IMAGING PERFORMED BY

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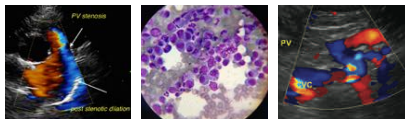

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DATE
8/17/21

PATIENT
Jupiter Fisk

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Intact male

AGE
2017

WEIGHT
117 lbs

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

HOSPITAL NAME
Chadwell AH

REFERRING VET
Dr. Schaupp

INVOICE
91304

PRESENTING CLINICAL SIGNS

Intermittently dripping blood from penis. Intact male, prostatomegaly.
Current Medications: Thyroxine 0.8 mg BID
Lab Results & Radiographs: Attached
Date of Previous IntraPet Ultrasound: No previous
Sedation: utilized for AUS
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 in size (5.35 cm) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and somewhat heterogenous and there is a discrete 0.41 cm cystic structure. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.06 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.

The right kidney has a normal shape and size (8.05 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 0.79 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 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 significantly dilated. Some areas of the wall appear mildly thickened with adherent debris. There is the impression of early organization of debris that is consistent with an early mucocele. There is no evidence of bile duct dilation.

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 visualized with no significant abnormalities.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

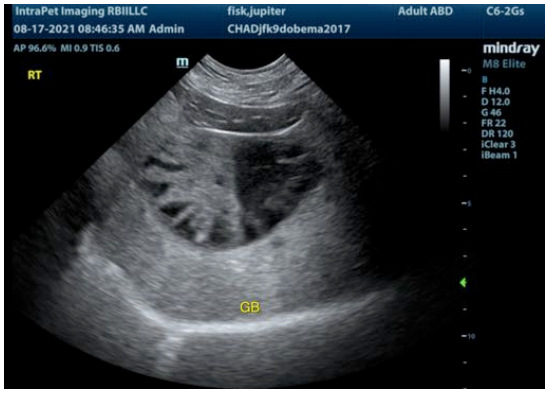
- Large, heterogenous prostate with a prostatic cyst/abscess. The findings are most consistent with BPH +/- prostatitis. I recommend urinalysis, culture and neutering.
- Early mucocele formation.
- Mildly heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

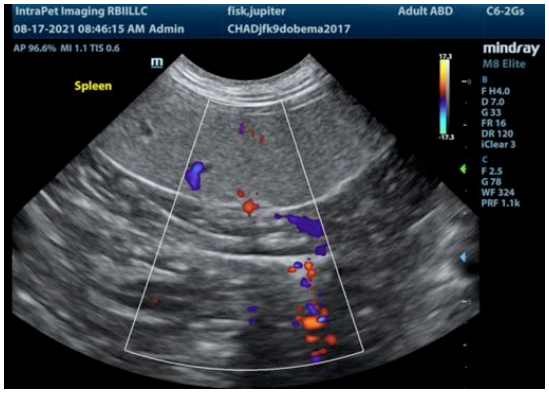
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

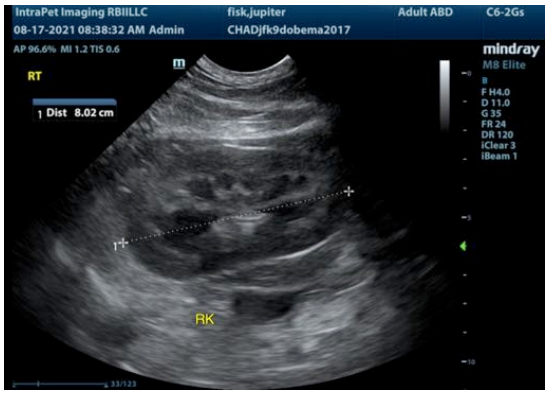
The changes observed in the prostate are most consistent with BPH +/- prostatitis. I recommend urinalysis and culture along with neutering. The cystic structure is relatively small and could be consistent with a cyst or abscess (will likely depend on culture results, but I do not think direct drainage is necessary, but continued monitoring is recommended post neutering.

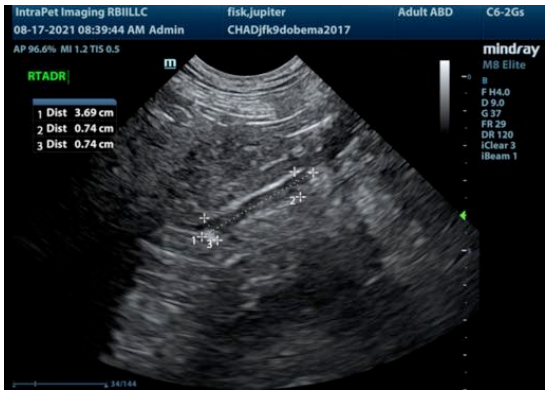
There appears to be an early mucocele forming. This is unusual in such a young dog. Correlate with liver enzyme values to determine the significance of this and liver enzyme elevations. I recommend starting Ursodiol and monitoring with ultrasound. Because of the correlation with this breed with chronic active hepatitis etc., I recommend full work-up of any liver enzyme elevation that is persistent in a Doberman.

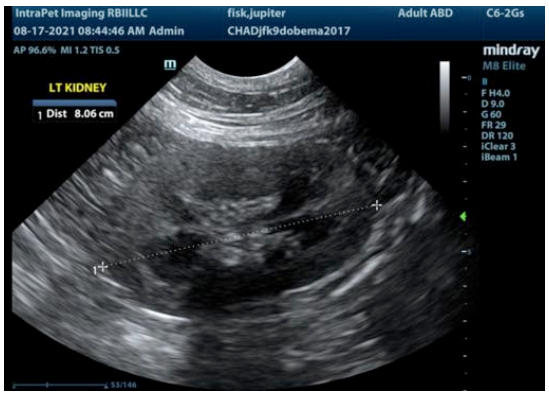
Labs show a mild azotemia and hyponatremia. The adrenal glands are normal in size, but appear somewhat flat. Consider ACTH stimulation test or baseline cortisol to rule out Addison's and monitor the ALP elevation post starting Ursodiol.

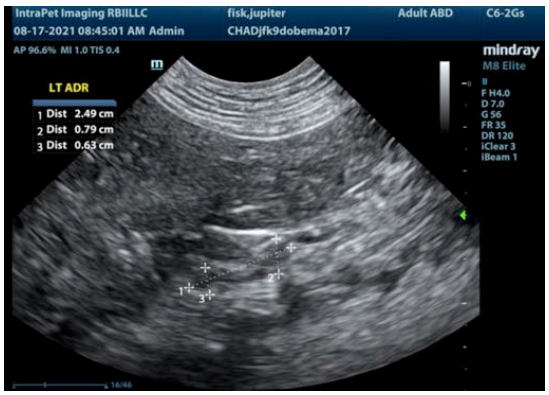


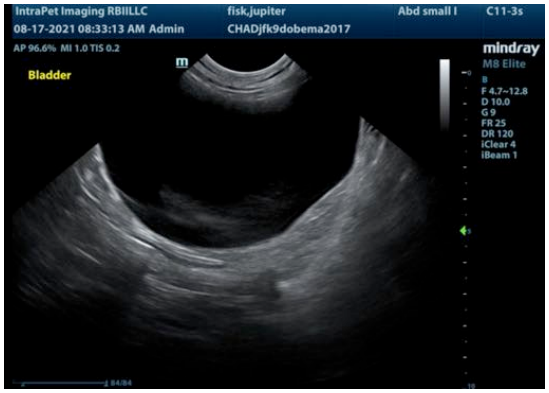












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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