IMAGING PERFORMED BY

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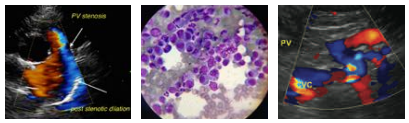

SonoPath
Clinical Sonography & Telecytology
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DATE
2/11/22

PATIENT
Carmello Mazziott

SPECIES
Canine

BREED
Yorkie

SEX
Intact male

AGE
3/10/14

WEIGHT
11 lbs

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

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Gold

INVOICE
96021

PRESENTING CLINICAL SIGNS

History: Grade III heart murmur, left front leg lame.
Current Medications: Galliprant 20 mg 1/2 P.O. SID for 7 days started 1/22/22. Thyroxine 0.1 mg 1 P.O. BID started 1/24/22.
Lab Results: hypothyroidism.
Radiographs: enlarged liver, heart, prostate.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, 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 hyperechoic measuring 1.78 cm with small parenchymal cysts. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.67 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.43 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 0.57 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small, hyperechoic nodule visualized and measured 0.71 x 0.78 cm. The gallbladder lumen is moderately

distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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.

Other

The left and right testicle are visualized and appeared normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

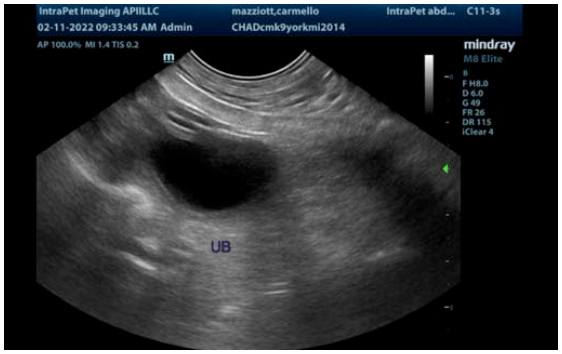
- Hyperechoic nodule visualized in the liver. Hyperechoic nodules trend towards a more benign disease process although an underlying neoplastic lesion cannot be excluded as a possibility.

- Hyperechoic large cystic prostate. The findings are most consistent with benign prostatic hypertrophy +/- prostatitis. I recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is fairly normal for an 8 year old, intact Yorkie. The prostate is large and slightly cystic. The findings are most consistent with benign prostatic hypertrophy. Urinalysis and culture are recommended to look for evidence of prostatitis. Consider neutering to help reduce the size of the prostate and prevent progression of the prostatic changes.

There is a small, hyperechoic nodule visualized within the liver. This has a more benign appearance, but underlying neoplasia cannot be excluded as a possibility. I recommend to continue monitoring with ultrasound.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mazziott,carmello
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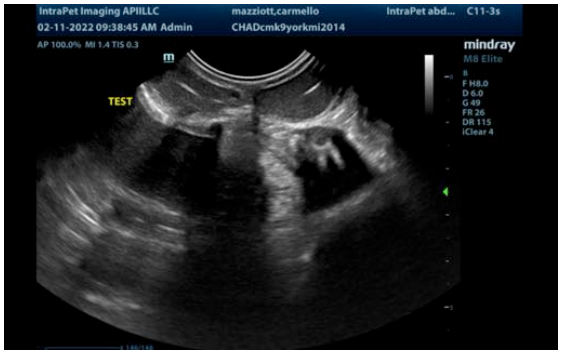
mindray
M8 Elite
UB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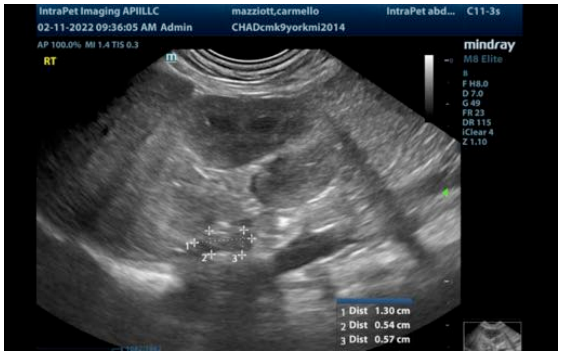
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AP 100.0% MI 1.4 TIS 0.3
mindray
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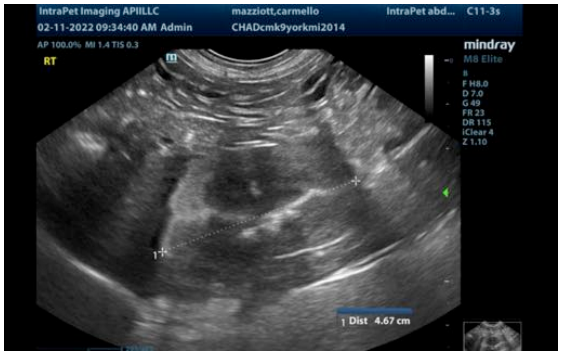
RT
1 Dist 1.30 cm
2 Dist 0.54 cm
3 Dist 0.57 cm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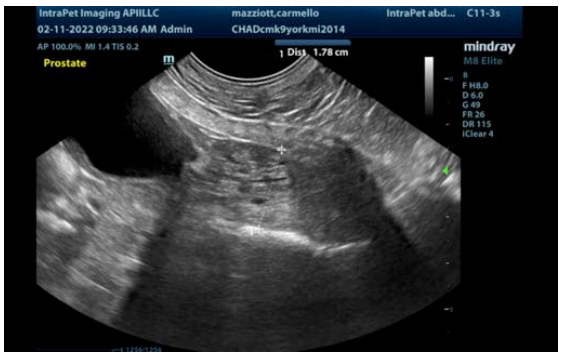
1 Dist 4.67 cm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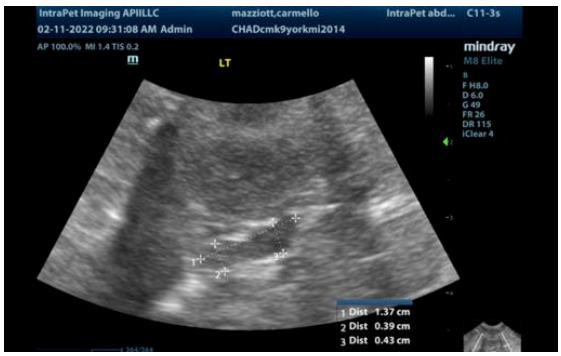
mindray
M8 Elite
Prostate
1 Dist 1.78 cm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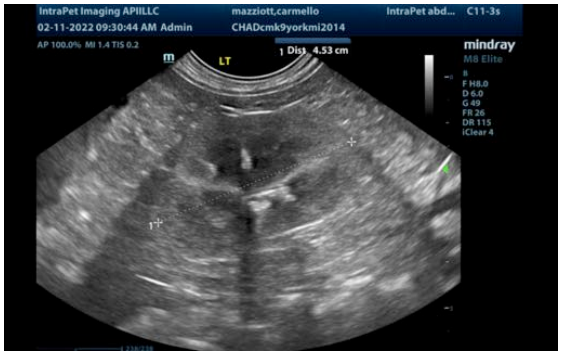
LT
1 Dist 1.37 cm
2 Dist 0.39 cm
3 Dist 0.43 cm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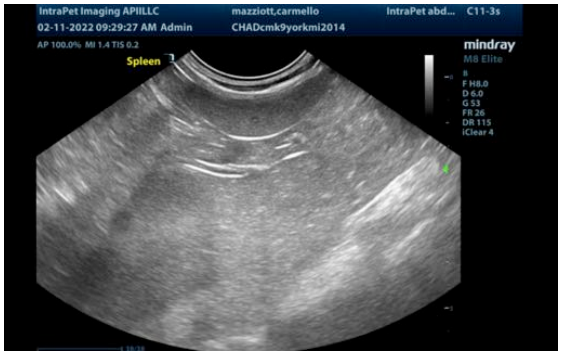
AP 100.0% MI 1.4 TIS 0.2
mindray
M8 Elite
LT
1 Dist 4.53 cm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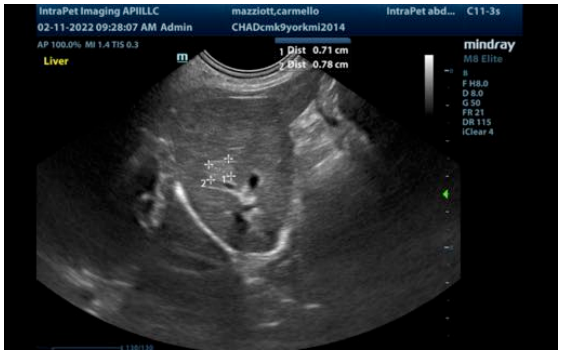
mindray
M8 Elite
Spleen



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.

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