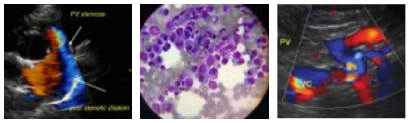
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4.21.2023

PATIENT

Atticus Bourke

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

7/3/2013

WEIGHT

73lbs

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

HOSPITAL NAME

Banfield Timonium

REFERRING VET

Adu

INVOICE

12819

PRESENTING CLINICAL SIGNS

On presentation P had significant weight loss/muscle wasting. P lost 20 lbs in 6 months. O unsure if weight loss is due to under feeding vs other pathology. P has hx of atopy and historically positive for anaplasma since 2016. Historic thrombocytopenia since 2016 as well. 2 cm firm rectal mass palpated during PE.

Current Medications: Starting diet with appropriate caloric intake, Starting gabapentin, Treating ear infection with Claro, Cytopoint 80 mg
Lab Results: Anaplasma positive, PLT 122k (low), GLOB 4.7 (high), Rest of CBC/Chem WNL
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 mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The prostate measures enlarged (2.50 cm thick). On the left side of the prostate, there is a large anechoic cyst (2.72 cm x 2.46 cm). The parenchyma of the rest of the prostate appears homogenous aside from the cyst, and there is no surrounding inflammation.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.52 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.98 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.75 cm / caudal pole 0.62 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at (cranial pole 0.62 cm / caudal pole 0.60 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The spleen is diffusely enlarged (which can be normal at times in this breed). The margins are rounded. There is diffuse mottling throughout with innumerable hypoechoic areas. The capsule is smooth with no irregularities. The spleen overall is hyperechoic to the liver parenchyma.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears mildly coarse with increased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder is moderately distended. The wall is a normal thickness and smooth. There is a small volume of suspended echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

Other

There are multiples images and cine loops provided form a perineal view labeled “rectal nodule” that is near the right anal gland. The nodule measures 1.49 cm x 1.36 cm, is round, well-delineated, and has a mixed echotexture with no surrounding inflammation.

ULTRASONOGRAPHIC FINDINGS

Findings

- Splenomegaly with mottled echotexture
- Prostatomegaly with large cyst
- Suspected anal gland nodule

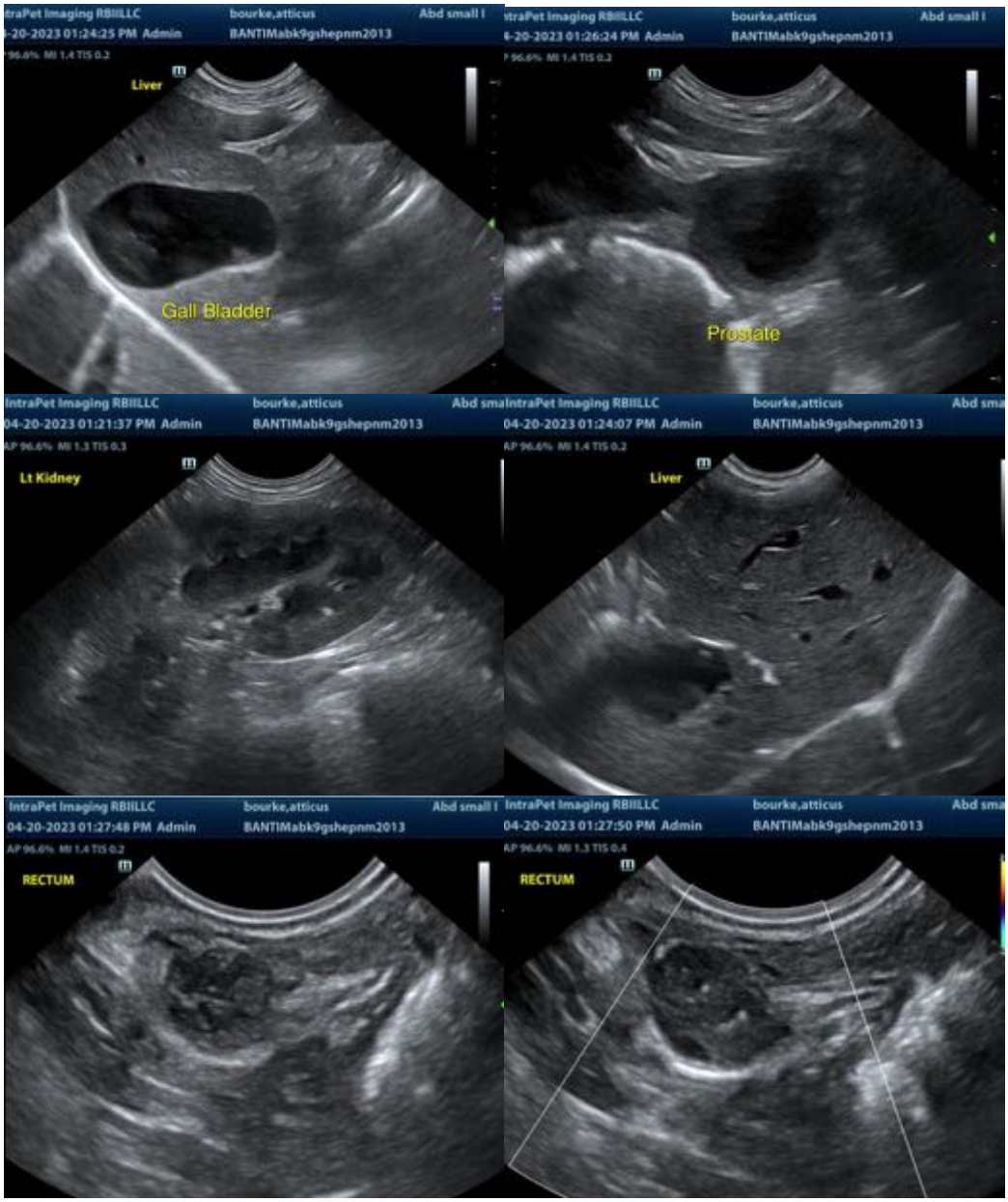
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

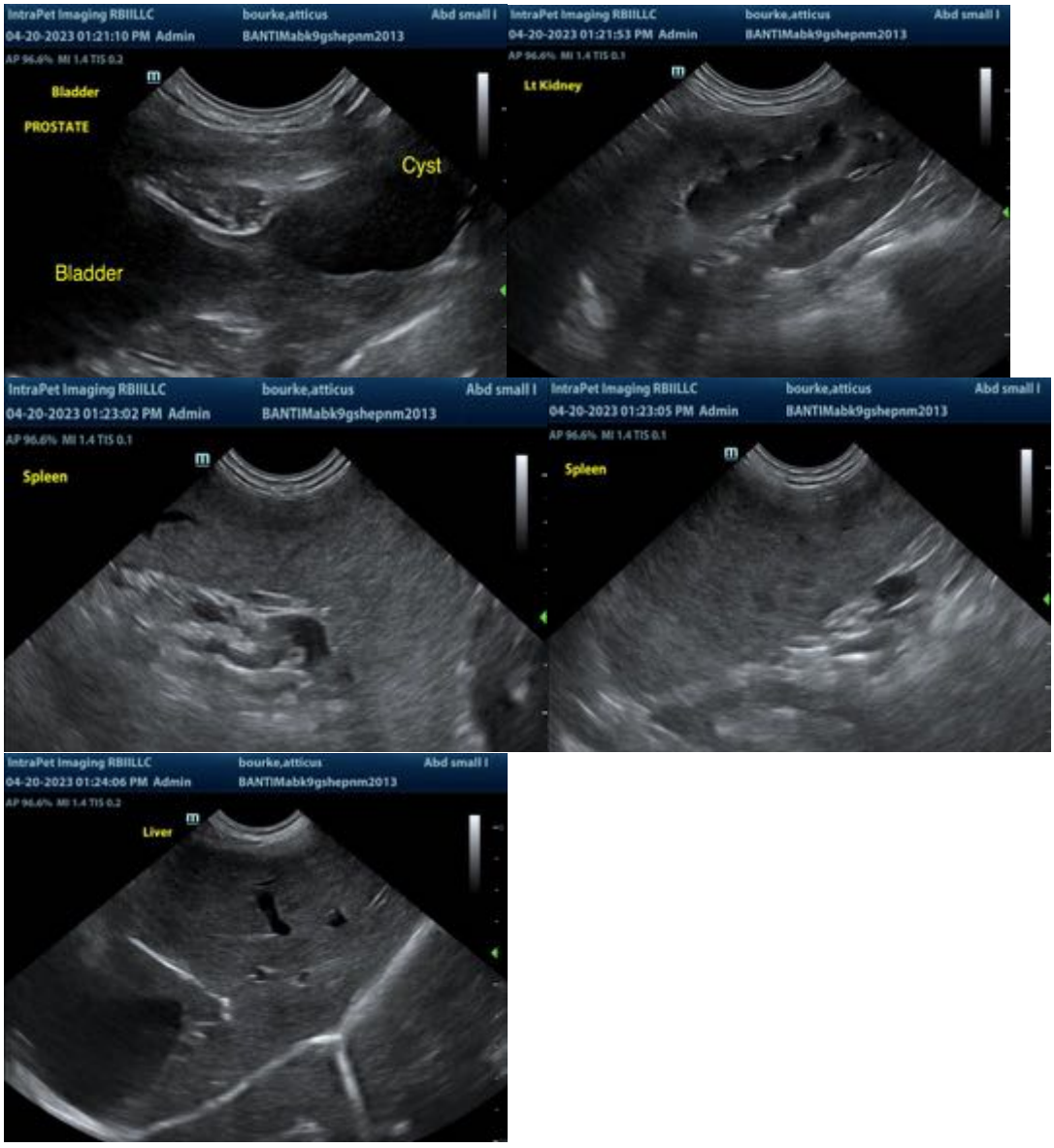
The spleen is enlarged and rounded, which can be normal in this breed of dog. However, there is diffuse mottling of the spleen which would represent more benign processes such as extramedullary hematopoiesis or lymphoid hyperplasia. The more sinister causes such as infiltrative neoplasia are also possible. Consider FNA of the spleen for further evaluation.

The prostate is enlarged and contains a large anechoic cyst. This could be consistent with a patient that was castrated later in life. If this is not the case, then further testing of the prostate could be considered with a traumatic catheterization/prostatic wash, FNA of the prostate for cytology and culture, or a BRAF test. The prostate itself does not look overtly inflamed.

Lastly, there is a nodule visible from the perineum that is presumed to be associated with the right anal gland, though it is difficult to definitively determine the origin (e.g., whether it is rectal or anal gland). FNA could be considered.

The draining medial iliac lymph nodes are not enlarged, and without hypercalcemia, this is considered unlikely to the be cause of the weight loss. Consider a GI panel or further GI work-up if the patient fails to gain weight despite increased calories (and if FNA of the spleen is pursued and results are benign).





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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