IMAGING PERFORMED BY

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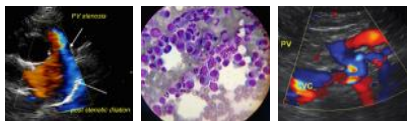

SonoPath
Clinical Sonography & Telecytology
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DATE

5/17/22

PATIENT

Kaneki Walker

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Male

AGE

7/27/20

WEIGHT

86 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Greenbrier Vet Clinic

REFERRING VET

Dr. Boccanfuso

INVOICE

37681

PRESENTING CLINICAL SIGNS

History of ongoing intermittent GI upset, V/D. Pet a bit thin on physical exam, otherwise it was unremarkable Screening BW showed very elevated eosinophil count and low cholesterol. O had switched to a fish based OTC diet in Feb. and states it helped a bit. No improvement with Probiotic in past.

Current Medications: Cerenia 120 mg SID for next 2 days, Metronidazole 500 mg - 1 po BID for 5 days.
Lab Results: 5/11/22 - Eosinophils 4590, cholesterol 102 , rest of cbc and chem wnl, last negative fecal was in October 21.
Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedation: butorphanol 10 mg/ml - 0.9 ml IV.

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 (4.17 cm x 3.89 cm) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.99 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 (6.66 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 0.55 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 0.71 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 normal/borderline large 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 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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.41 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 prominent and mottled compared to the surrounding isoechoic 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. Prominent/elongated mesenteric lymph nodes are visualized, measuring at a width of 0.67 and 0.83 cm. The omentum is of normal echogenicity.

Other
Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

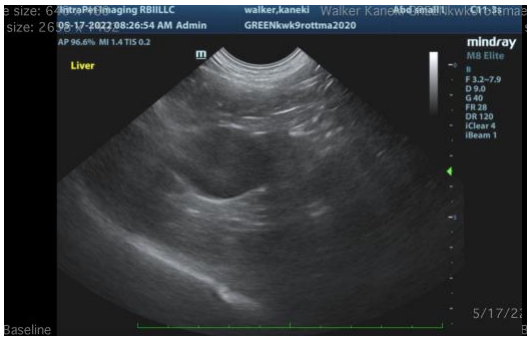
- Large, hyperechoic, slightly heterogeneous prostate – most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture.
- Borderline large spleen – This could be normal for this large breed dog.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. The prostate is enlarged and hyperechoic, which is typical for an intact male dog and consistent with mild benign prostatic hypertrophy +/- prostatitis. Additionally, the spleen appears somewhat large. I suspect this is normal for a large dog, but if there is concern for underlying round cell neoplasia, etc., a fine needle aspirate could be considered.

This individual has an elevated eosinophil count. Issues with elevated eosinophils can be seen in Rottweilers specifically. Some of these are hypersensitivity reactions, Addison's disease, inflammatory disorders, and rarely leukemia like disorders. This pet has prominent, slightly thickened small intestinal loops, most consistent with primary gastrointestinal disease. Consider the following:

- Recommend an ACTH stimulation test to rule out Addison's disease.
- Recommend parasite screening and empirical treatment to rule out underlying parasitic disease (if not already done).
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreatic and small intestinal changes observed.
- Recommend a hydrolyzed protein/novel protein prescription diet (an OTC fish based diet is unlikely to qualify as a true novel protein diet).
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- Get a pathologist review of a blood smear to further evaluate the eosinophilia and confirm the counts.
- If symptoms persist despite diet change, etc., then I would consider a fine needle aspirate of the spleen and mesenteric lymph node (if able), and possible GI biopsies. Continued monitoring of the eosinophilia is warranted.

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walker,kaneki
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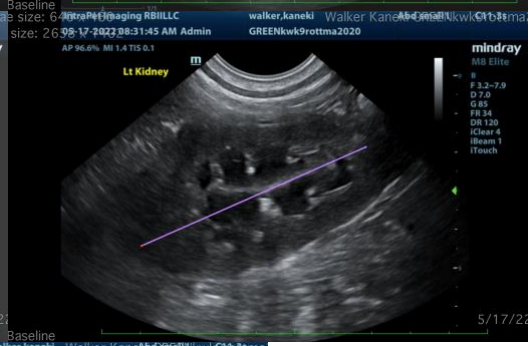
Abd small
C1-3s
AP 96.6% MI 1.4 TIS 0.1
Bladder
PROSTATE
1 Dist 4.17 cm
2 Dist 3.89 cm
mindray
M8 Elite
5/17/22
Baseline


IntraPet Imaging RBIILLC
walker,kaneki
GREENkwk9rottma2020
05-17-2022 08:34:51 AM Admin
Abd small
C1-3s
AP 96.6% MI 1.2 TIS 0.2
1 Dist 0.39 cm
THICK SI
mindray
M8 Elite
5/17/22
Baseline


IntraPet Imaging RBIILLC
walker,kaneki
GREENkwk9rottma2020
05-17-2022 08:29:35 AM Admin
Abd small
C1-3s
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 6.66 cm
mindray
M8 Elite
5/17/22
Baseline


IntraPet Imaging RBIILLC
walker,kaneki
GREENkwk9rottma2020
05-17-2022 08:29:57 AM Admin
Abd small
C1-3s
AP 96.6% MI 1.4 TIS 0.2
RTADR
1 Dist 3.16 cm
2 Dist 0.71 cm
3 Dist 0.69 cm
mindray
M8 Elite
5/17/22
Baseline


IntraPet Imaging RBIILLC
walker,kaneki
GREENkwk9rottma2020
05-17-2022 08:32:56 AM Admin
Abd small
C1-3s
AP 96.6% MI 1.4 TIS 0.1
MES ROOT
1 Dist 4.84 cm
2 Dist 0.69 cm
3 Dist 6.06 cm
4 Dist 0.83 cm
LNS
mindray
M8 Elite
5/17/22
Baseline


IntraPet Imaging RBIILLC
walker,kaneki
GREENkwk9rottma2020
05-17-2022 08:31:45 AM Admin
Abd small
C1-3s
AP 96.6% MI 1.4 TIS 0.1
Lt Kidney
mindray
M8 Elite
5/17/22
Baseline


IntraPet Imaging RBIILLC
walker,kaneki
GREENkwk9rottma2020
05-17-2022 08:32:39 AM Admin
Abd small
C1-3s
AP 96.6% MI 1.4 TIS 0.1
Spleen
mindray
M8 Elite
5/17/22
Baseline

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.

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