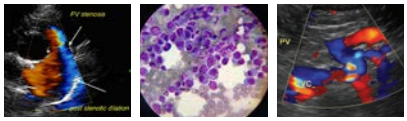
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/21/23

PATIENT

Roger Herman

SPECIES

Canine

BREED

Shepherd x

SEX

Intact Male

AGE

7/15/14

WEIGHT

58.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

44270

PRESENTING CLINICAL SIGNS

Known IBD - took around 1 year to dx - is now seeing specialist since May - had biopsies in March during exploratory sx with rdvm US in May - concerns for infection around gall bladder This week: regressed Monday accident in the house – formed stool but was blood - talked with specialty hospital, said to give time Tuesday PM: started with bloody diarrhea in his crate Wednesday AM: woke up to more diarrhea - called rdvm, was evaluated yesterday - increased pred and prescribed metro - in HA, does not tolerate wet food - offered a little bit of food when they got home, vomited the food up and water - owner was concerned was due to quick eating - owner offer a little bit more food but was not interested in eating Today; crate filled with dark urine and was vomiting - owner found him laying in the urine - not eating or drinking - at times seems like he is shaking Last time he had bloodwork was in June - Alb was low - bile acids have been tested Eat 10 cups of food/day to weight with weight gain Known 24# weight loss Ex-police dog Get gaba and trazodone for procedure - known to not like being on his back Hx of testicular nodule, mass on shoulder (was benign when tested), hygroma at elbow Current medications: - Metro 500 mg q12 - last given: 830a - Pred 10 mg q12, was uped yesterday, plan to start today - last given: 830a - Fortiflora - last given: has not had since tuesday AM - b12 inj weekly - last given: monday

Current Medications: Ondansetron, Buprenorphine.
Lab Results: See attached.
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 (4.07 cm) 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.

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 left kidney measured 7.11 cm. The right kidney measured 7.56 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 2.57 cm x 0.83 cm at the cranial pole and 0.76 cm at the caudal pole. The left adrenal gland measured 2.57 cm x 0.83 cm at the caudal pole and 0.76 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 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. Slight gallbladder calculi noted, non-obstructive.

Gastrointestinal
The **stomach** revealed fluid filled gastric stasis. Normal wall thickness. Areas of "ropey" small intestinal wall noted with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas
The **pancreas** was heterogeneous with mixed echogenic changes with slight enhanced surrounding mesentery. Potential low-grade inflammation.

Other
The left testicle revealed a cystic nodule measuring 0.91 cm. Parenchyma was uniform otherwise.

Reactive mesenteric lymph node noted, measuring 3.4 cm x 0.48 cm.

ULTRASONOGRAPHIC FINDINGS

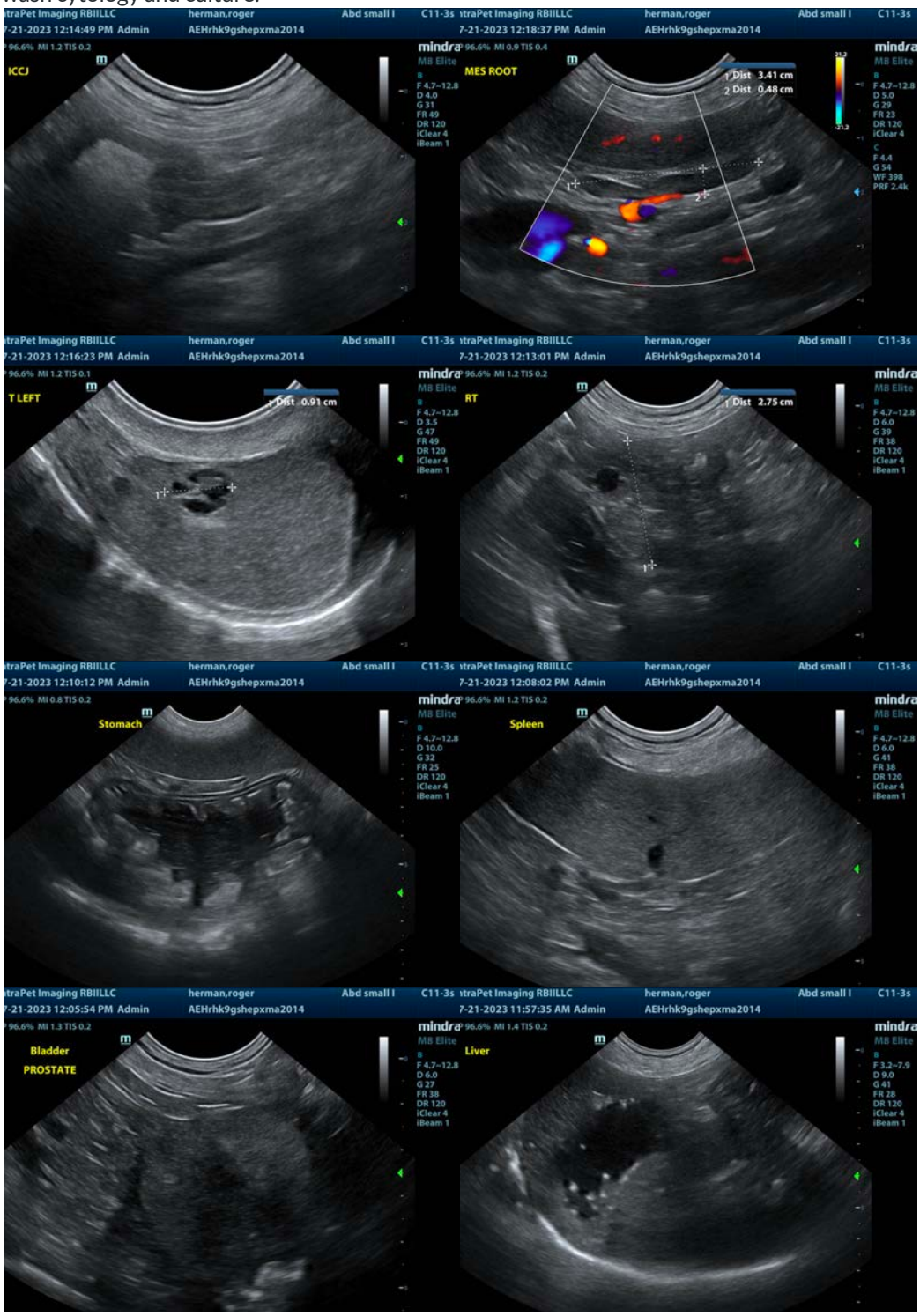
- Pancreatic remodeling
- Gastric stasis
- Mesenteric lymphadenopathy
- Minor gallbladder calculi
- BPH prostate
- Left testicular cystic nodule

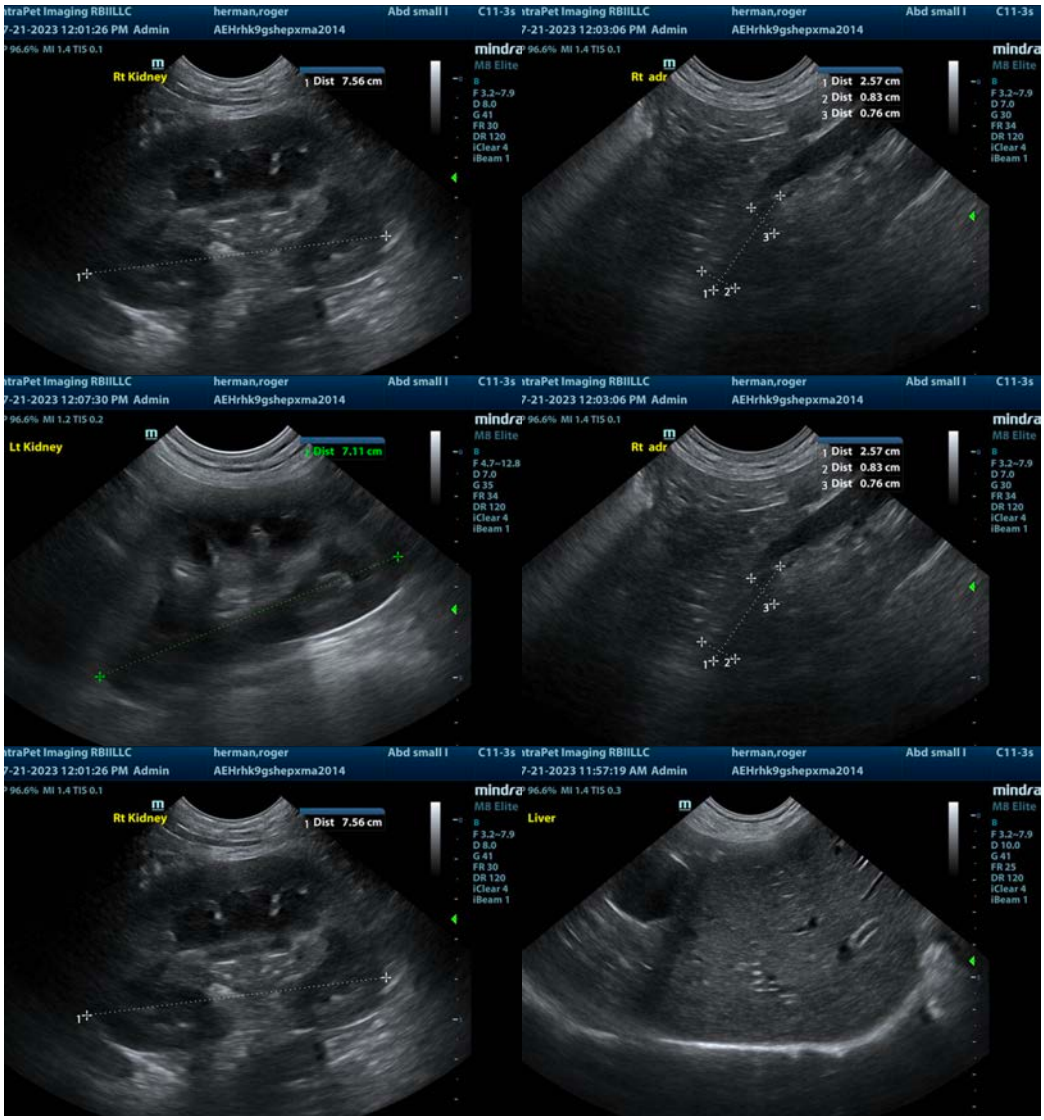
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rectal palpation recommended to assess for any discomfort in the prostate, as low-grade prostatitis may be playing a role. Note that the Prednisone therapy may be suppressing a more significant presentation. I do recommend proactive use of Ursodiol in this patient to assist in dissolution of the gallbladder sand/small calculi. Neutering should be considered, given the testicular nodule. However, if prostatic signs are present and neutering is absolutely not an option, the following protocol may prove effective.

Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic

wash cytology and culture.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com