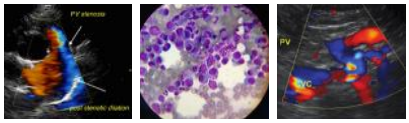
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6/19/23

PATIENT

Riley Green

SPECIES

Canine

BREED

Shiba Inu

SEX

Intact Male

AGE

2/12/10

WEIGHT

40.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

22996

PRESENTING CLINICAL SIGNS

History of PD, but unclear if really new no over PU Had episode of panting heavily about 1 day ago Tonight off, hanging head over water, but not drinking No v/d no known changes.

Current Medications: Gabapentin, Buprenorphine, Baytril, Cerenia.
Lab Results: See attached.
Radiographs: L2-3 moderate spondylosis GIT -normal gas, survey thorax -- nsf
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**, 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 3.8 cm width.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and. Slight pyelectasia was noted in the left kidney. The right kidney measured 5.74 cm. The left kidney measured 5.25 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 2.03 cm x 0.76 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 2.04 cm x 0.65 cm at the caudal pole and 0.6 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of

congestion or significant contraction. This is a mild change. The spleen revealed a hypoechoic nodule at the mid caudal body, measuring approximately 1.0 cm.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy. Hepatic lymphadenopathy was noted.

Gastrointestinal

The **stomach** was overdistended with fluid with edematous wall. Hyperperistaltic upper duodenum and pylorus. The colon was unremarkable.

Pancreas

Regional mixed echogenic inflammation was noted throughout the **pancreas** with regional lymphadenopathy.

Other

The left **testicle** revealed a mixed echogenic 3.2 cm mass. The right testicle was uniform with no evident pathology.

Free Abdomen

A significant amount of **inflammation** was noted in the cranial abdomen obscuring much of the pancreas. Regional lymphadenopathy was present.

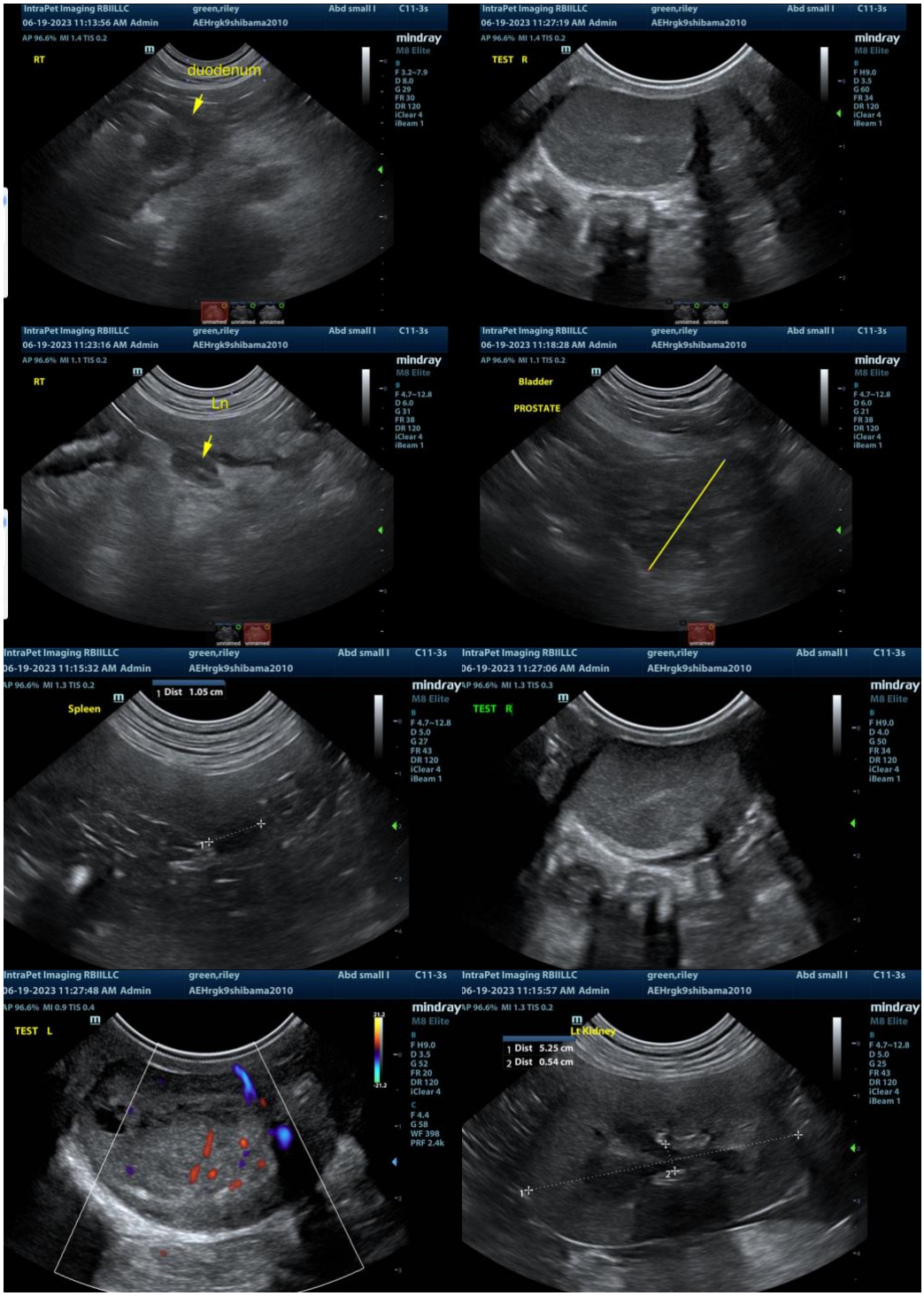
ULTRASONOGRAPHIC FINDINGS

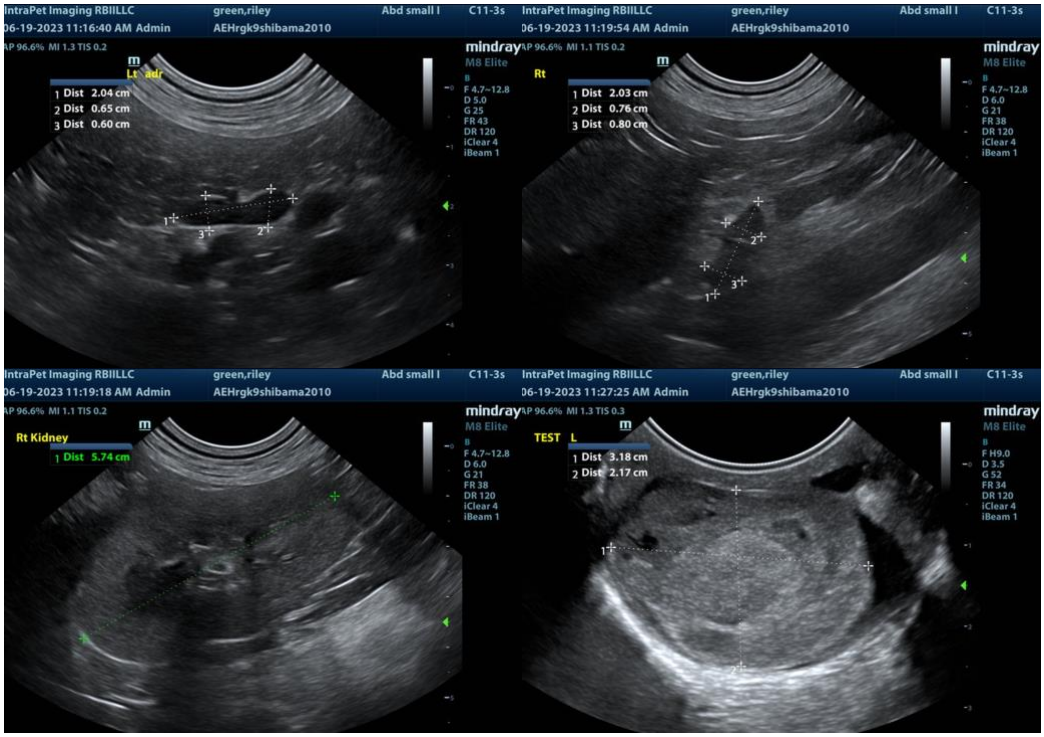
- Gastroduodenitis/pancreatitis- possibility of pancreatic and gastroduodenal neoplasia emerging.
- Regional lymphadenopathy and inflammation
- BPH prostate
- Age-related splenic changes with splenic nodule. Splenic nodule differentials include hyperplasia vs emerging round cell neoplasia. Abscessation or hemangiosarcoma are differentials as well.
- Left testicular mass
- Chronic inflammatory hepatopathy
- Age-related renal changes with left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. The panting is likely owing to gastritis. Endoscopy to investigate gastro and duodenal mucosa with appropriate biopsies would be indicated. Aggressive treatment for pancreatitis is warranted. If accessible, ultrasound guided FNA of the lymph nodes and splenic nodule is recommended, as well as any hypoechoic portions of the pancreas. Eventual neutering would be recommended, however, once the patient has been

stabilized, regarding the upper gastrointestinal and pancreatic presentation. Recheck sonogram in 72hrs post treatment. 24hr NPO, plasma expanders, broad spectrum antibiotics, and GI protectants are all indicated. Prognosis is guarded.





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
info@SonoPath.com