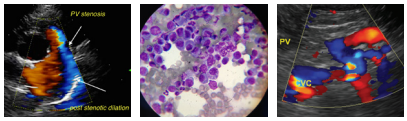
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

4/27/22

PATIENT

Benny Blevins

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

4/27/08

WEIGHT

18.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Hicks

INVOICE

37218

PRESENTING CLINICAL SIGNS

Seen 4/13/22 at Urgent Vet Care for being found laying in his feces and unable to get up; PE- BARH, mm pink; ++dental dz; no murmur ; painful cranial abdomen (tried to bite; rads/bloodwork done and mass seen in cranial abdomen;

Current Medications: Gabapentin 50mg BID, Carprofen 25mg ½ BID.
Lab Results: Mild increase in WBC.
Radiographs: Mass seen in cranial abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 in size (1.6 cm in diameter in the sagittal view) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is small in size, measuring 3.32 cm. There is decreased corticomedullary distinction and the kidney is mildly hydronephrotic with a renal pelvis measuring at 0.60 cm in diameter.

The right kidney has a normal shape and size (4.81 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.85 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 0.65 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, but irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. In the right side of the liver, there is a large, multiloculated cystic mass effect measuring 6.31 cm x 5.95 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder 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.

ULTRASONOGRAPHIC FINDINGS

- Large prostate with normal contours – could be consistent with a dog neutered after puberty, as it appears relatively smooth and not irregular. If this pet was neutered prior to puberty, then consider a fine needle aspirate of the prostate.

- Small, atypical, mildly hydronephrotic left kidney – No obstructive process is visualized. This could be a congenital abnormality or may be due to a previous obstruction, etc.

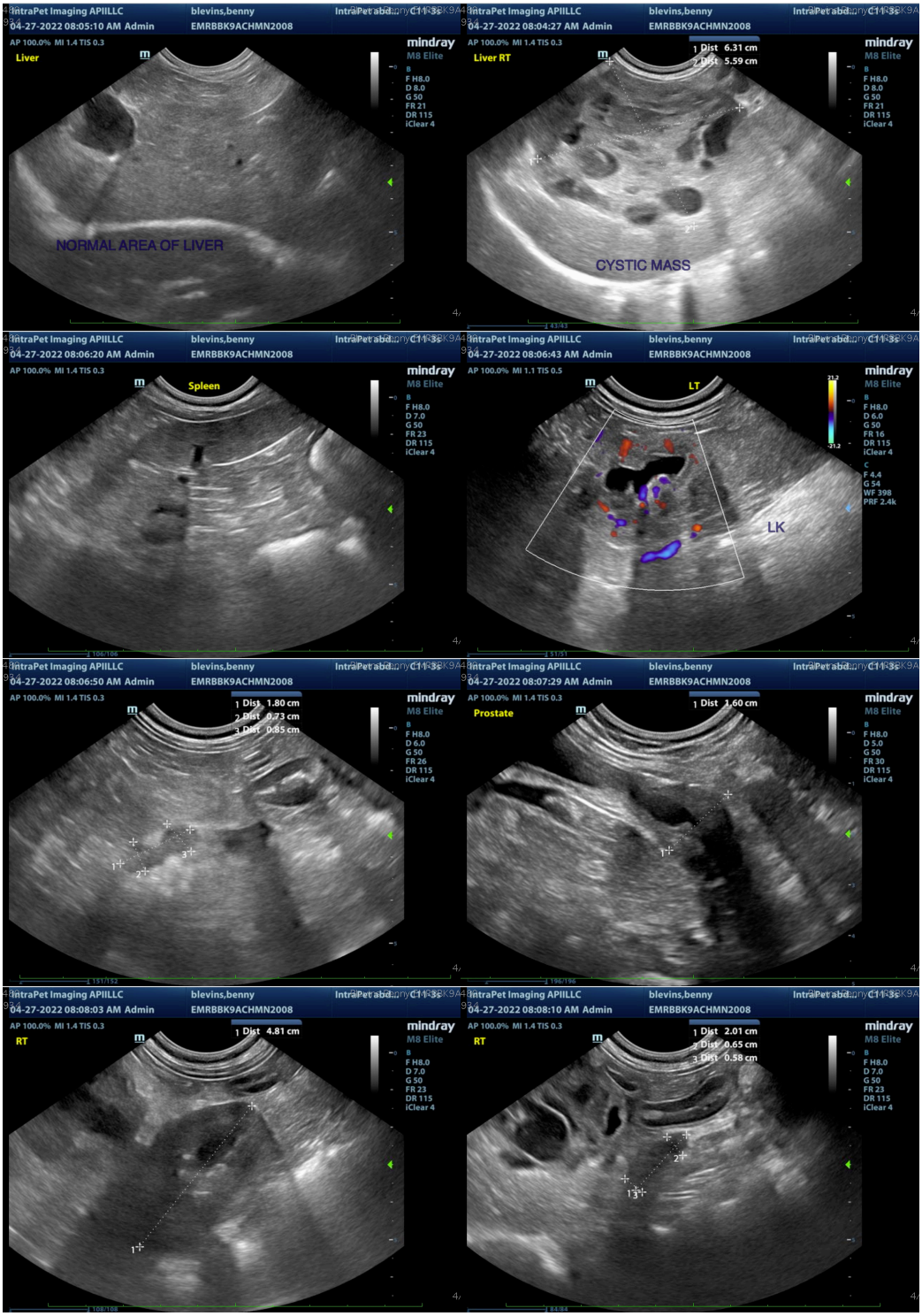
- Large, multiloculated cystic mass effect on the right side of the liver – This could represent a benign or neoplastic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cystic mass effect on the liver. This could represent a benign lesion or a cancerous lesion. Fine needle aspirate is possible, but may be challenging due to its cystic nature. Alternately, options would include a CT scan to evaluate for possible removal, as there appears to be a good amount of normal appearing, or if surgical evaluation is not desired, then continued monitoring with ultrasound.

The left kidney is small and irregular. I suspect this is due to either a congenital issue or a previous injury/pathology. Additionally, the prostate appears somewhat large with a dilated urethra. No evidence of an ectopic ureter was visualized, but this could be a possibility as well. If this pet was neutered early in life, correlate these findings with digital rectal exam, and you could consider a fine needle aspirate of the prostate, as a neoplastic process cannot be ruled out. An obvious cause of the behavior exhibited was not visualized. Recommend blood pressure evaluation.

Consider three view thoracic radiographs to rule out 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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