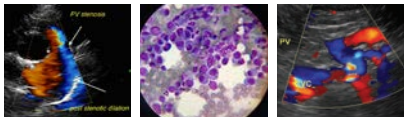
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

7/21/23

PATIENT

Finn Whittington

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

1/24/12

WEIGHT

45 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Jones

INVOICE

44264

\PRESENTING CLINICAL SIGNS

Hacking, gagging sounds for past 6 days. Stools were loose but that resolved on its own. PE- tense, guarded abdomen on palpation. SQ mass at left perineal area, golf ball sized, not invading colon upon rectal exam.

Current Medications: None.
Lab Results: WNL.
Radiographs: Gas seen ining fundic area in stomach most evident on VD view.
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 prostate is large, heterogeneous, and slightly irregular, measuring 1.9 cm in height in the sagittal view x 2.59 cm in length.

The left kidney has a normal shape and size (6.05 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 (5.38 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 0.70 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 0.62 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 mild to moderate fluid. 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. Jejunum wall measures 0.33 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, 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.

PRIMARY FINDINGS

- Large, irregular, slightly heterogeneous prostate – Findings are concerning for prostatic neoplasia in a neutered male. Other differentials exist.

- Mottled, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

ULTRASONOGRAPHIC FINDINGS

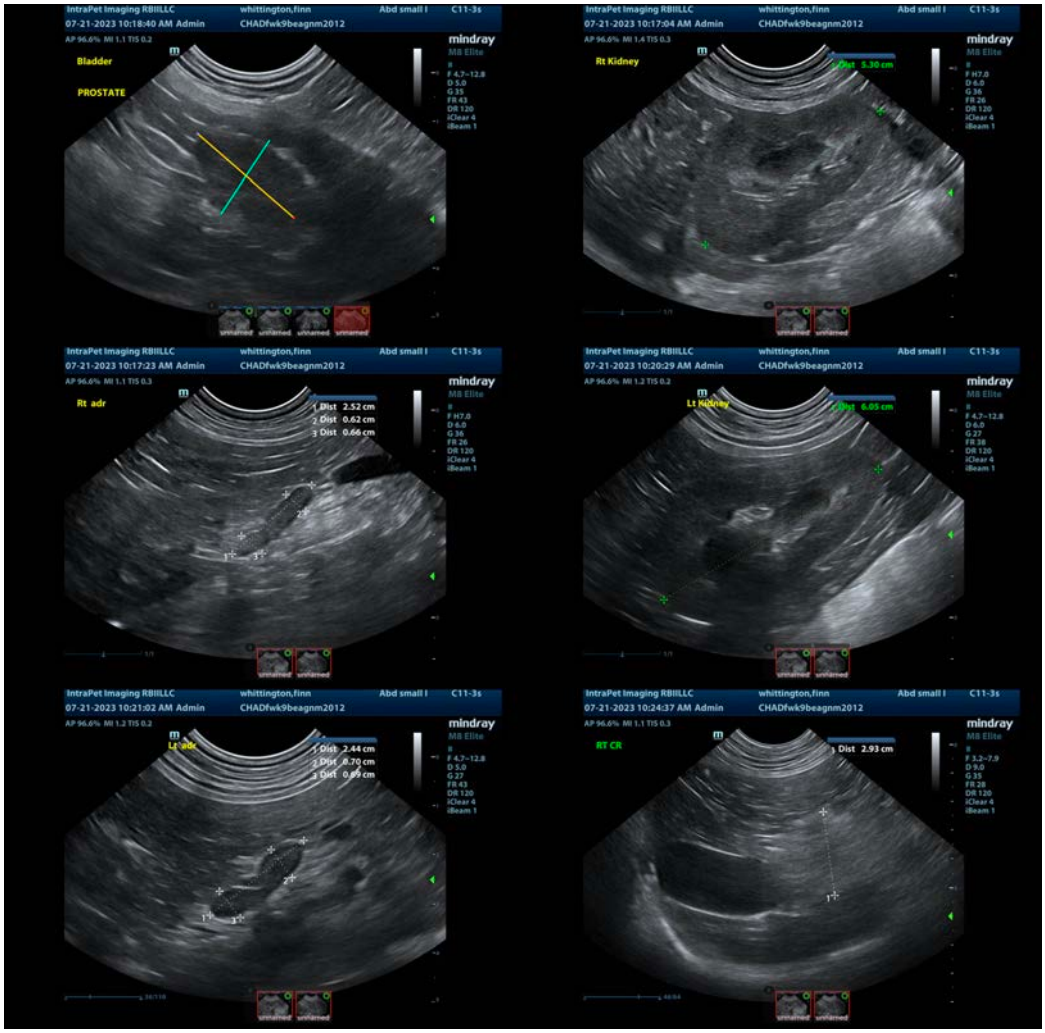
- Mild to moderate fluid visualized within the gastric lumen – There is no obvious shadowing material/foreign material visualized within the gastric lumen.

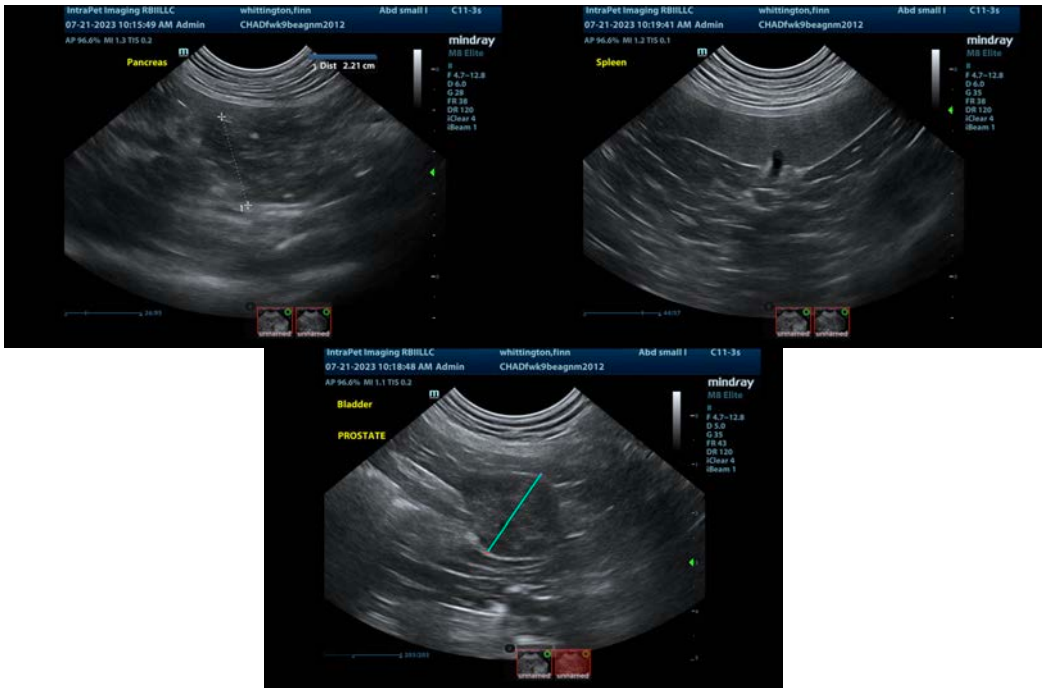
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no focal lesions visualized associated with the gastrointestinal tract to explain the gagging and abdominal pain reported. The pancreas is somewhat prominent and mottled but not overtly inflamed. This

could be consistent with previous episodes of pancreatic inflammation and remodeling or mild pancreatitis. You could consider empirical treatment for pancreatitis/gastroenteritis at this time, although gagging is not a very typical symptom. Consider thoracic radiographs to evaluate the esophagus and a sedated exam of the upper airway, larynx, etc., looking for any abnormalities.

The prostate is large and irregular. This is highly concerning if this patient was neutered prior to 6 months of age, and a fine needle aspirate is recommended to evaluate for possible prostatic neoplasia. If this patient was neutered after puberty, particularly if there was significant prostatic disease present, this could represent an involuted prostate, but I would still consider a fine needle aspirate to be safe. The description of the perineal mass lesion is also concerning, and a fine needle aspirate is recommended.





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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