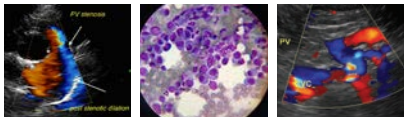
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/19/23

PATIENT

Moses Parker

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

12/28/11

WEIGHT

56 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

44347

PRESENTING CLINICAL SIGNS

Following up on liver/gall bladder and bladder abnormalities seen on previous ultrasound. Pet was treated with 4 weeks of antibiotics and the liver values returned to normal. Pet also had a positive urine culture. Repeat UA shows resolution of bacteria but still a small amount of hematuria. Will repeat culture at ultrasound.

Current Medications: Ursodiol 250 mg 1.5 T SID, Probiotics daily, Zyrtec prn allergies.
Lab Results: mild hematuria, alt- 69 (10-125), ALP- 132 (23-212).
Date of Previous IntraPet Ultrasound: 12/1/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and irregular in size, measuring 2.0 cm in height in the sagittal view. The parenchyma is slightly heterogeneous with irregular external margins. The prostatic urethra is difficult to clearly visualize, as there is a thick-walled cystic structure visualized measuring approximately 1.74 cm x 1.26 cm, most consistent with the previously visualized prostatic cyst/abscess. There is no evidence of invasion, mass effect, or calculi.

The left kidney has a normal shape and size (6.54 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.05 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.68 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris, stones, and sand. Distally, the bile duct is dilated with a large amount of sandy debris and stones within the lumen. In this region, the bile duct measures 1.0 cm in diameter.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.43 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
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.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

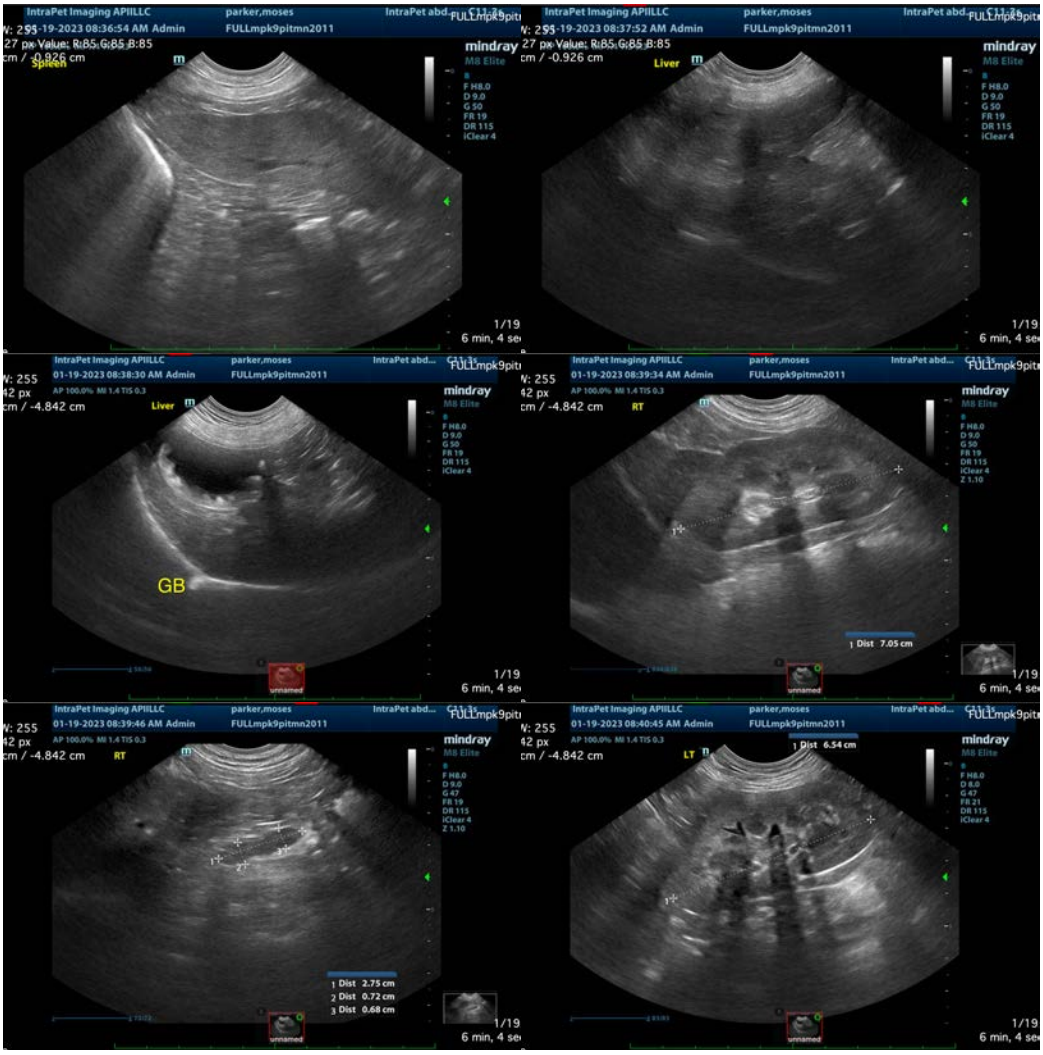
ULTRASONOGRAPHIC FINDINGS

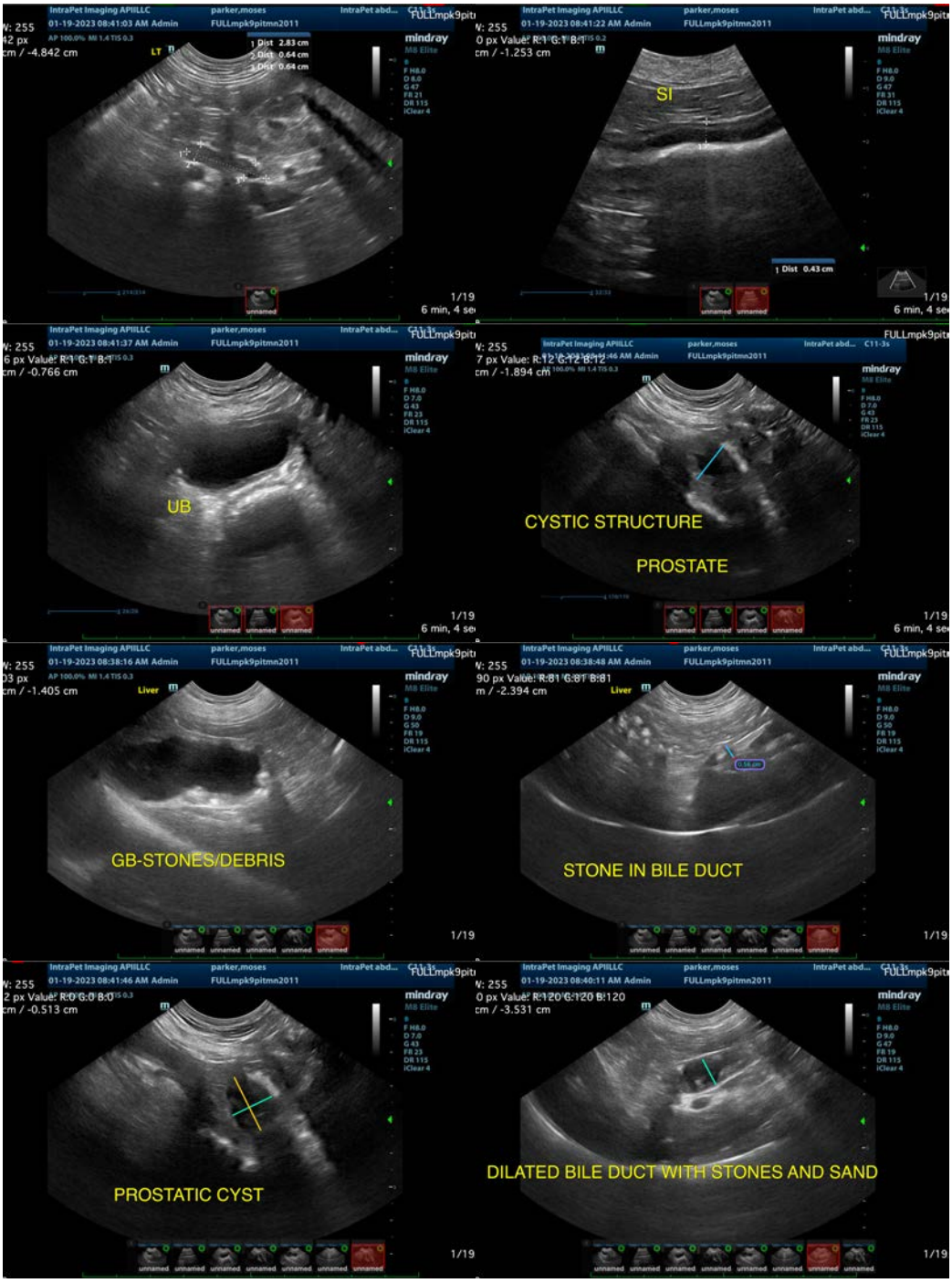
- Thick-walled cystic structure visualized within the prostate – This is likely the previously prostatic cyst, possibly starting to reform.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mildly thickened gallbladder wall with a large amount of debris, stones, and sandy calculi. The common bile duct is dilated with stones and debris. – This appears relatively similar to the previous scan on 12/1/22, possibly mildly improved.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The improvement in liver enzyme values is great news for this patient. I suspect you are treating the infectious component of the cholecystitis. Unfortunately, with this level of debris (stones, sand) and mucus, there is concern for the trapping of bacteria, and these infections can be difficult to clear. Recommend at least an additional month of antibiotics, and you could consider taking the Ursodiol up to twice daily, provided it is well tolerated and you're not currently at the high end of the dose range. This will likely be a lifelong problem, and close monitoring will be needed to manage this. Additionally, lifelong probiotic therapy is recommended.

The cystic portion of the prostate is more apparent on today's exam. I'm not sure if this was previously drained, or if it resolved spontaneously, but there is concern that if there are recurrent urinary tract infections that this could be an infected cystic structure and could be harboring bacteria. If these infections are persistent, then consider a fine needle aspirate of the prostate/prostatic cyst for culture. If this pet was neutered at a late age, it likely had significant prostatic pathology prior to neutering. If this patient was neutered prior to puberty, recommend a fine needle aspirate of the prostate.




SI
UB
CYSTIC STRUCTURE
PROSTATE
GB-STONES/DEBRIS
STONE IN BILE DUCT
PROSTATIC CYST
DILATED BILE DUCT WITH STONES AND SAND

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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