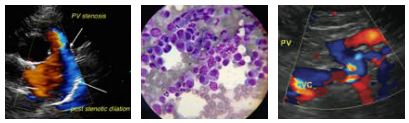
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
6/1/22

PATIENT
Zeus Goffigan

SPECIES
Canine

BREED
Husky

SEX
Intact male

AGE
7/30/12

WEIGHT
30.21 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Towson Banfield AH

REFERRING VET
Dr. Washington

INVOICE
30831

PRESENTING CLINICAL SIGNS

Consistent urinary tract infections only temporarily responsive to antibiotics. Abnormal transitional cells noted in urinalysis.
Current Medications: Gabapentin, Galliprant, Amoxicillin.
Lab Results: Elevated Creatinine and BUN.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical wall thickening and polypoid changes.

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 3.7 cm. Both testicles were hypoechoic. Nodules were noted and measured 0.8 cm and 0.9 cm on the right.

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. The right kidney measured 6.5 cm with corticomedullary mineralization and minor pyelectasia that measured 0.35 cm. The largest calculus measured up to 0.3 cm. The left kidney measured 7.24 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 2.51 x 0.57 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.28 x 0.69 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The **spleen** was hypoechoic with a 1.05 cm non-disruptive nodule.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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

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

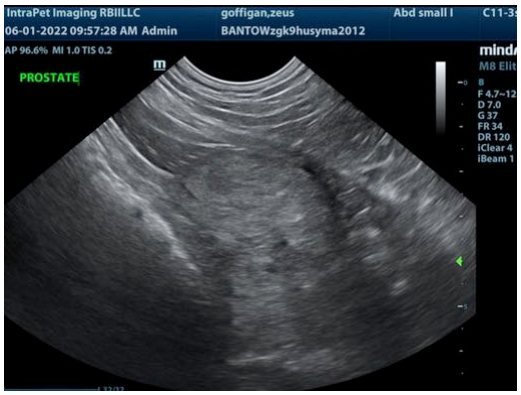
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Splenic nodule.
BPH prostate with testicular nodules.
Apical bladder wall thickening with polypoid changes.
Pyelectaisa.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering, culture and prostatic wash as well as testicular biopsies are all indicated in this patient. FNA of the splenic nodule is ideal and should be monitored for any growth. Embedded infection in the kidneys is a potential. 4 week antibiotic therapy post neutering is recommended. Enrofloxacin of similar antibiotic is suggested or antibiotic based on urine or prostatic culture results.

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goffigan,zeus
Abd small I
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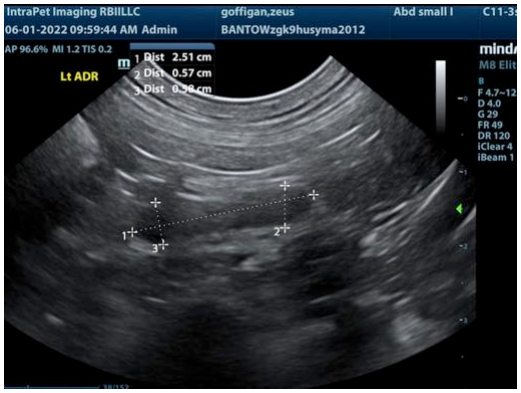
Rt Kidney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goffigan,zeus
Abd small I
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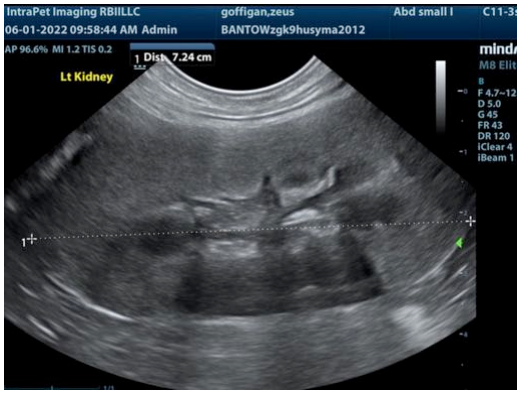
Lt ADR
1 Dist 2.51 cm
2 Dist 0.57 cm


IntraPet Imaging RBIILLC
goffigan,zeus
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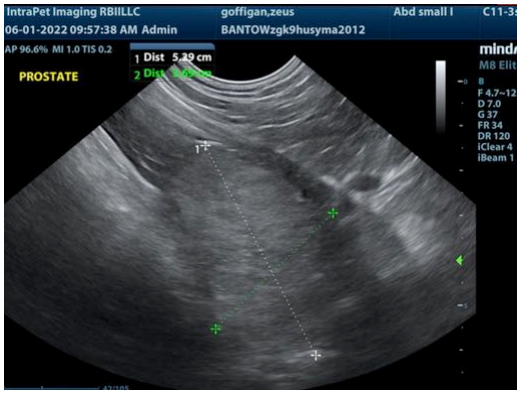
AP 96.6% MI 1.2 TIS 0.2
Lt Kidney
1 Dist 7.24 cm


IntraPet Imaging RBIILLC
goffigan,zeus
Abd small I
06-01-2022 09:57:38 AM Admin
BANTOWzgk9husyma2012
AP 96.6% MI 1.0 TIS 0.2
PROSTATE
1 Dist 5.39 cm


IntraPet Imaging RBIILLC
goffigan,zeus
linear ab
06-01-2022 10:06:58 AM Admin
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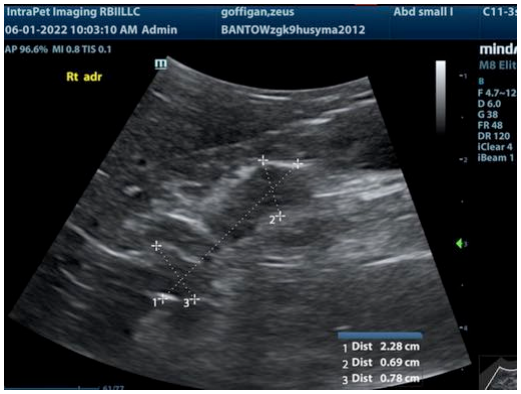
AP 96.6% MI 0.9 TIS 0.1
TEST LEFT


IntraPet Imaging RBIILLC
goffigan,zeus
Abd small I
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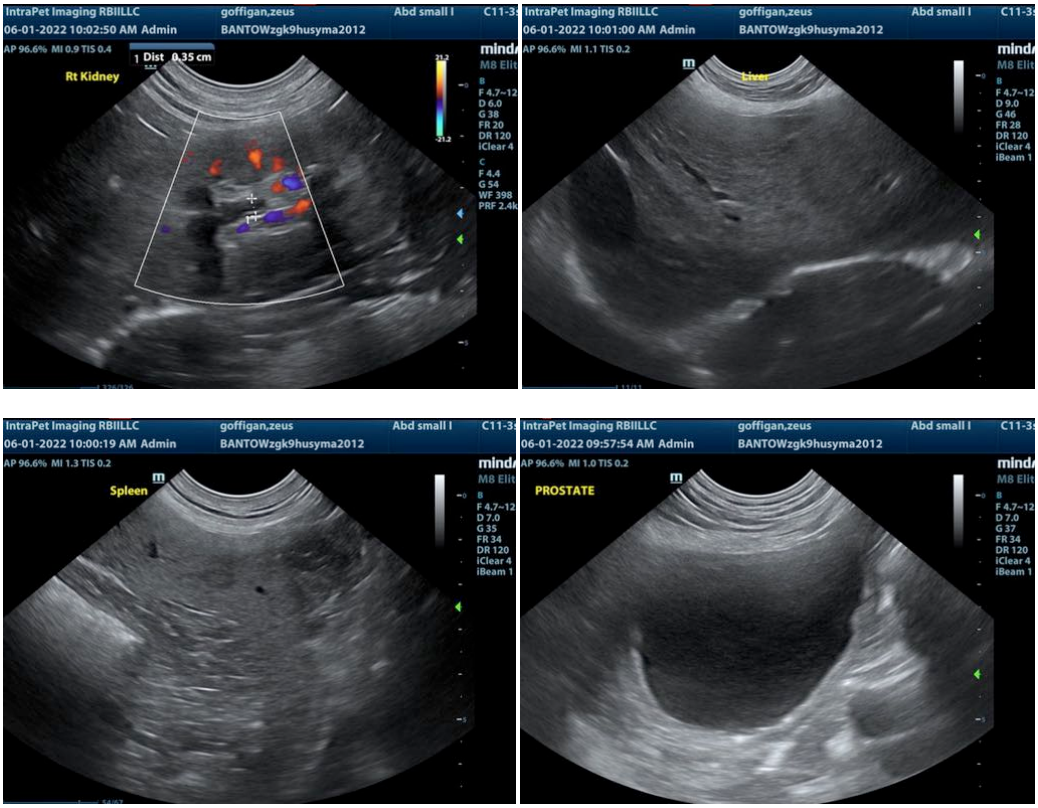
AP 96.6% MI 0.8 TIS 0.1
Rt adr
1 Dist 2.28 cm
2 Dist 0.69 cm
3 Dist 0.78 cm



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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