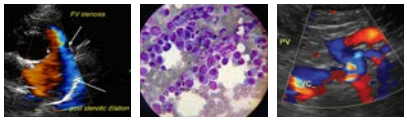
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

7/6/22

PATIENT

Brady McDonald

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

11/26/13

WEIGHT

78.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Miller

INVOICE

39238

PRESENTING CLINICAL SIGNS

PU/PD, weight loss (3lbs last month), Hematochezia 7/4/22.

Current Medications: Metronidazole 500mg BID x7 days starting 7/5.
Lab Results: ALT 213, Globulin 4.4, USG 1.014.
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 mildly/moderately distended with anechoic urine. The Bladder wall appears subjectively mildly thickened and irregular, measuring at 0.71 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any calculi or mass lesions. Findings are most consistent with cystitis or lack of urine distention, although an underlying neoplastic process cannot be 100% excluded.

The prostate is large in size (4.4 cm x 5.6 cm). It is mottled and hyperechoic. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.7 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 (6.71 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 0.74 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 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 thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.36 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. There are occasional prominent mesenteric lymph nodes, including the gastric lymph node (1.26 cm in diameter). The omentum is of normal echogenicity.

Other

The left and right testicles are visualized. There is a small hypoechoic nodule in the left testicle measuring 1.04 cm and a small hypoechoic nodule in the right testicle measuring 0.97 cm.

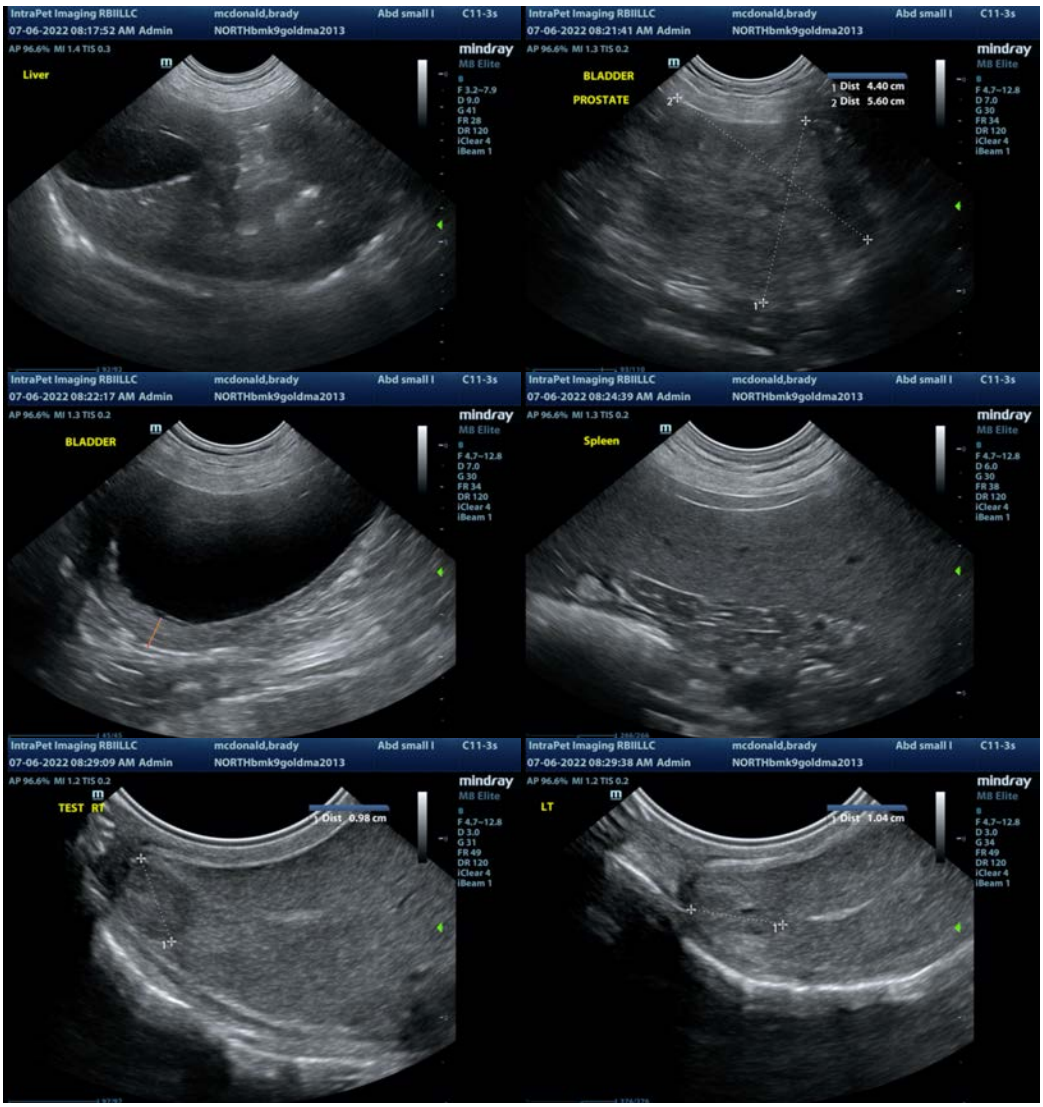
ULTRASONOGRAPHIC FINDINGS

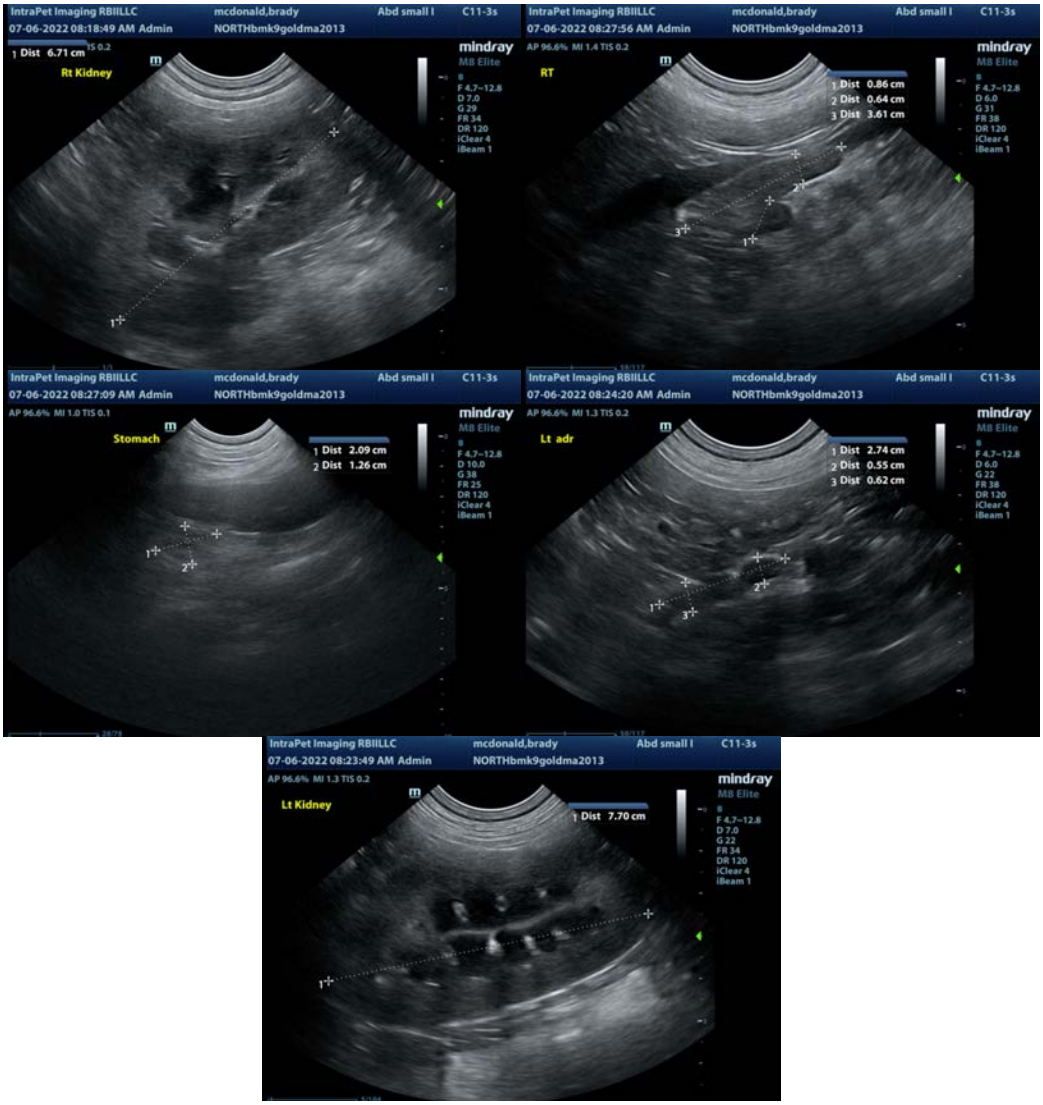
- Mildly irregular, thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Large, hyperechoic, mottled prostate – most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture.
- Mottled, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild subjective small intestinal thickening – 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).
- Occasional prominent abdominal lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hypoechoic nodules visualized within the parenchyma of both testicles – These lesions do not deform the prostatic contours at all. Differentials include benign lesions (hyperplasia, etc.), infectious lesions (granulomas, early abscesses), or neoplasia (Sertoli, Leydig, seminomas, etc.).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the weight loss and PU/PD is not visualized. The urinary bladder wall is slightly irregular. This could be consistent with cystitis or could be associated with lack of urine distention. Recommend urinalysis and culture and consider empirical treatment for prostatitis, as this can cause PU/PD and chronic ADR/weight loss, etc. Additionally, consider neutering, due to both the enlarged prostate and the ill-defined nodules in the testicles. Recommend submitting the testicles for histopathology.

The pancreas is slightly mottled and there are occasional prominent mesenteric lymph nodes and "ropey" appearing small intestine. These are subjective mild lesions that could be consistent with some inflammation in the abdomen or underlying gastrointestinal disease. If symptoms do not improve with treatment of the urogenital issues, then consider a novel protein/hydrolyzed protein prescription diet, GI panel to Texas A&M, and possibly GI biopsies. Additionally, recommend chronic probiotics due to the hematochezia reported and the possible need for systemic antibiotics.





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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