

**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

Fever, Drinking Less, Not Eating.

History: Date: 08-09-2021 Notes: Normal yesterday; owner found him chewing on a pc of wood, but seemed ok after. This AM would not get up -very lethargic, would not eat Not drinking all day Drooling, no V/D.

**PATIENT**

Hunter Barron

Current Medications: Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Dexamethasone SP 4mg/mL Injection (Per mL), Doxycycline Capsules 100mg, Buprenorphine 0.6mg/mL

Lab Results: Attached

**SPECIES**

Canine

Radiographs: Lateral abdomen - spleen appears enlarged. Visible prostate

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

**BREED**

Labrador

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

Male

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.

**AGE**

2014

The prostate is large in size (4.97 x 3.73 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**WEIGHT**

92.2 lbs

The left kidney has a normal shape and size (7.49 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (6.68 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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.65 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.

**REFERRING VET**

Dr. Jones

The right adrenal gland is normal in size measuring 0.64 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.

**INVOICE**

91106

**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. 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 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 were imaged and no significant lesions were observed.

## **ULTRASONOGRAPHIC FINDINGS**

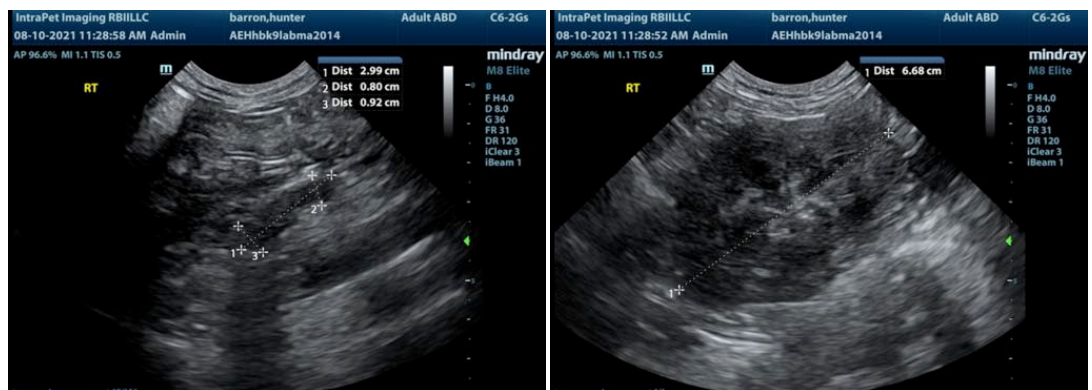
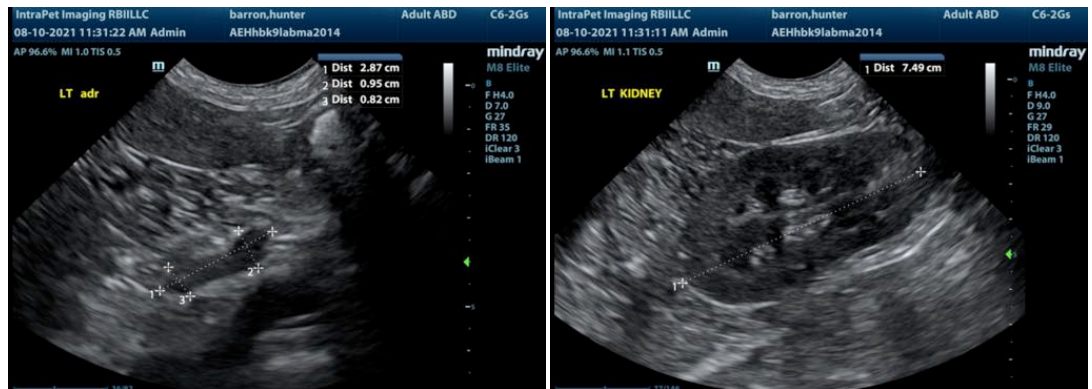
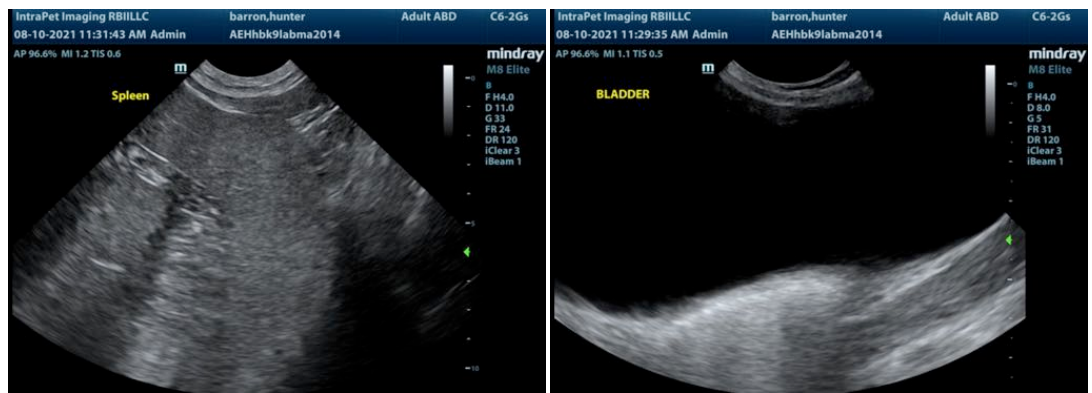
### **PRIMARY FINDINGS:**

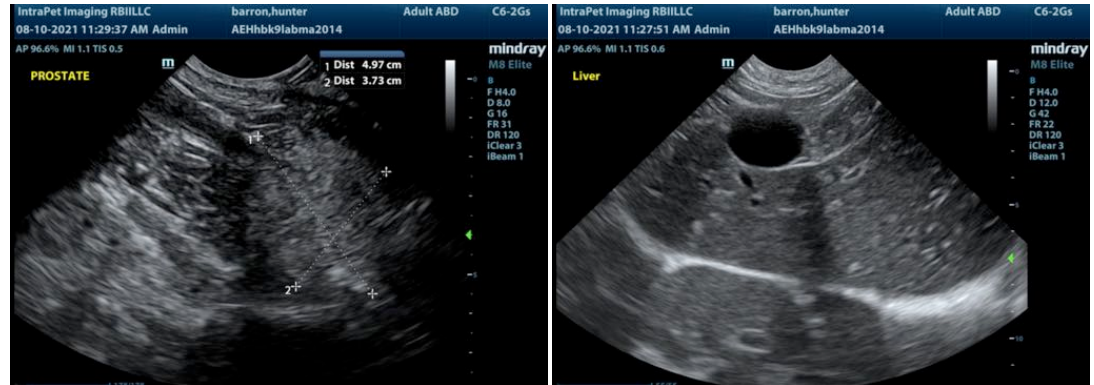
1. Mildly heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
2. Large, hyperechoic prostate. Findings most consistent with benign prostatic hypertrophy, cannot rule out prostatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the fever and inappetence was not visualized. This intact male dog does have a large prostate. I recommend urinalysis and culture. You can consider screening for Brucellosis.

I recommend diagnostics to look for source of a fever. I recommend chest and abdominal radiographs. Vector borne disease testing (NC State vector disease lab test for almost everything) is recommended. Note any possible joint swelling, pain, new heart murmur, etc. you can consider joint taps. If the patient is very nauseous consider PLI testing for pancreatitis despite no evidence of this on today's scan.





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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