 4.82 cm
mindra
M8 Elite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C11-3s
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CHARMbdk9poodma2012
P 96.6% MI 1.2 TIS 0.2
Rt adr
1 Dist 2.10 cm
2 Dist 0.51 cm
3 Dist 0.66 cm
mindra
M8 Elite


ntraPet Imaging RBIILLC
dailey,boomer
linear ab
L14-6Ns
0-04-2021 09:09:12 AM Admin
CHARMbdk9poodma2012
P 96.6% MI 0.6 TIS 0.2
BLADDER
mindra
M8 Elite


ntraPet Imaging RBIILLC
dailey,boomer
linear ab
L14-6Ns
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CHARMbdk9poodma2012
P 96.6% MI 0.9 TIS 0.1
mindra
M8 Elite


ntraPet Imaging RBIILLC
dailey,boomer
Abd small I
C11-3s
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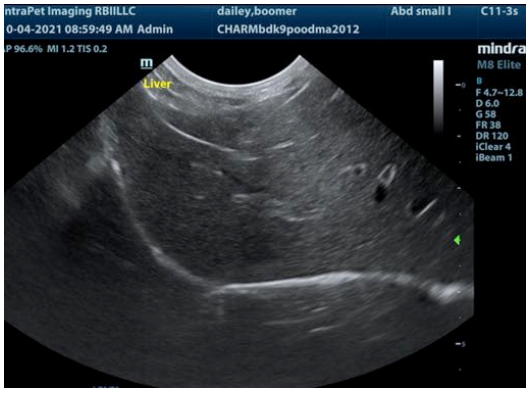
P 96.6% MI 1.2 TIS 0.2
RT CR
1 Dist 1.43 cm
mindra
M8 Elite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dailey,boomer
Abd small I
C11-3s
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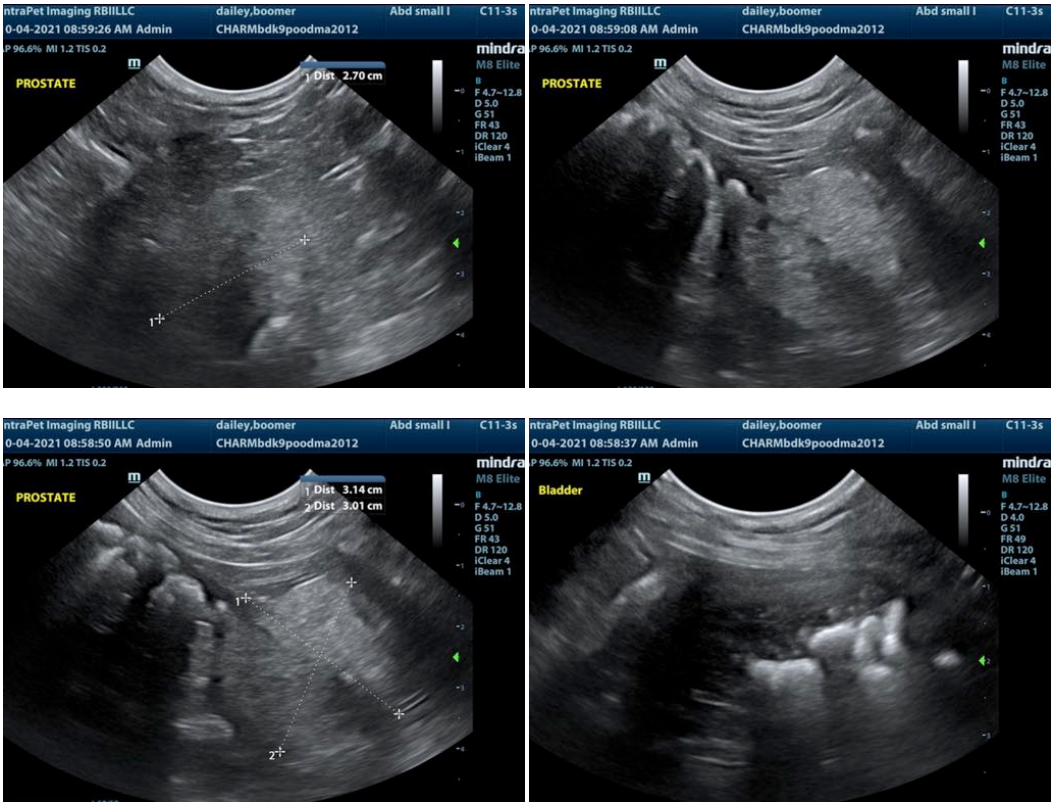
Liver
mindra
M8 Elite



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