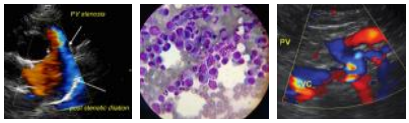
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/1/21

PATIENT

Thor Mellot

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

8/15/2017

WEIGHT

60.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Essex Middle River VH

REFERRING VET

Dr. Belzavi

INVOICE

14119

PRESENTING CLINICAL SIGNS

History: Suspect IBD on last ultrasound. Pet was treated with prednisone and a hypoallergenic diet. Pet's albumin rebounded while on prednisone and pet was doing fine for about 10 months. Pet presented again on October 1st for anorexia, weight loss, and diarrhea. Pet had lost 12 lbs since prior visit (81 lbs to 70 lbs). Since pet responded well to prednisone last time, I restarted a tapering course of prednisone. I did in house bloodwork (can't view/print results anymore) which showed low normal Alb and a mod WBC elevation (was around 20K). Pet wouldn't eat the Royal Canin HP anymore, so I then switched him to the Royal Canin Select Protein Potato and Rabbit which pet loves. Owners say that pet seems to be feeling much better on prednisone and new diet but at recheck visit patient on 10/29th pet had lost another 10 lbs of weight. Pet is now 60 lbs.

Current Medications: Prednisone 20 mg. Pet was taking it SID for first few weeks, but I had them increase to BID dosing on 10/29; 20 mg Prilosec SID.
Lab Results: Pending.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 10-29-2020.
Sedation: not needed
Stat Report: STAT requested

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 were noted. Ureteral papillae were normal.

The **prostate** was uniformly enlarged (4.3 cm) 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. This is a moderate change.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.33 cm. The left kidney measured 7.91 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 2.43 cm x 0.58 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 3.16 cm x 0.93 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 were noted.

Liver
The **liver** was slightly coarse in architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal
Excessive **GI** gas was noted. The small intestine/jejunum revealed a translucent tubular foreign body, measuring approximately 3.0 cm in length. Some stasis was noted behind the foreign body. Some mucosal fogging was noted. Reactive mesentery noted in the area of the affected small intestine. Some intestinal spasming also noted. Regional mild lymphadenopathy noted. Intestinal plication was noted and the bowel appears unhealthy.

Pancreas
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen
The mesenteric **lymph nodes** (3.5 cm and 2.68 cm x 1.25 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

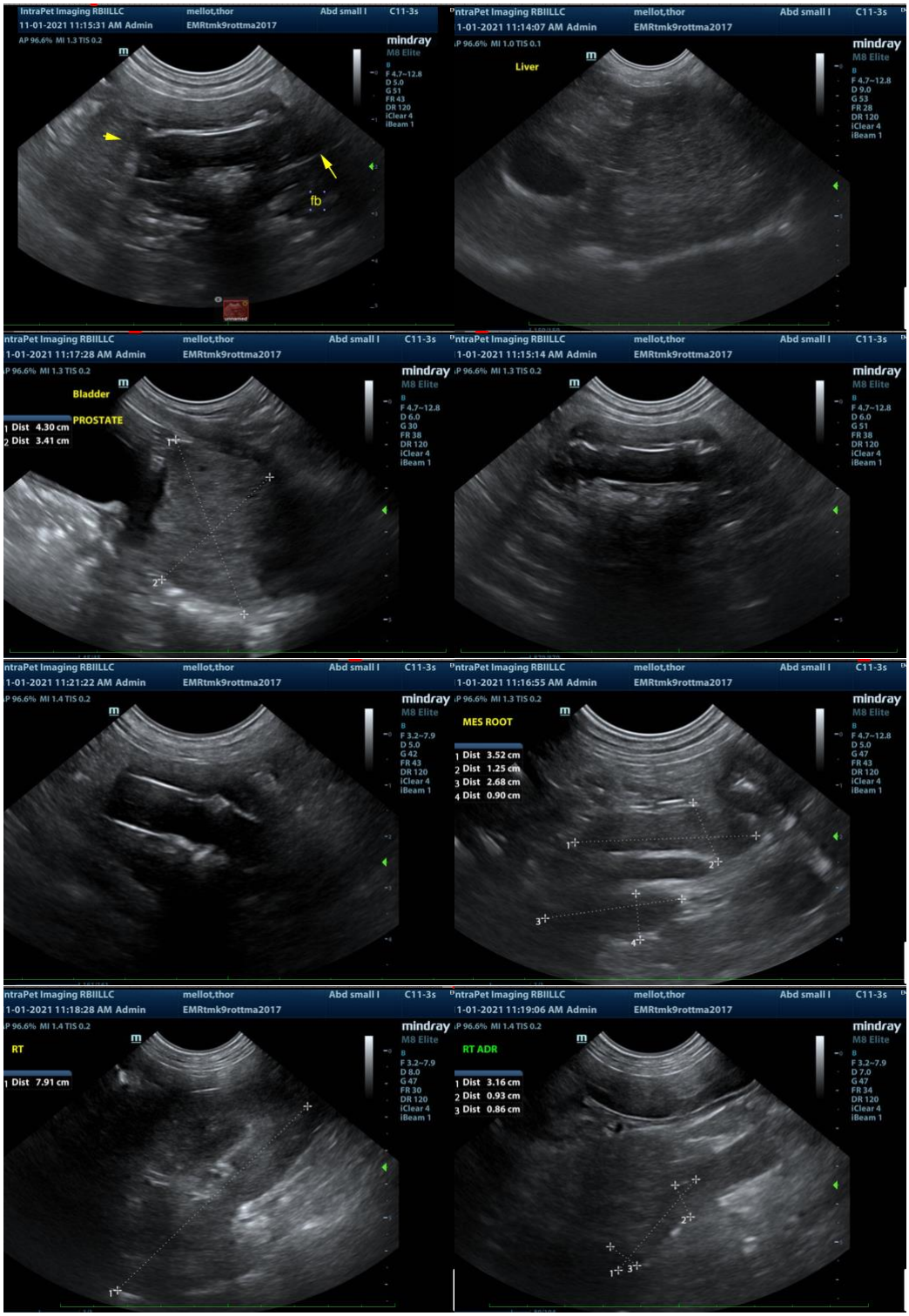
Other
The **testicles** were imaged and found to be uniform.

ULTRASONOGRAPHIC FINDINGS

- Tubular foreign body, urethane or similar material suspected
- BPH prostate
- Reactive mesenteric lymph nodes
- Liver, slightly coarse in architecture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal plication was noted. The bowel appears unhealthy. I do not believe that the structure will pass. This is considered a surgical emergency with objective of removing of the foreign body but also obtaining intestinal and lymph node biopsies to rule out underlying disease. Neutering can be considered at the time of the sonogram.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Bladder
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MES ROOT
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4 Dist 0.90 cm
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RT ADR
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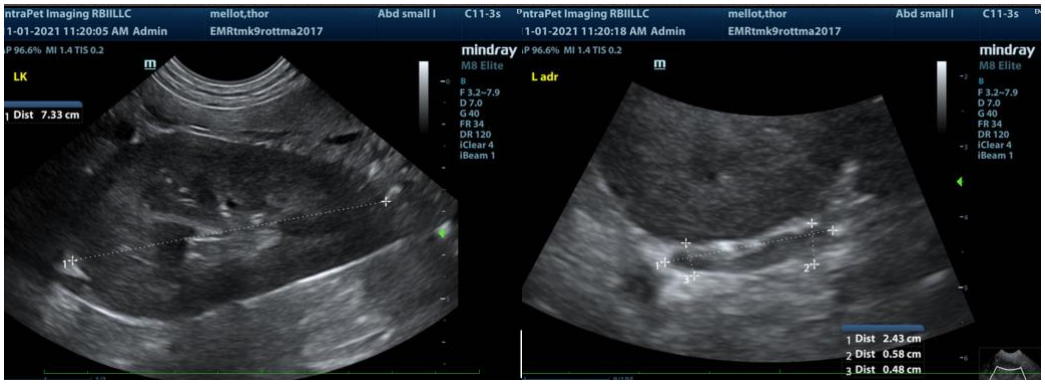

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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