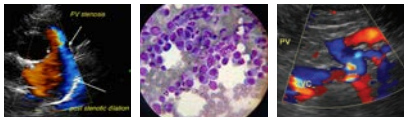
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8/15/23

PATIENT

Bodie Loukas

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Intact Male

AGE

8/13/10

WEIGHT

65.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

44652

PRESENTING CLINICAL SIGNS

Started with diarrhea and vomiting in past 24 hours food ,then bile. , diarrhea turned bloody tonight and had bloody diarrhea in lobby owner has been giving more table food, including ice cream

Current Medications: Buprenorphine, Metronidazole, Ampicillin, Proviable, Protonix, Cerenia, Entyce.
Lab Results: See attached.
Radiographs: stomach empty, but has gas and fluid dilation of the SI, and colon- cannot 100% rule out fb
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, hypoechoic and heterogeneous, with too numerous to count small parenchymal cysts, measuring 5.21 cm x 3.13 cm.

The left kidney has a normal shape and size (6.5 cm) with mild pyelectasia at 0.33 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.25 cm) with pyelectasia at 0.77 cm. Overall echogenicity is slightly hyperechoic with poor 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/borderline large in size measuring 1.13 cm at the cranial pole, 1.05 cm at the caudal pole, and 3.47 cm in length. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in appearance in that there is a hypoechoic nodule in the cranial pole measuring 1.1 cm x 1.52 cm. This does not significantly deviate the adrenal margins, and there is no evidence of vascular invasion visualized.

The right adrenal gland is normal/borderline large in size measuring 0.96 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

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 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. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.48 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 nonformed 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 lymph nodes. One such lymph node is hypoechoic and rounded, measuring 0.90 cm in the region of the colon.

Other
Both testicles are visualized. The left testicle appears normal measuring 4.1 cm. The right testicle is smaller with a slightly thickened capsule, measuring 2.6 cm.

PRIMARY FINDINGS

- Large, hyperechoic, mottled prostate with numerous intraparenchymal cysts – Findings are consistent with benign prostatic hypertrophy +/- prostatitis and a cystic prostate.

- Borderline large adrenal glands with a hypoechoic nodule in the cranial pole of the left adrenal gland – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. The significance of the hypoechoic nodule is uncertain. This likely represents focal hyperplasia, an adenoma, etc. An early neoplastic lesion is thought less likely.

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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

- Prominent lymph nodes in the region of the colon – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Hyperechoic foci in the spleen – Findings are most consistent with benign myelolipomas.

- Small right testicle – Findings are most consistent with an atrophied right testicle.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

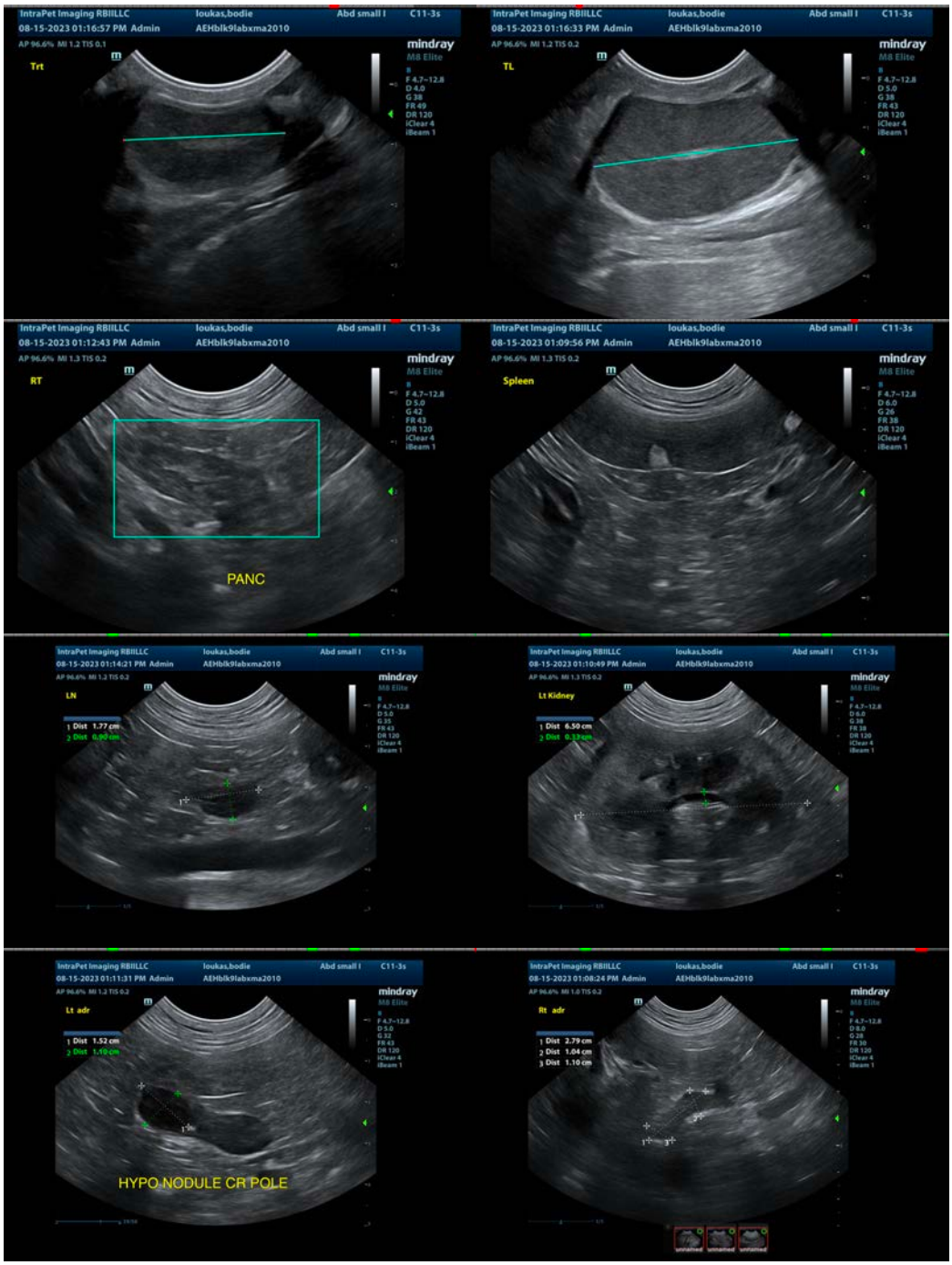
The prostate is large with numerous microcysts and mottled parenchyma. These findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Correlate with urinalysis and culture results.

Both adrenals are borderline enlarged. Additionally, there is a hypoechoic nodule in the cranial pole of the left adrenal gland. Correlate with clinical signs and biochemical results. If Cushing's disease is thought likely, consider adrenal function testing when this patient is feeling better. Additionally, recommend continued monitoring of the adrenal nodule with ultrasound to ensure that there is no evidence of progression to a more concerning lesion.

Changes visualized in the kidneys are bilateral and likely chronic Recommend blood pressure, urinalysis and culture. Consider Leptospirosis testing if clinically appropriate.

The pancreas is prominent and mottled. This could be consistent with mild active inflammation or previous episodes of inflammation and remodeling. This combined with the significant gastrointestinal signs could increase the likelihood of current pancreatic inflammation. Consider medical treatment for pancreatitis and acute hemorrhagic gastroenteritis. No evidence of a focal gastrointestinal lesion is observed, but continued monitoring is warranted, as ingested foreign material cannot be definitively ruled out. There are some enlarged lymph nodes in the region of the colon, which I suspect are reactive. If symptoms are not improving with therapy, a fine needle aspirate could be considered.

The right testicle appears significantly smaller than the left. This is likely due to atrophy from previous injury, infection, etc. If neutering is considered due to the possible prostatic disease present, then consider histopathology on the testicles.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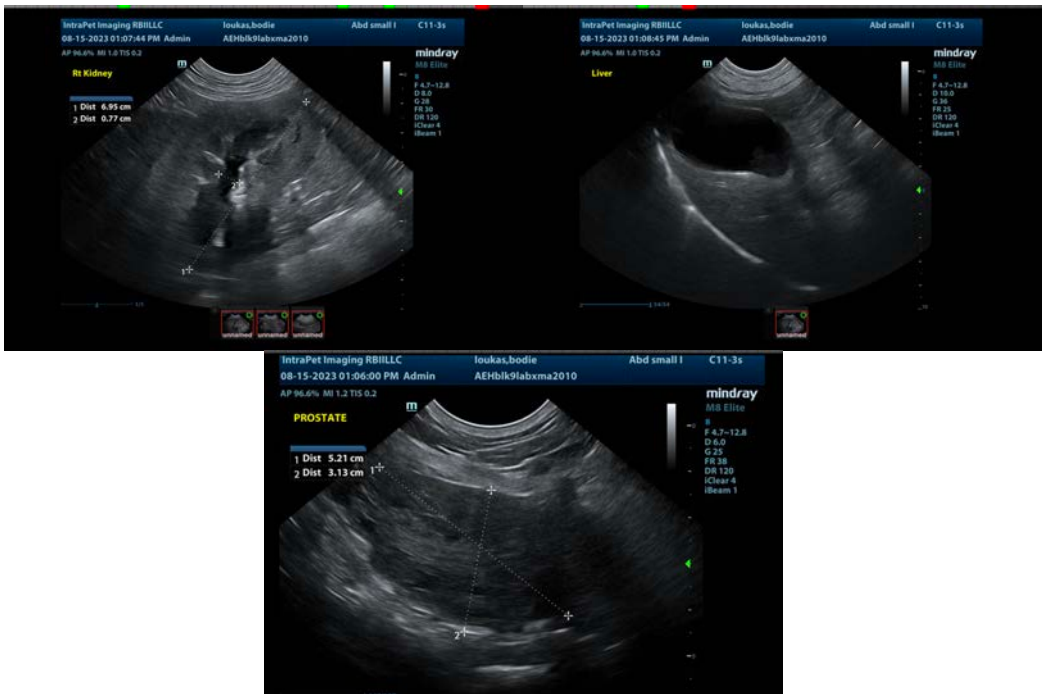

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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