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DATE

6/30/22

PATIENT

Percy Beguelin

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered Male

AGE

6/20/13

WEIGHT

24.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

39166

PRESENTING CLINICAL SIGNS

Presented as a new client on 6-20-22 for painful abdomen. Pet had not eaten breakfast and owners thought there was belly pain. Physical exam was fairly unremarkable but there was mild splinting on abdominal palpation. Bloodwork revealed elevated liver enzymes (verified this is a persistent elevation since 2021 with prior records). In 2021 Bile acids were done showing elevated pre 19 (0-14) and normal post 12.1 (0-14). Patient has a history of late neutering--was neutered 9-7-21 because of enlarging testicle. Biopsy revealed seminoma.

Current Medications: Metronidazole, Amoxicillin.
Lab Results: ALP >993, ALT 427, GGT 15
Radiographs: Enlarged prostate, liver sl enlarged.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was unremarkable. Luminal sand noted in the prostatic urethra. The prostate was moderately enlarged, measuring 2.41 cm with areas of mineralization.

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 5.35 cm. The left kidney measured 6.0 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 2.53 cm x 0.60 cm at the caudal pole and 0.60 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** was slightly subnormal in size with uniform parenchyma. The left caudal liver revealed an isoechoic nodule measuring 3.3 cm x 1.76 cm with capsular expansion. Mild increased portal markings noted. The remainder of the liver was unremarkable. Vascularity was normal. No evidence of intrahepatic or extrahepatic shunting. The gallbladder and common bile duct 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

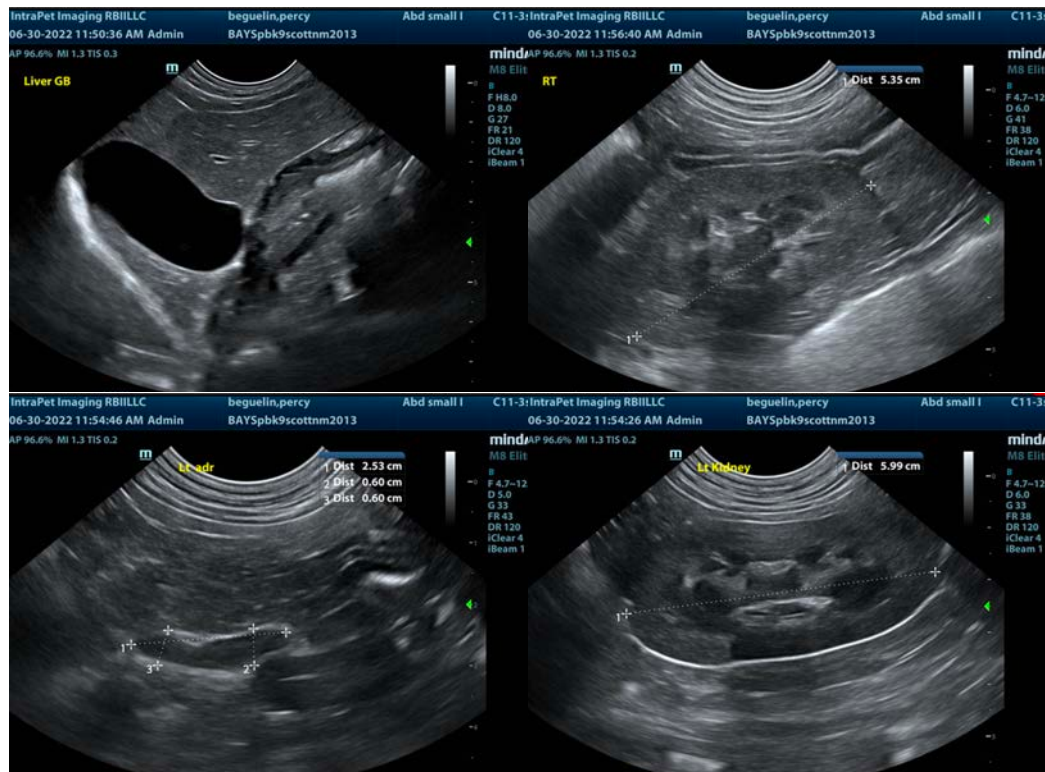
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Prominent prostate – possible emerging carcinoma.
- Isoechoic hepatoma type nodule and nodular hyperplasia pattern of the liver with minor remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver indicated. Bile acid elevation is likely spurious. Ultrasound guided FNA of the prostate indicated, especially given the mineralization. Given the late neutering, the prostatic enlargement may be secondary to history of prostatitis. However, emerging carcinoma could not be ruled out. Traumatic catheterization could also be considered, yet may not be completely diagnostic. Good to guarded prognosis depending upon FNA results of the prostate and liver. The cause of abdominal pain is not evident in this patient. Referred back pain should be considered.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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