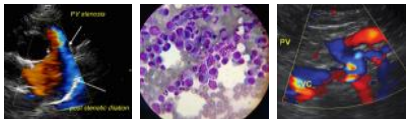
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
9/2/22

PATIENT
Max Roberts

SPECIES
Canine

BREED
Chihuahua

SEX
Intact Male

AGE
6/9/10

WEIGHT
8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Jones

INVOICE
17149

PRESENTING CLINICAL SIGNS

History: Seen at ER for 4 days vomiting, diarrhea, poor appetite. PE from ER- dehydrated, generalized muscle wasting, intact male, smooth non-painful prostate.

Current Medications: Metronidazole 50mg BID, Cerenia- used injectable in hospital.
Lab Results: Unremarkable.
Radiographs: Stomach appeared distended with food/foreign material (?) and decreased detail in cranial abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

PRESENTING CLINICAL SIGNS

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 minor change. The prostate measured 2.0 cm.

The **testicles** were imaged and found to be uniform. No evident pathology. The right testicle measured 1.96 cm. The left testicle measured 2.08 cm.

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 no evidence of pelvic dilation was present. The right kidney measured 3.9 cm. The left kidney measured 3.69 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 1.44 cm x 0.33 cm at the caudal pole and 0.39 cm at the cranial pole. The left adrenal gland measured 1.36 cm x 0.51 cm at the caudal pole and 0.54 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** revealed slight coarse architecture. Some moderate 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. A hypoechoic nodule was noted in the left cranial liver, measuring 1.36 cm x 0.79 cm. Other nodular changes were noted in the liver. An isoechoic nodule was noted, measuring 4.0 cm in the mid left liver.

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. Deviation of the descending colon was noted, given the minor prostatomegaly.

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.

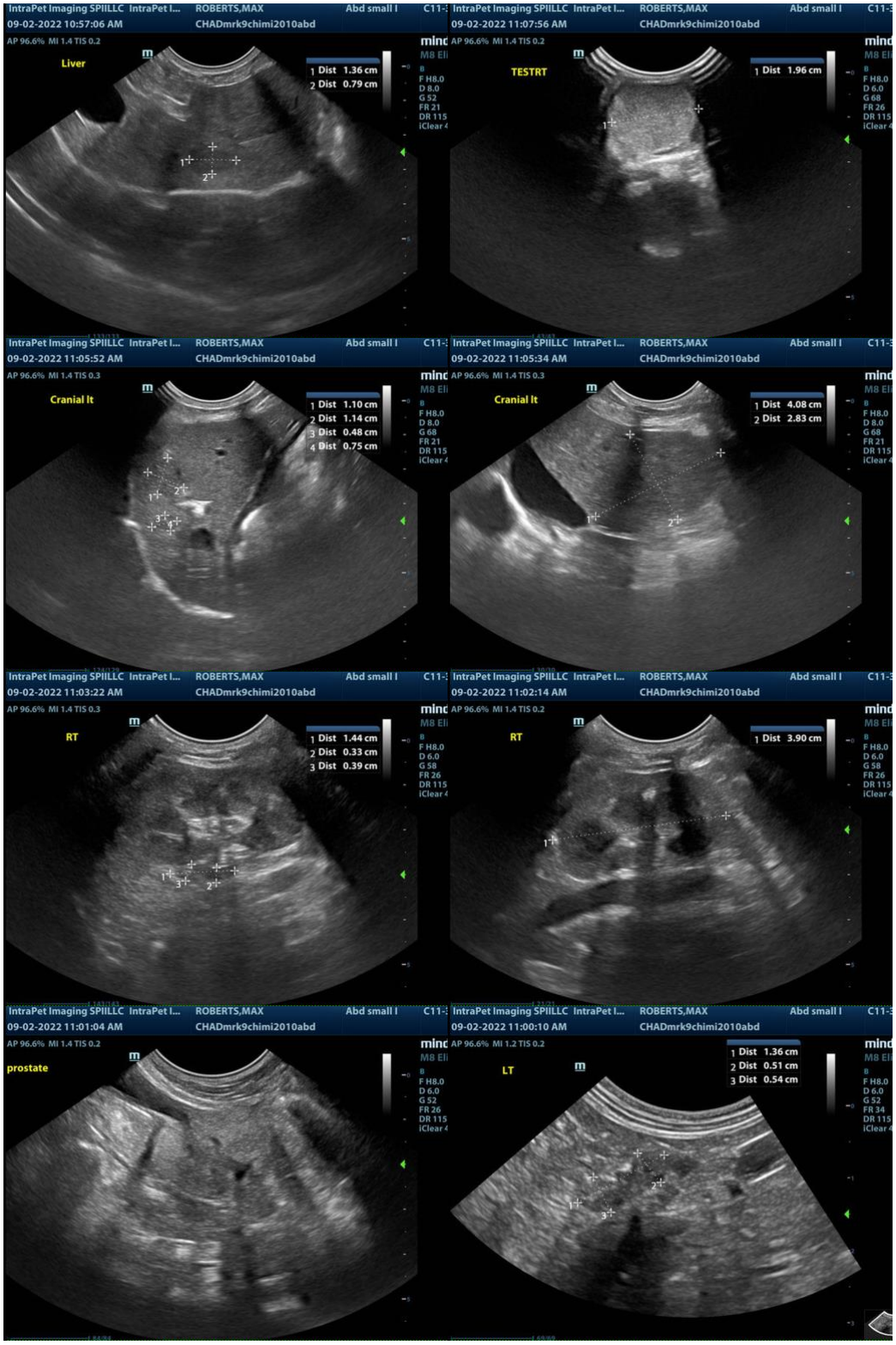
ULTRASONOGRAPHIC FINDINGS

- Nodular hyperplasia liver pattern, subjectively benign
- Minor BPH prostate
- Deviation of the descending colon, given the minor prostatomegaly
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and FNA of the liver is indicated for further definition. If neutering is not an option, a clinical trial of the following may prove effective. Very minor potential for hepatic neoplasia in this patient.

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.


IntraPet Imaging SPIILLC IntraPet I... ROBERTS,MAX Abd small I
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AP 96.6% MI 1.4 TIS 0.2
Liver
1 Dist 1.36 cm
2 Dist 0.79 cm
09-02-2022 11:07:56 AM CHADmrk9chimi2010abd
TESTRT
1 Dist 1.96 cm
09-02-2022 11:05:52 AM CHADmrk9chimi2010abd
AP 96.6% MI 1.4 TIS 0.3
Cranial lt
1 Dist 1.10 cm
2 Dist 1.14 cm
3 Dist 0.48 cm
4 Dist 0.75 cm
09-02-2022 11:05:34 AM CHADmrk9chimi2010abd
Cranial lt
1 Dist 4.08 cm
2 Dist 2.83 cm
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RT
1 Dist 1.44 cm
2 Dist 0.33 cm
3 Dist 0.39 cm
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RT
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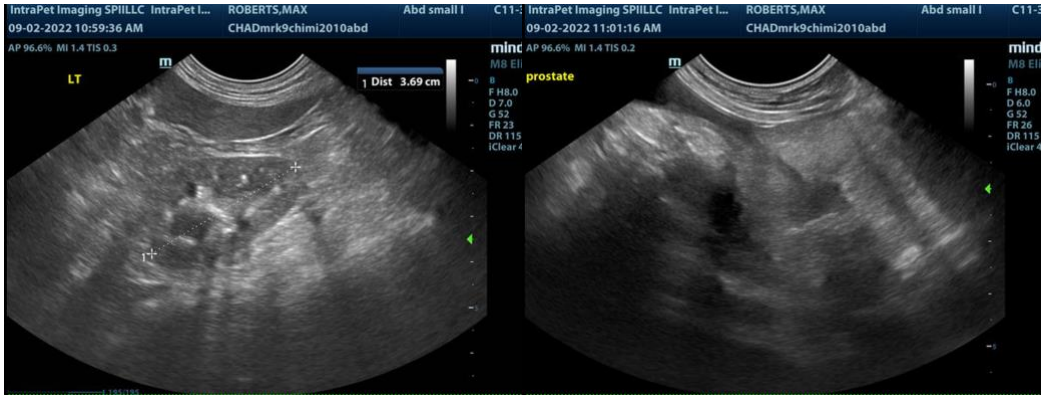
prostate
09-02-2022 11:00:10 AM CHADmrk9chimi2010abd
AP 96.6% MI 1.2 TIS 0.2
LT
1 Dist 1.36 cm
2 Dist 0.51 cm
3 Dist 0.54 cm



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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