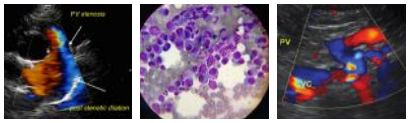
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
4/8/22

PATIENT
Henry Ziccardi

SPECIES
Canine

BREED
Poodle Mix

SEX
Intact Male

AGE
4/8/21

WEIGHT
75.1 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Roper

INVOICE
14671

PRESENTING CLINICAL SIGNS

History: On Wednesday P started having bloody diarrhea every 2 hours and vomited 4-5x. P had a decrease in appetite. Yesterday morning P ate a small amount and continued to have vomiting and diarrhea. Last night O gave boiled chicken and rice but P vomited that up. O said this morning P had explosive diarrhea throughout the house. P has a history of GI issues and is on Hills micobiome and Purina Proplan Stomach and skin sensitivity. rDVM thought that P had Addison because of low cortisol. rDVM put him on a diet and P has been fine since.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Dexdomitor & Torbugesic.
Stat Report: Not requested.

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 were 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. This is a mild change. The prostate measured 5.0 cm.

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 6.41 cm. The left kidney measured 6.86 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 2.78 cm x 0.77 cm at the caudal pole and 0.89 cm at the cranial pole. The left adrenal gland measured 2.94 cm x 0.54 cm at the caudal pole and 0.54 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 were 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 upper **gastrointestinal tract** was unremarkable with empty lumen. The colonic wall was thickened. No loss of mural detail noted. This change is most consistent with colitis.

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.

Other

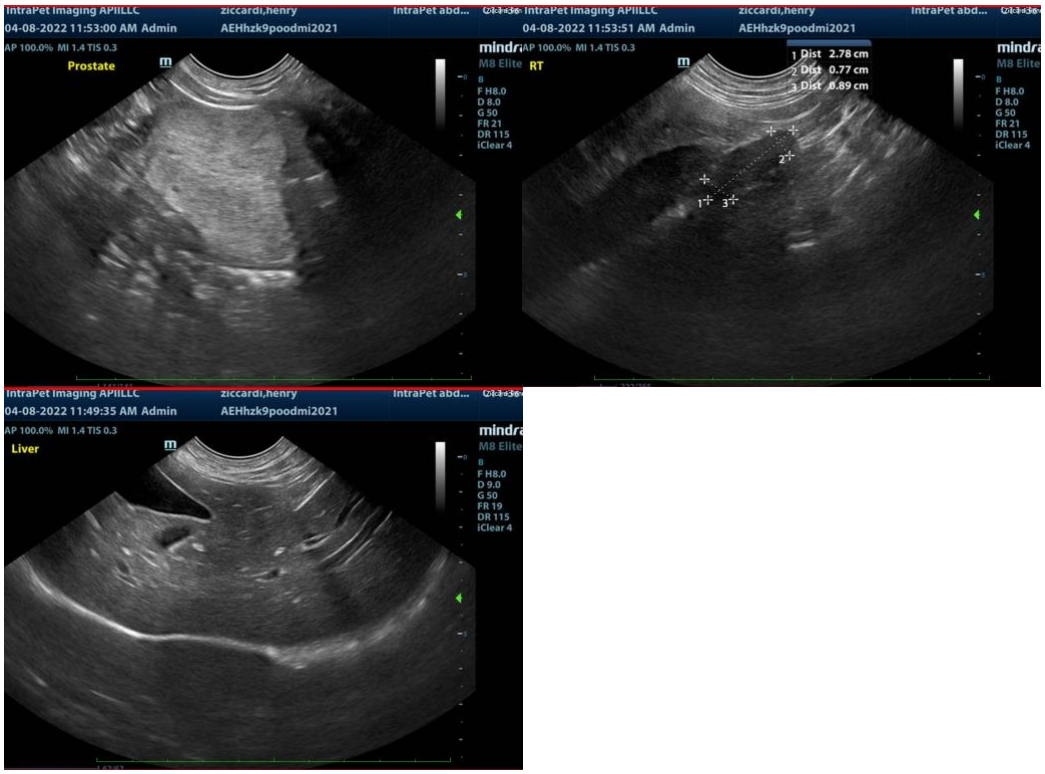
The **testicles** were imaged and found to be uniform.

ULTRASONOGRAPHIC FINDINGS

- Mild BPH prostate
- Colitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any straining to defecate is an issue, then neutering should be considered. Concurrent treatment for colitis for Baytril responsive coliforms. The following protocol may prove effective. Enrofloxacin/metronidazole over a 10-day period and diet change may prove effective, otherwise, colonoscopy indicated.



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