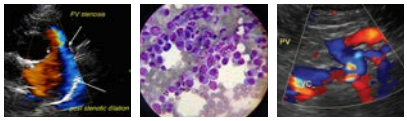
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/14/23

PATIENT

Gunner Ruark

SPECIES

Canine

BREED

GSHP

SEX

Neutered Male

AGE

2/1/13

WEIGHT

67 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Homeward Bound

REFERRING VET

Dr. Sorum

INVOICE

45103

PRESENTING CLINICAL SIGNS

Urinary incontinence and dribbling for the past several months. Was neutered at 6 months. FAST scan at clinic showed enlarged prostate. O does not wish to do aspirate.

Current Medications: Enrofloxacin 272mg SID
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 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 urinary bladder appears somewhat displaced by a large isoechoic mass effect extending into the pelvic region, most consistent with an intraabdominal lipoma.

The prostate is not definitively visualized, but the area of the prostate and the urethra appear normal with no evidence of a prostatic mass effect. There is a large isoechoic intrapelvic mass, most consistent with a lipoma in this region displacing normal anatomy somewhat.

The left kidney has a normal shape and size (7.37 cm). Overall echogenicity is normal with adequate 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 (6.93 cm). Overall echogenicity is normal with adequate 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 0.73 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 0.79 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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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 uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.31 cm. There is moderate mucosal speckling visualized. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. 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

There is a large, homogeneous, isoechoic mass effect visualized extending into the intrapelvic region, displacing the urinary bladder somewhat. The appearance of this mass effect is most consistent with an intraabdominal lipoma.

ULTRASONOGRAPHIC FINDINGS

- Large, isoechoic intrapelvic mass that appears to be displacing the urinary bladder somewhat – The appearance of this mass lesion is most consistent with an intraabdominal lipoma. Recommend a fine needle aspirate.

- Subjectively thickened small intestine with moderate mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts. The significance of this is unclear if this patient is not exhibiting symptoms of gastrointestinal disease.

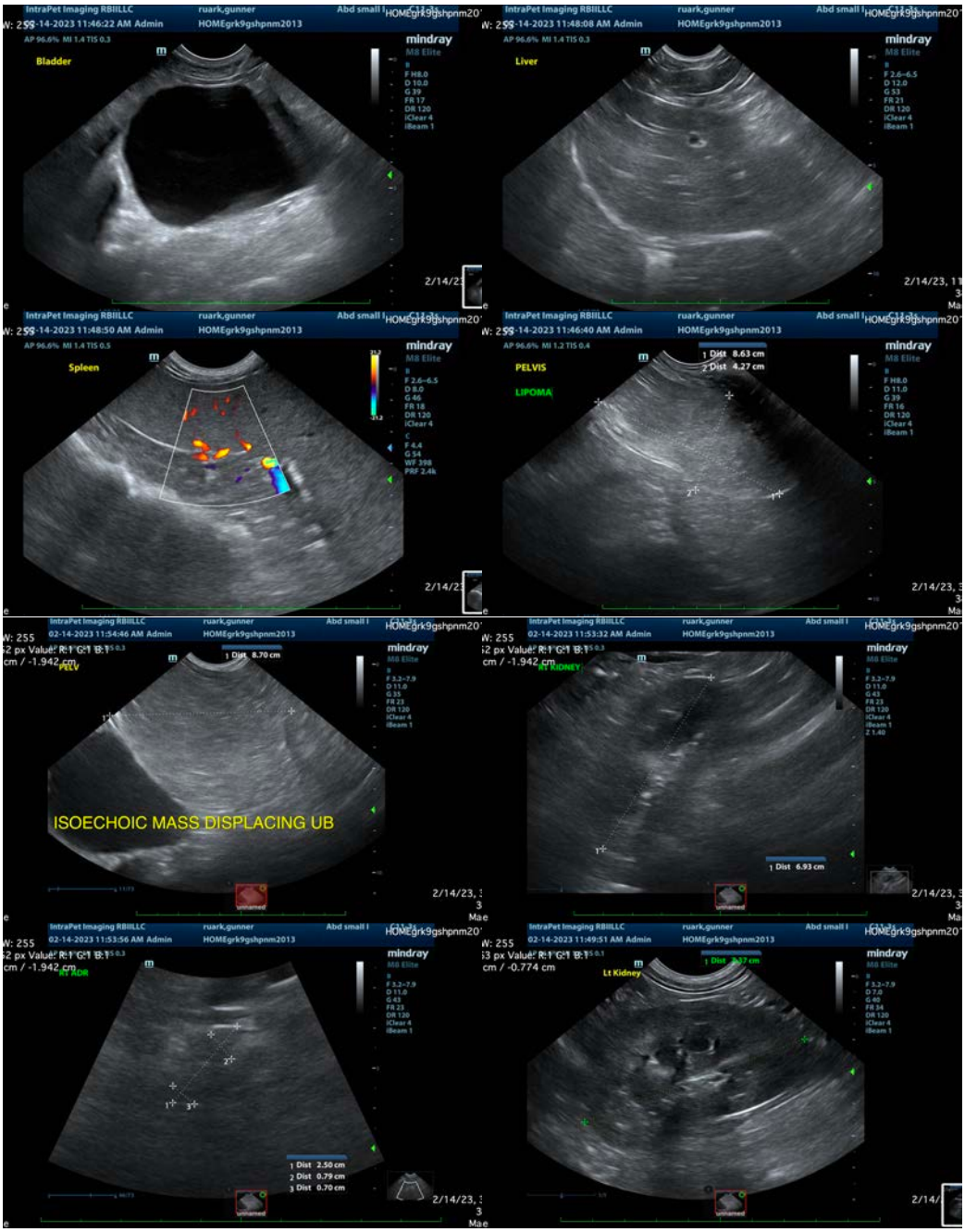
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

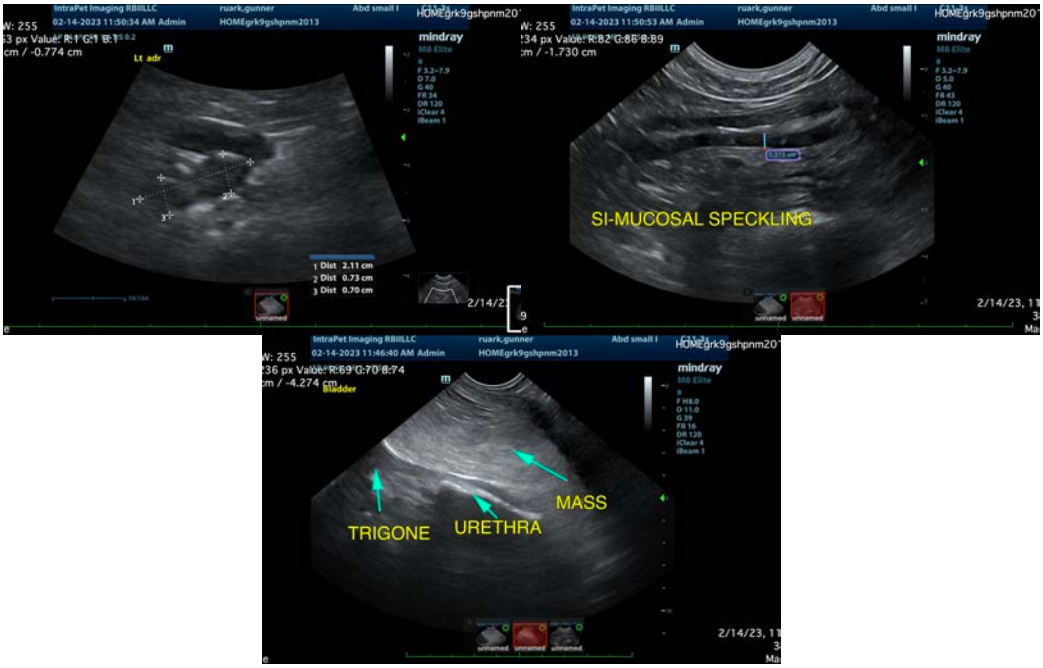
The urinary bladder and the region of the prostate appear relatively normal, but they do appear somewhat displaced by a large, isoechoic, homogeneous intrapelvic mass lesion that has the characteristics most consistent with an intraabdominal lipoma. Recommend a fine needle aspirate of this tissue. Based on the location and its somewhat invasive nature, an infiltrative lipoma would be suspected.

Recommendations moving forward if this is confirmed as a lipoma would be consultation with a veterinary oncologist regarding the best plan of action, I suspect referral to a veterinary surgeon, and possible contrast

CT scan to further evaluate the extent of this lesion for surgical planning. I believe these lesions can recur, so guidance from a veterinary oncologist is recommended, as adjunctive therapy may be indicated.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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