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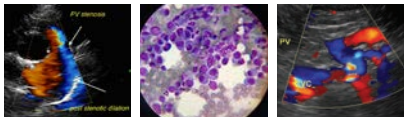

SonoPath

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DATE

7/28/22

PATIENT

Slinky Hoffer

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

5/11/15

WEIGHT

20.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Beizavi

INVOICE

39934

PRESENTING CLINICAL SIGNS

Patient initially presented 7/11/22 for a history of bloody diarrhea (dark blood). Patient had been started on aspirin about 7 days prior for limping.
Pet progressively got more lethargic as week went on. Bloodwork showed low HCT and slightly high WBC. Low globulins. Treated for suspected gastric ulcer with Prilosec OTC, Sucralfate, and metronidazole.

Current Medications: Prilosec 10 mg BID, Metronidazole 250 (1/2 tablet BID, just restarted on 7/22), Suspension form of sucralfate TID (10 ml per dose 1g/10 ml), Ferrous iron 1/2 of a 63 mg tablet QID
Lab Results: 7/11 HCT 20 ; WBC 20.2 ; high reticulocytes. 7/13 HCT 17.8 ; WBC 16.61 ; High reticulocytes. 7/15 HCT 18.2 ; WBC 15 ; high reticulocytes. 7/18 HCT 18.3 ; WBC 14.79 ; high reticulocytes. 7/22 HCT: 17.8 ; WBC 23.39 ; high reticulocytes.
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, hyperechoic and heterogeneous, measuring 2.38 cm x 4.47 cm. It is slightly irregular in that there is a large, irregular cystic area measuring 1.5 cm. The area of the prostatic urethra appears normal and free of any calculi or mass lesions.

The left kidney has a normal shape and size (5.66 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.

The right kidney has a normal shape and size (5.48 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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 somewhat large in size measuring 1.08 cm at the cranial pole, 0.47 cm at the caudal pole, and 2.1 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in that the margins of the cranial pole are difficult to clearly identify, and there is extension of tissue towards the caudal vena cava. Recommend close continued monitoring of this adrenal gland.

Spleen

The spleen is normal in size, but slightly irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized towards the tail of the spleen measuring 1.17 cm x 0.71 cm.

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 is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. While no focal lesions are visualized, the shadowing ingesta impairs visualization in many areas of the stomach.

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 measured 0.31 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 hypoechoic as 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.

Other
A brief view of the heart was submitted. No significant pericardial effusion was seen.

Both the left and right testicle are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, irregular prostate with a large cystic region – most consistent with benign prostatic hyperplasia +/- prostatitis and a prostatic cyst/abscess.

- Hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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

- Large amount of shadowing ingesta within the gastric lumen – correlate with feeding history. If this patient was truly fasted, then consider such differentials as delayed gastric emptying or ingested foreign material.

- Irregular cranial pole to the right adrenal gland – The significance of this is unclear at this time. Recommend close continued monitoring for progression to a clear lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal gastrointestinal mass is not visualized to explain the melena and anemia reported. Unfortunately, much of the stomach is difficult to evaluate due to shadowing ingesta. If this patient has been adequately fasted, correlate with abdominal radiographs and consider the possibility of ingested foreign material. It is not uncommon for mucosal lesion not to show up on ultrasound. If anti-ulcer therapy is not successful, then consider upper GI endoscopy to further evaluate the stomach and proximal small intestine.

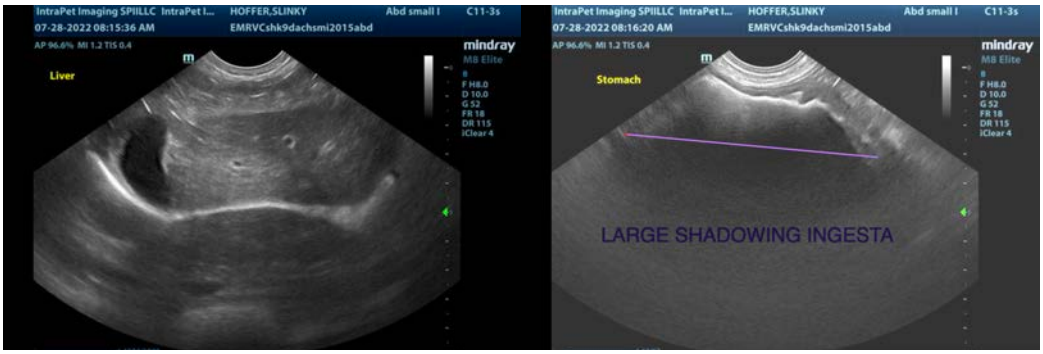
The prostate is large, heterogeneous, and has a large cystic region. The nature of this enlargement and the cystic region is unclear. This could represent benign prostatic hypertrophy and a benign cyst, or could represent additionally prostatitis and an abscess, etc. Correlate with urinalysis and urine culture. If evidence of infection is present, then consider treating for prostatitis and percutaneous drainage of the prostatic cyst +/- the addition of Baytril. Concurrent neutering will be necessary to resolve this condition.

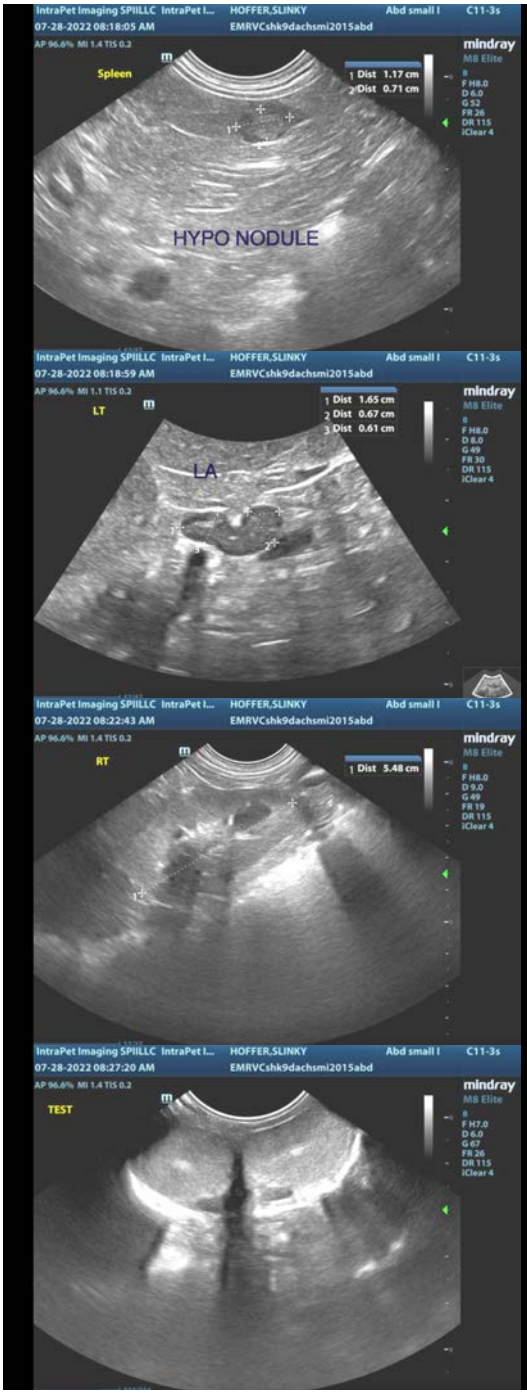
There is a small, hypoechoic nodule visualized in the spleen. The nature of this is unclear (benign versus malignant), but it does deform the splenic capsule somewhat. Recommend a fine needle aspirate.

The right limb of the pancreas appears somewhat hypoechoic and prominent with hyperechoic mesentery surrounding. This could be consistent with mild pancreatitis or could be inflammation secondary to gastric pathology.

The cranial pole of the right adrenal gland appears somewhat “fuzzy” and irregular. A discrete lesion is not clearly observed, but close monitoring is warranted, as there is concern for irregularity in this area. Recommend reevaluation in 3-4 weeks. Recommend blood pressure evaluation.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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Spleen
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HYPO NODULE
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LA
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prostate TRV
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RT
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2 Dist 0.47 cm
3 Dist 1.08 cm
RA
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TEST
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07-28-2022 08:25:53 AM EMRVCshk9dachsmi2015abd
mindray M8 Elite
Cranial rt
PANC

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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