

**DATE**

6/6/22

PRESENTING CLINICAL SIGNS

P presented for dental cleaning 5/26/22. ALP and ALT were elevated so dental was postponed and bile acids testing was performed. p was also diagnosed with an anal gland abscess at that time.

Current Medications: Clavamox 93.75 mg BID for anal gland abscess

Lab Results: ALP 513 (20-150), ALT 193 (10-118)

Date of Previous IntraPet Ultrasound: 8/3/20 and 1/20/20 - See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

Mykonos Loukas

SPECIES

Canine

BREED

Chihuahua

SEX

Intact male

AGE

1/27/12

WEIGHT

13.1 lbs

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.38 cm in length and exhibited trace pyelectasia.

The prostate is persistently herniated. The prostate is irregular and nodular with cystic component measuring 3.4 cm x 2.4 cm. The prostatic parenchyma measured 3.5 cm. Portions of the prostate appear mineralized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland was 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 1.92 cm length x 0.7 cm caudal x 0.61 cm cranial.

HOSPITAL NAME

Charm City VH

The right adrenal gland was mildly enlarged, hypoechoic and swollen. The right adrenal gland measured 2.26 cm length x 1.07 cm caudal x 0.85 cm cranial

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.

REFERRING VET

Dr. Eavers

INVOICE**Liver**

The right medial liver presented a 3.6 cm x 2.15 cm expansive nodule consistent with hyperplasia. A FNA of the nodule is indicated. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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

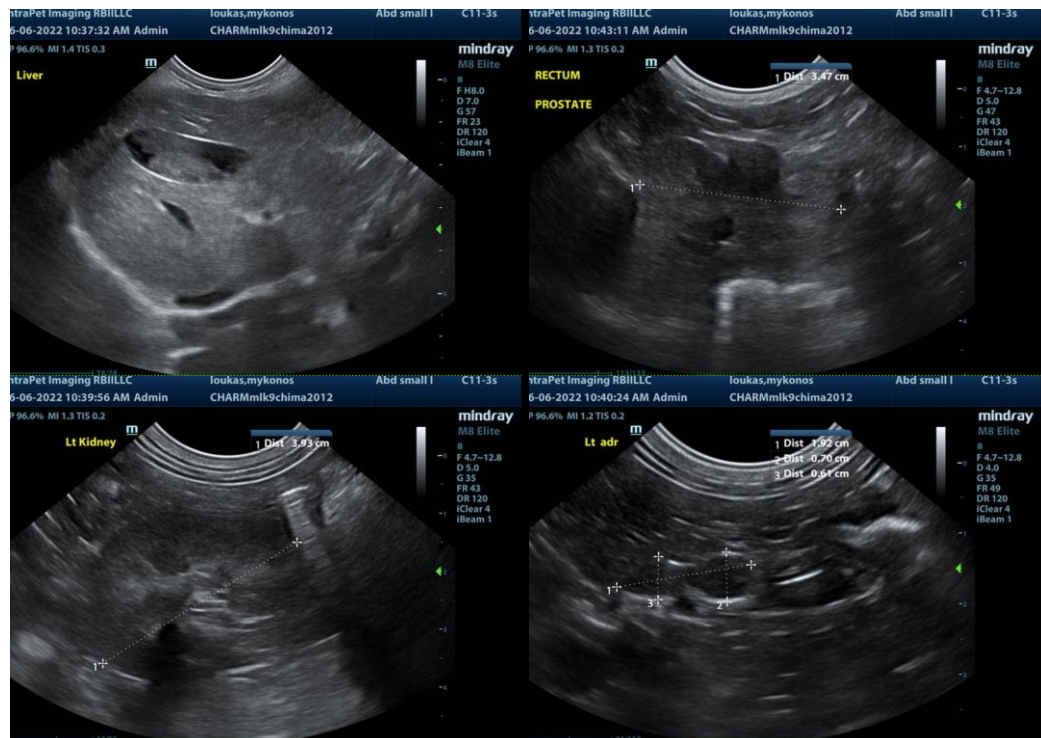
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

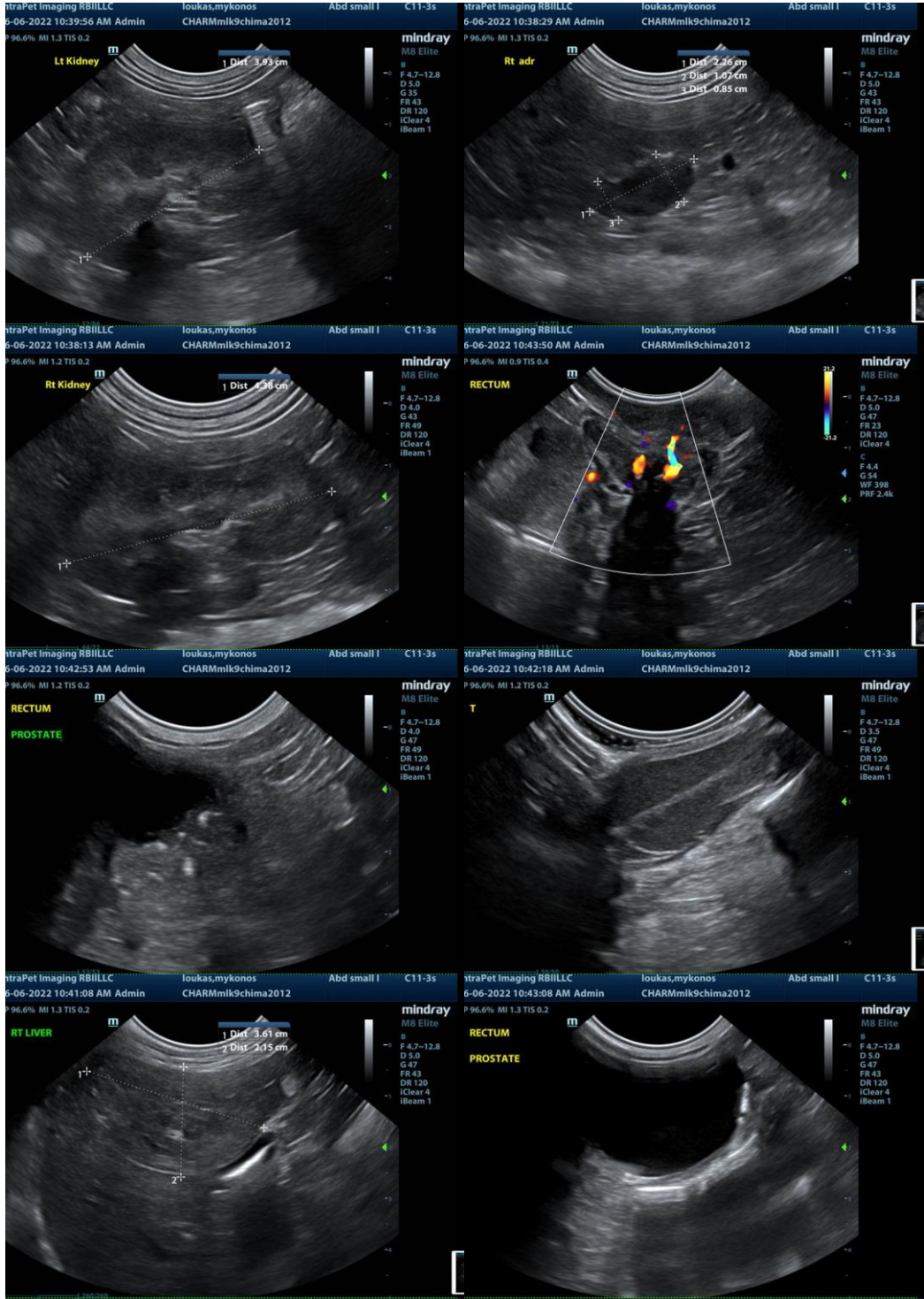
ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy with nodular hyperplasia pattern-mild potential for underlying carcinoma
- Right adrenal enlargement
- Persistent prostatic hernia with cystic component

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutering is strongly recommended with drainage of the cystic portion of the prostate, parenchymal prostatic FNA and hepatic FNA. No overt contraindication for anesthetic procedure given the bile acids were normal. Portions of mineralization of the prostate are of concern and in the cystic component revealed a minor amount of sand accumulation. There is mild potential for prostatic carcinoma.







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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