IMAGING PERFORMED BY

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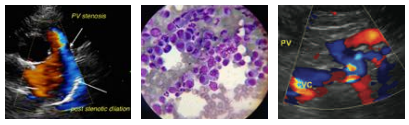

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
9/17/21

PATIENT
Rocco HARCO

SPECIES
Canine

BREED
German Shepherd

SEX
Intact male

AGE
5/15/17

WEIGHT
87 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Churchville VC

REFERRING VET
Dr. Hoerle

INVOICE
91891

PRESENTING CLINICAL SIGNS

History: 9/16/21 Working police dog - very nice! Acute onset of vomiting/diarrhea. Recent rapid diet change of the canned food. No possible FB ingestion per handler. Handler noted a small drop of blood on the floor approx. 1 month ago - suspects it was from penis. Pt's appetite has recently become abnormal- more picky than usual, patient strains to defecate in the morning.
Current Medications: Metronidazole 500 mg - single dose given 9/16 PM. IVF today.
Lab Results: CBC/Chemistry largely unremarkable.
Radiographs: Abd radiographs - aerophagia, space occupying lesion mid abdomen, decreased serosal detail.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV torb
Stat Report: STAT REQUESTED BY VETERINARIAN.

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 was noted. Ureteral papillae were normal.

The testicles were imaged and found to be uniform with no evidence of pathology. The prostate was enlarged with microcystic and macrocystic measuring 5.8 cm in short axis. Edema was noted around the prostate as well as parenchymal edema lines. This is consistent with prostatitis, probable abscessation as the largest cystic change measured 2.0 x 1.5 cm with echogenic debris. Regional inflammation was noted around the prostate along with localized fluid.

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 8.32 cm. The left kidney measured 7.35 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 2.98 x 0.66 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 2.92 x 0.63 cm at the caudal pole and 0.65 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Minor increased portal markings were noted in the liver, consistent with prior insult. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The descending colon in the pelvis was hypertrophied and involuted creating an early colonic intussusception. However, full intussusception does not appear present. Inward folding of the colon was noted and deviated around the prostate. The mesenteric lymph node was enlarged and reactive measuring 2.92 x 0.99 cm.

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.

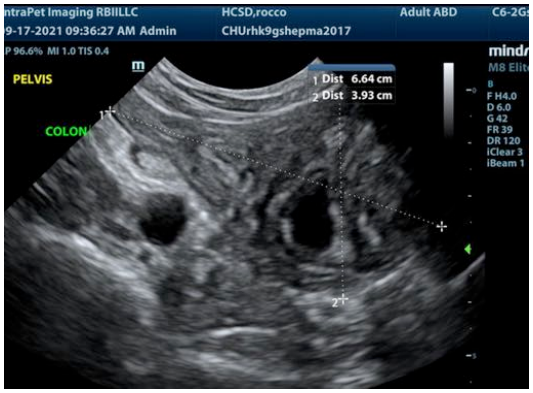
ULTRASONOGRAPHIC FINDINGS

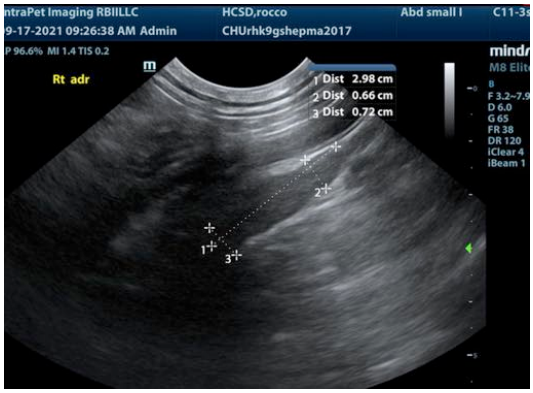
Prostatitis, suspect abscessation.
Emerging colonic intussusception.
Mesenteric lymphadenopathy.
Increased portal markings, likely due to prior insult.

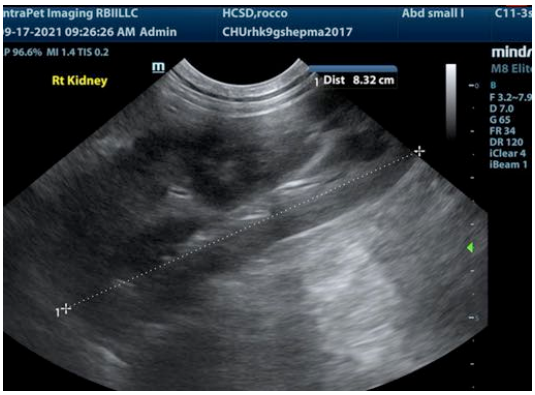
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

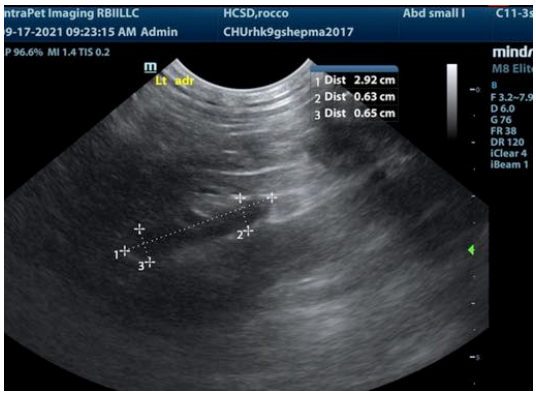
At this point I do not feel that this is overtly surgical as there is no obstructive pattern. I believe that the prostate is a primary issue and if the patient has been straining to defecate this would create a secondary colitis and emerging intussusception. Ultrasound-guided drainage of the prostate +/- injection of Enrofloxacin is recommended if any flocculent fluid is noted. Neutering would be ideal; however, given that this is a police dog Finasteride therapy can be considered. I recommend a fresh fecal smear and fecal floatation analysis. Full urinalysis is recommended as well. Treatment for colitis with Baytril, Metronidazole and bland diet may prove effective. However, reducing the prostatic volume with drainage of the cystic portions of the prostate and treatment for prostatitis would likely palliatively treat the presentation. There was no evidence of neoplasia. A recheck sonogram is recommended after 5-7 days of treatment assuming that the patient is responsive to therapy.

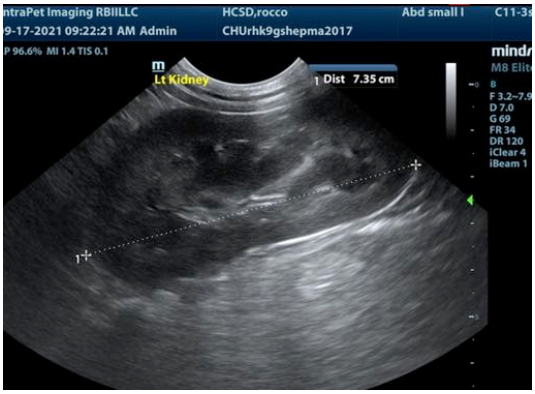
Finasteride at 1 mg/kg/day can be utilized as an off-label approach to reducing prostatic size in BPH cases. Coverage for prostatitis would also likely be appropriate with Fluoroquinolone/Baytril or similar. A recheck sonogram is recommended in 3-4 weeks with reassessment of the urinalysis and evaluation of any inflammatory sediment.

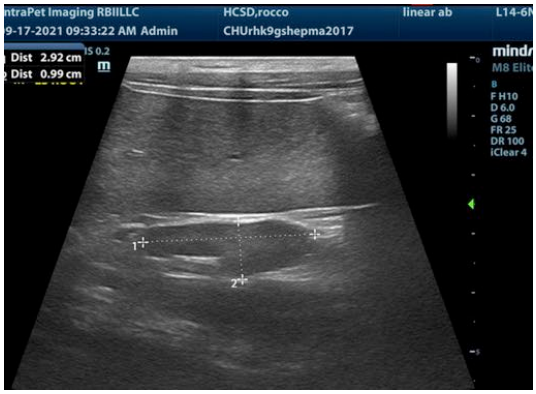

HCSD,rocco
Adult ABD
CHUrhk9gshepma2017
PELVIS
COLON
1 Dist 6.64 cm
2 Dist 3.93 cm

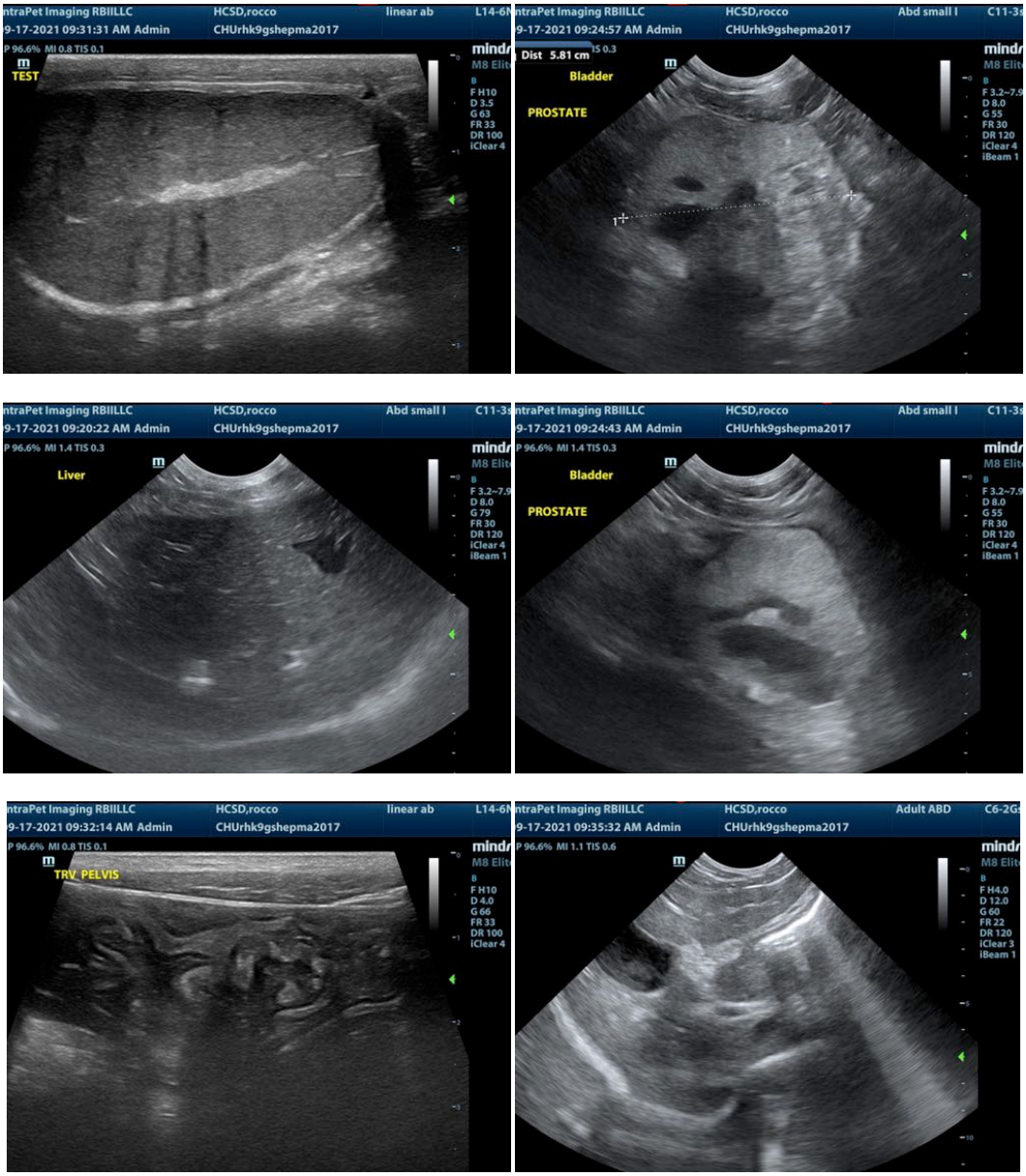

HCSD,rocco
Abd small I
CHUrhk9gshepma2017
Rt adr
1 Dist 2.98 cm
2 Dist 0.66 cm
3 Dist 0.72 cm


HCSD,rocco
Abd small I
CHUrhk9gshepma2017
Rt Kidney
1 Dist 8.32 cm


HCSD,rocco
Abd small I
CHUrhk9gshepma2017
Lt adr
1 Dist 2.92 cm
2 Dist 0.63 cm
3 Dist 0.65 cm


HCSD,rocco
Abd small I
CHUrhk9gshepma2017
Lt Kidney
1 Dist 7.35 cm


HCSD,rocco
linear ab
CHUrhk9gshepma2017
Dist 2.92 cm
Dist 0.99 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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