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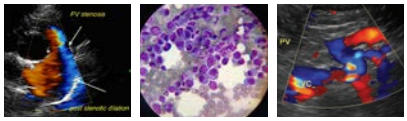

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DATE

6/21/22

PATIENT

Major Carr

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Intact Male

AGE

1/10/12

WEIGHT

68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

38932

PRESENTING CLINICAL SIGNS

Major has seizures about 1 a month last 15-20sec. He's been having almost 1 a day. Since Sunday. For last two days He's been drinking a awful lot and going outside number1,every 10 -20min. Tried to go number2 but not much out but almost fluid. He is alittle disoriented and lethargic.

Current Medications: Gabapentin, Baytril, Amoxicillin, Cerenia.
Lab Results: See attached.
Radiographs: Very large prostate, pushing on colon Arthritis in back
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation.
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 and somewhat irregular. It measures approximately 10.36 cm x 5.48 cm. The parenchyma is heterogeneous, and there is a very large, irregular, hypoechoic cystic lesion visualized within the parenchyma. This lesion occupies approximately 80% of the prostatic parenchyma and measures at 7.04 cm x 4.15 cm.

The left kidney has a normal shape and size (6.51 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 (6.82 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 0.70 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 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. There is a poorly defined hyperechoic nodule visualized measuring 1.0 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.

Other

Both testicles are imaged. The right testicle appears normal, measuring approximately 3.18 cm x 1.77 cm. The left testicle is large, irregular and hypoechoic, measuring 2.75 cm x 4.63 cm with numerous ill-defined, mixed echogenic nodules.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular cystic prostate – most consistent with benign prostatic hypertrophy, and either a prostatic cyst or abscess (less likely). While neoplasia is not impossible, it is less likely.

- Heterogeneous liver with hyperechoic nodule - 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.

- Irregular mass effect involving the left testicle

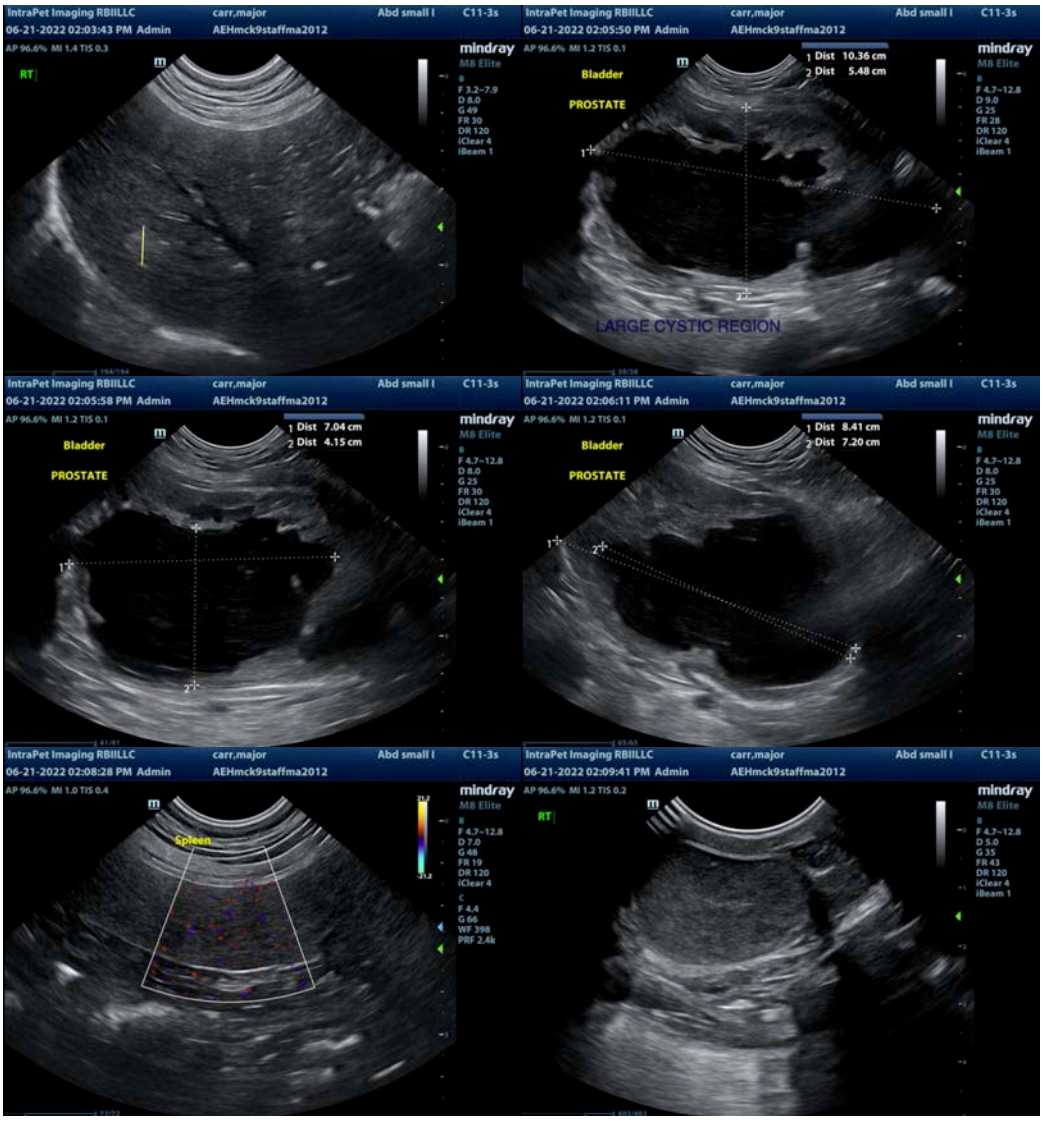
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

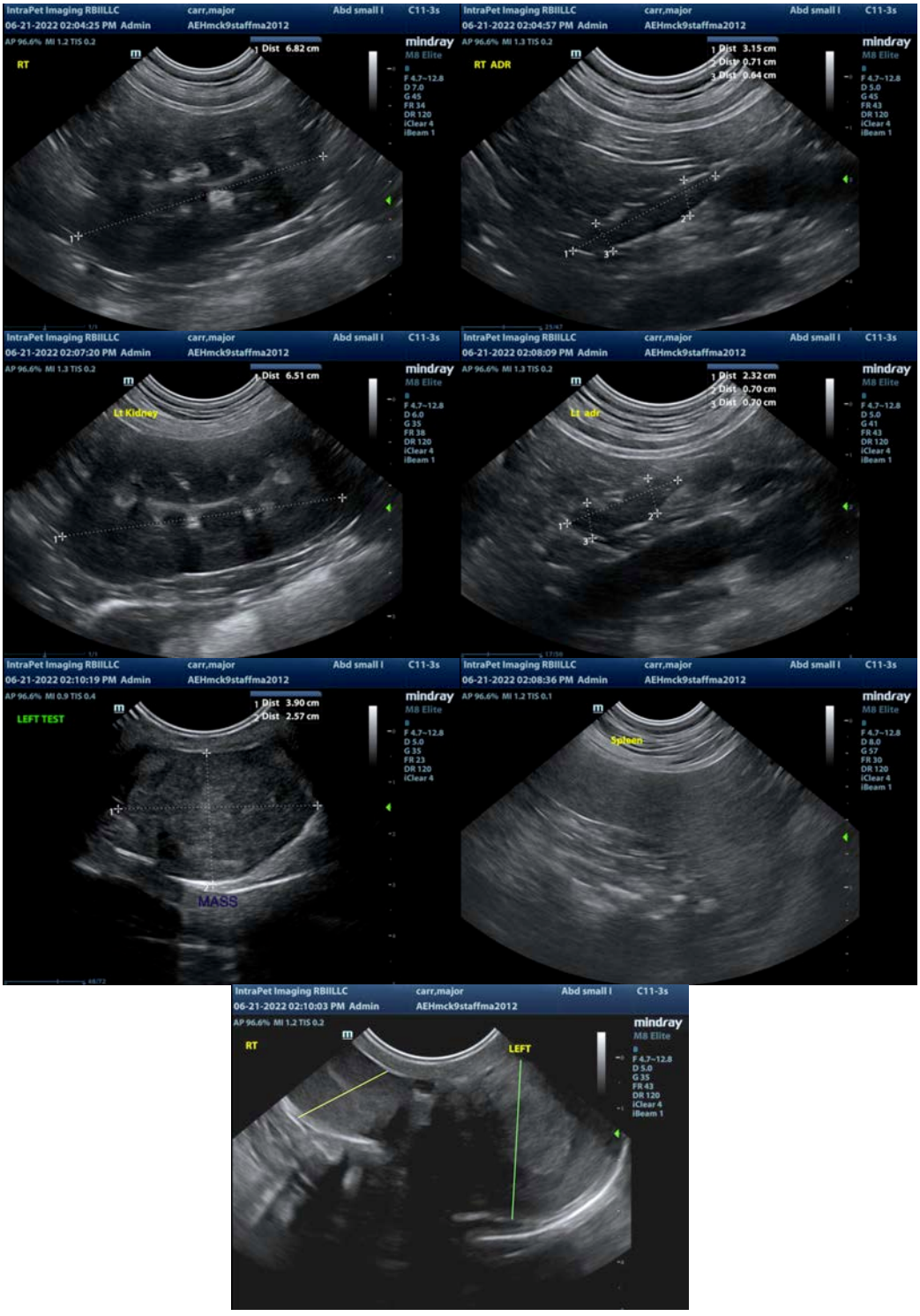
The prostate is large and has a very large intraparenchymal cyst. I suspect this is the primary reason for the difficulty defecating, etc. If this patient is stable enough, consider anesthesia for castration with submission of the testicles for histopathology and percutaneous drainage of the prostate lesion with possible installation of Baytril if a prostatic abscess is suspected. Additionally, recommend a urinalysis and culture, and culture of the prostatic fluid. If an infection is identified, this lesion will need to be carefully monitored, as there is a

chance surgical omentalization will be necessary.

It is unknown if this is related to the seizures reported in your history. Based on some of the comments, there is concern for possible neurologic disease, and evaluation by a veterinary neurologist could be considered. Evaluate bloodwork for possible metabolic causes of seizures.

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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