IMAGING PERFORMED BY

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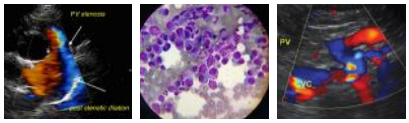

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DATE
7/22/22

PATIENT
Moxon Breslin

SPECIES
Canine

BREED
German Shepherd

SEX
Intact Male

AGE
9/25/18

WEIGHT
94.7 Pounds

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

HOSPITAL NAME
Animal Emergency Hopsital

REFERRING VET
Dr. Saubier

INVOICE
16734

PRESENTING CLINICAL SIGNS

History: Sibling Quenti recently seen AEH - inflamed skin and anorexia. Responded to therapy and after going home - two days later Moxon started acting ill. Vomiting an diarrhea. Seen at rDVM - started on medications and improved. Was doing well until yesterday - stopped eating. Seen at rDVM - X-rays and BW performed. Did not eat overnight or this morning - was supposed to return to rDVM for X-rays.

Current Medications: Protonix, Ampicillin, Buprenorphine.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, 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 in size (4.33 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous and hyperechoic, 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 (8.25 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 (8.06 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 0.52 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 0.63 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 borderline large in size with normal parenchyma and echogenicity. The visible portions of the vasculature appear somewhat dilated and congested. No focal nodules or cystic lesions are observed. The gall bladder 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/region of 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
There is a scant amount of free abdominal fluid. No lymphadenopathy is present. The omentum is of normal echogenicity.

Cardiac/Other
A brief view of the heart reveals normal right auricle and atrium with trace tricuspid and mitral regurg. There is no evidence of a cardiac cause for this problem. Tricuspid velocities would be ideal to disprove pulmonary hypertension. I recommended cardiac ultrasound.

No lung lesions are noted on the acoustic windows provided.

ULTRASONOGRAPHIC FINDINGS

- Large hyperechoic prostate. Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

- Borderline large, congested liver with prominent vasculature. Differentials could include dexdomitor sedation, cardiac disease, IV fluid therapy, etc.

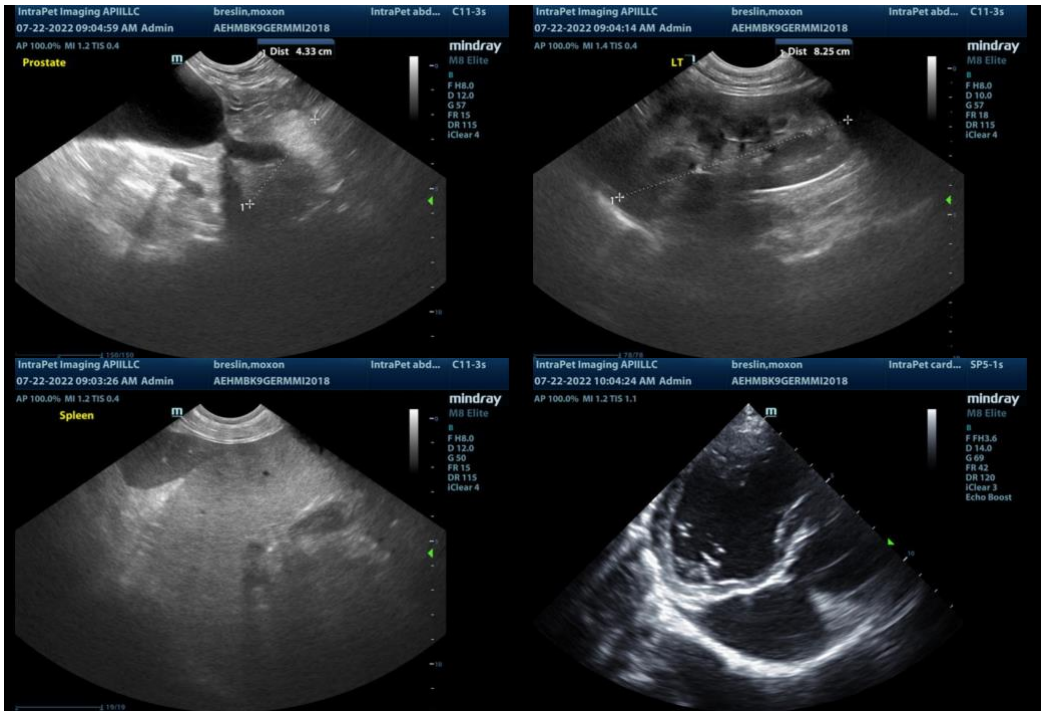
- Scant free abdominal fluid

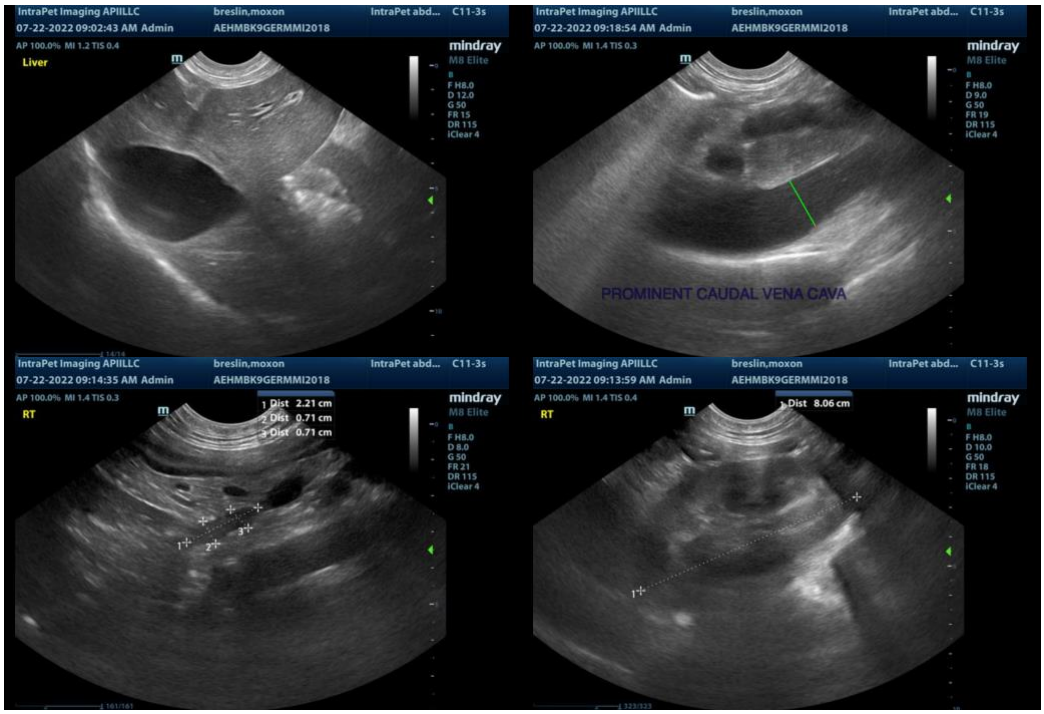
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the vomiting and diarrhea reported. I recommended treatment for acute gastroenteritis. Correlate findings with abdominal radiographs. Consider a GI panel (to Texas A & M) for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine if symptoms do not improve rapidly. Additionally, consider a novel protein/hydrolyzed protein prescription diet and chronic probiotic therapy. If symptoms are persistent, consider pursuing GI biopsies.

The hepatic vasculature and scant free fluid visualized in the abdomen have the general impression of congestion or fluid overload. This can be seen in patients on IV fluids, with certain sedation protocols, with cardiac disease, etc. Brief evaluation of the heart appears relatively normal, but a full cardiac ultrasound is recommended along with three-view thoracic radiographs evaluated by a radiologist.

The prostate is large and hyperechoic. These findings are most consistent with an intact male with benign prostate hypertrophy +/- prostatitis. Consider a urinalysis and culture and neutering if the patient is symptomatic.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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