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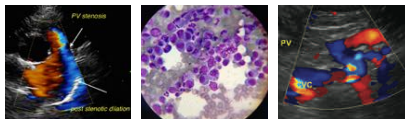

SonoPath
Clinical Sonography & Telecytology
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DATE
3/29/22

PATIENT
Bryce Wratchford

SPECIES
Canine

BREED
Labrador Retriever

SEX
Intact male

AGE
10/10/20

WEIGHT
69.4 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hopsital

REFERRING VET
Dr. Thomson

INVOICE
97924

PRESENTING CLINICAL SIGNS

Bryce is a 6 y/o MI lab who presents for FOU - Sat was seen at AMC for vomiting after going for a hike - did get a hamburger patty from drive through after hike which is not unusual - full BW and AXR performed, treated with cerenia and outpatient management - ate Sunday, then Monday stopped eating, see by RDVM - Febrile at 105, started on IVF, no additional diagnostics performed, referred for continued care - neighbors do through bones and treats into yard - hx- IBD, on home cooked diet with balance it – no recent water ingestion from stream or puddles - no known FB or toxin ingestion - O on medications, does not think any were dropped – UTD on VX, unsure about Lepto Medications: - monthly preventatives.
Current Medications: Buprenorphine, Ondansetron, Baytril.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The prostate was significantly enlarged with hypoechoic striations consistent with edema lines. Pericapsular inflammatory pattern was noted. Heterogenous parenchyma was present. Periserosal inflammatory pattern was noted around the prostate. The prostate measured 6.1 cm. The testicles were imaged and found to be uniform.

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 7.58 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 2.95 x 0.8 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland measured 2.29 x 0.96 cm at the cranial pole and 0.69 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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 sublumbar lymph nodes are reactive and measured up to 1.2 cm in width. A slight amount of free fluid was noted in the sublumbar space.

ULTRASONOGRAPHIC FINDINGS

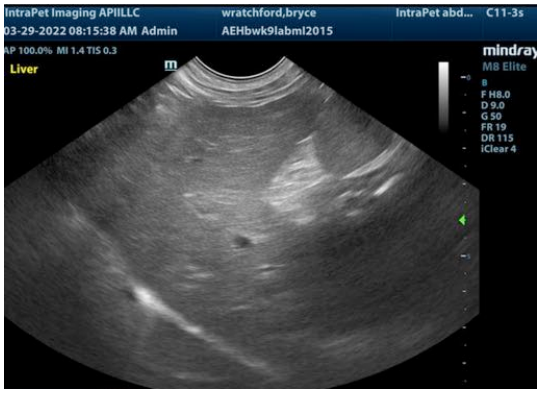
Severe prostatomegaly, slight free fluid.
Over distended bladder with debris.
Iliac lymphadenopathy.
IBD Pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe prostatitis and BPH is likely with the potential of prostatic lymphoma. Although this is rare it can present in this fashion. I recommend ultrasound-guided FNA of the prostate and sublumbar/iliac lymph node. Cytology and culture of the prostate is recommended. If no neoplasia is found then neutering and 4-6 week antibiotic protocol is recommended. Enrofloxacin or Ceftiofur are recommended.

Canine Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.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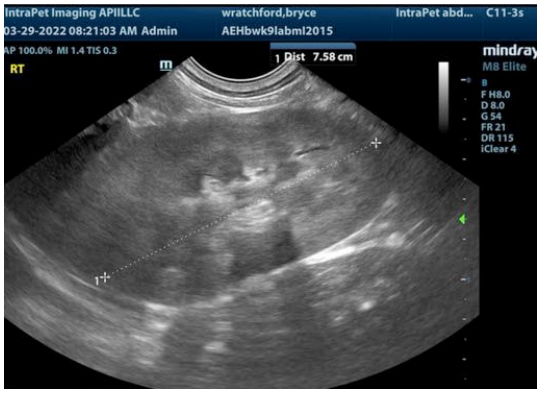
Liver
mindray
M8 Elite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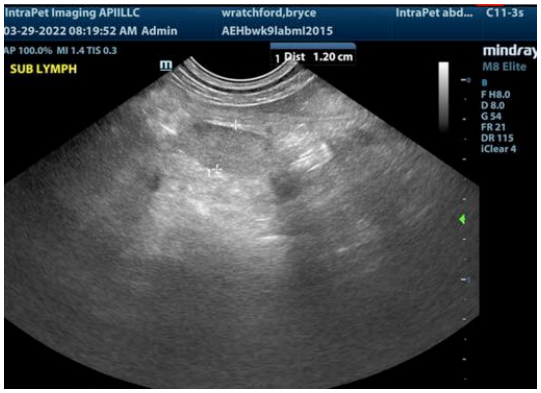
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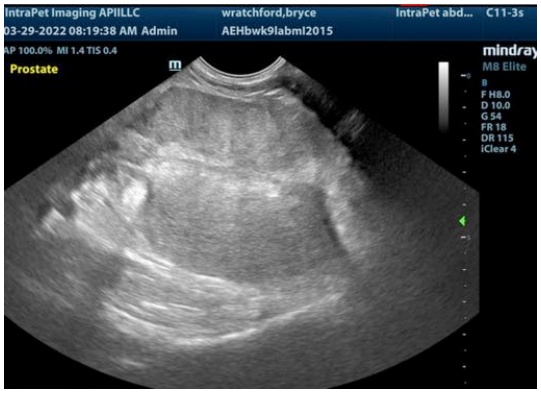
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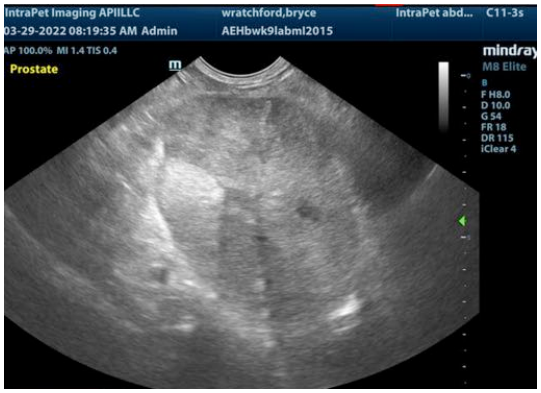
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Prostate
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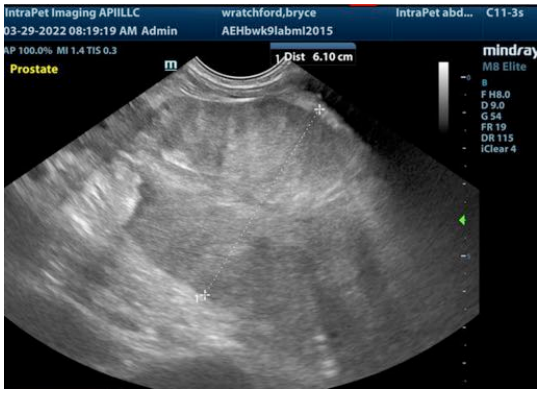

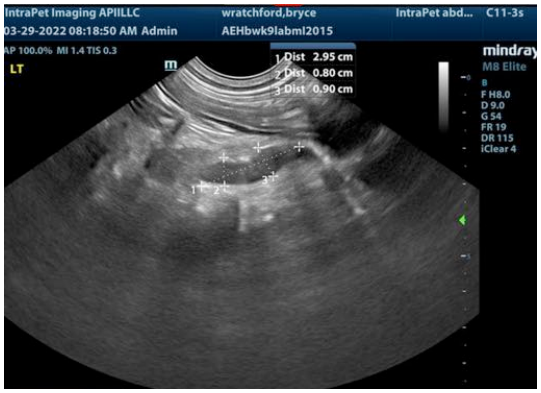

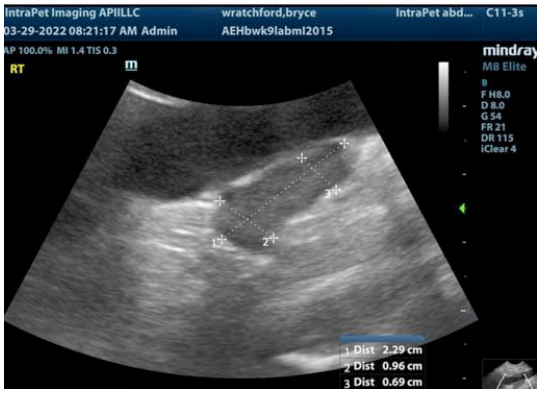

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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