



PATIENT

Brutus Elfstrand

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

18 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Love Always Vet Care

REFERRING VET

Dr. Kelly Chandler

INVOICE

24822

DATE

8/18/21

PRESENTING CLINICAL SIGNS

He is a MN 18 yr old Min Pin/Ridgeback/Pug mix. They requested hospice consultation about a month ago to try to address his mobility issues and his diet. He is prone to inappetence and soft stool. He has a supposed history of pancreatitis but the only thing I could find relative to that was a report of a positive SpecCLP. He is slow to eat his meals, needs to be coaxed, but seems interested in other food (was trying to sneak stuff from construction workers at the house recently). Lara is meticulous about feeding him RC-GI Low Fat and frozen chicken broth with occasional tuna to encourage him to eat. She feeds him 5 meals/day, 44-45 g each time. More or less results in some version of gi upset. He sometimes has trouble defecating and needs to be in the right "yard" to be successful. He was on omeprazole once a day when I started seeing him. Just in the last week I added cerenia once a day. Brutus also had back surgery in 2017. His mobility has improved with the addition of galliprant, though it is inconsistent. He also takes Dasuquin

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 somewhat prominent in appearance and borderline enlarged, measuring 1.3 cm in height and transverse measurement. There is a 0.8 cm, round, hypoechoic structure with a hyperechoic center, most consistent with a cystic region of the prostate. The hyperechoic area does not have a significant shadow, so a stone is thought to be less likely. External margins appear smooth, and there is no obvious evidence of irregularity, invasion or mass effect.

The left kidney has a normal shape and size (5.4 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.9 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia noted at 0.26 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/mildly enlarged in size at the cranial pole measuring 0.97 cm. The caudal pole measures 0.82 cm. There is an ill-defined subtle hyperechoic nodule measuring 0.84 cm in the body of the adrenal gland. It is observed in its normal position cranial to the left renal artery. It is relatively normal in shape with no evidence of a significant mass effect.

The right adrenal gland is normal in size measuring 0.84 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.



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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. There is a large, indistinct, hypoechoic mass effect visualized on the right side of the liver. This mass somewhat bulges the capsule, but retains a relatively smooth external surface.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris and an approximately 2.1 cm hyperechoic shadowing structure, most consistent with a stone in the gallbladder. There is no evidence of obstruction, and the cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.37, 0.32 cm.

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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.

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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.

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Loetitia Saint-Jacques, RVT

Free Abdomen

Evaluation of the peritoneal cavity revealed scant anechoic free fluid. No 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.

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PRIMARY FINDINGS

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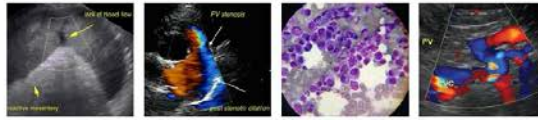
- Heterogeneous liver with ill-defined liver mass – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder sludge with a suspected stone – there is no evidence of obstruction and no evidence of inflammation. This could be an incidental finding.
- Mottled, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Borderline enlarged prostate with hypoechoic, rounded structure – most consistent with a possible prostatic cyst. Correlate with age of neutering. If neutered late, this could be

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consistent with a previous prostatic cyst and what is left of a previously enlarged prostate. If this patient was neutered before 6 months of age (approximately), this is an abnormal finding, and prostatic neoplasia would need to be considered.

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- Thickened small intestine with intact layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction with mild pyelectasia – The bilateral renal findings are consistent with age-related change. Recommend urinalysis and culture.
- Subtle irregularity in left adrenal gland – possibly consistent with a small nodule. Possible differentials include hyperplasia, inflammation, or neoplasia (adenoma, carcinoma, pheochromocytoma). Neoplasia seems less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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This is an older patient, and many of the changes observed could be consistent with advanced age and degenerative changes. The prostate is abnormal. Correlate these findings with history, age of neutering, etc. If this patient has a history of prostatic disease and was neutered late in life, this could be a normal finding. If this patient was neutered before puberty, then consider further workup for possible prostatic neoplasia. This could tie into the difficulty defecating and pelvic mobility. Recommend evaluation of the lumbar vertebrae for any possible lytic lesions, and correlate with rectal exam findings, urinalysis, and urine culture. A BRAF mutation test or a fine needle aspirate of the prostate could be considered to try to obtain more information (a negative BRAF mutation test is non-diagnostic).

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The liver changes are most consistent with a benign or malignant mass effect. Consider fine needle aspirate of the liver mass. If surgical removal is to be considered, recommend a preoperative CT scan for surgical planning.

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The bowel appears subjectively thickened and the pancreas is prominent. This could be related to some of the GI signs visualized. Consider GI panel to Texas A&M with a quantitative PLI, B12 and folate to try to obtain more information on the pancreas and health of the small intestine. If abnormal, consider obtaining GI biopsies for possible IBD.

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The changes observed in the left adrenal gland are subtle. At this point I would consider a blood pressure evaluation and continue to monitor this lesion. I feel that the two most clinically relevant findings on today's scan are the prostatic changes and the thickened small intestine.

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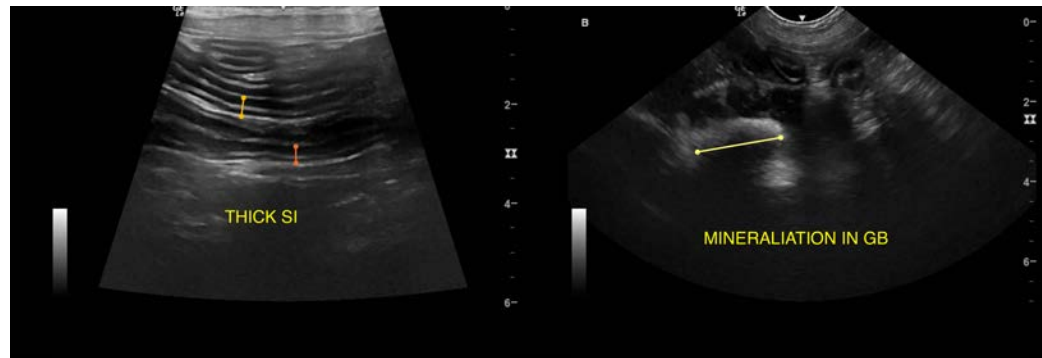
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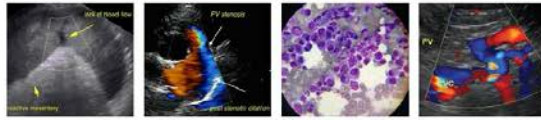
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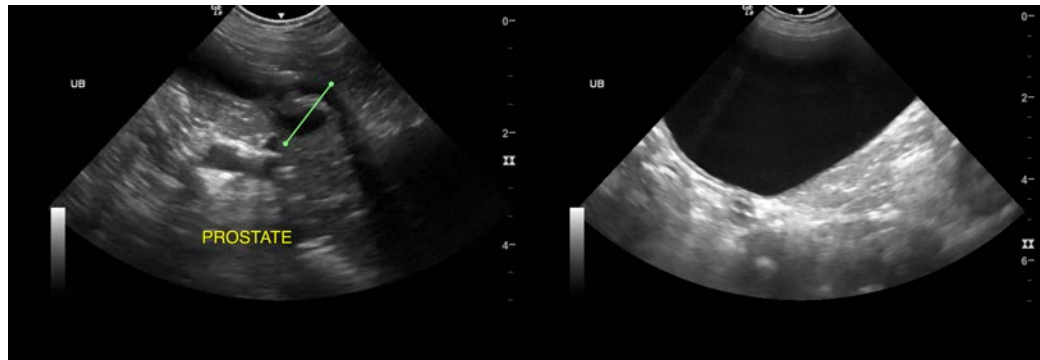
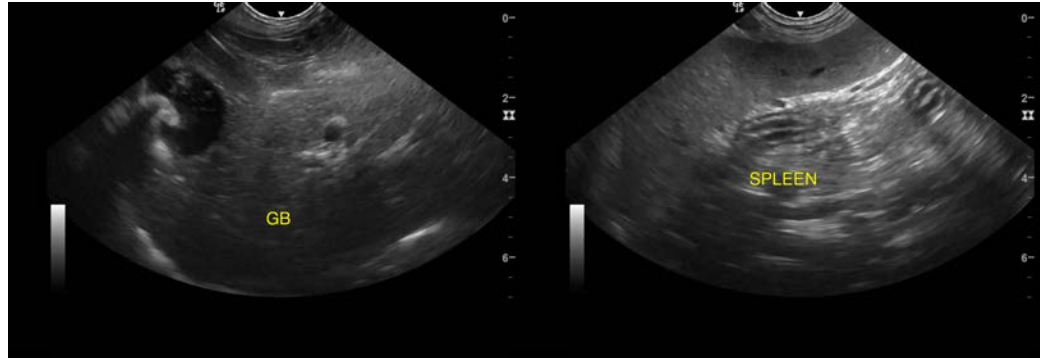
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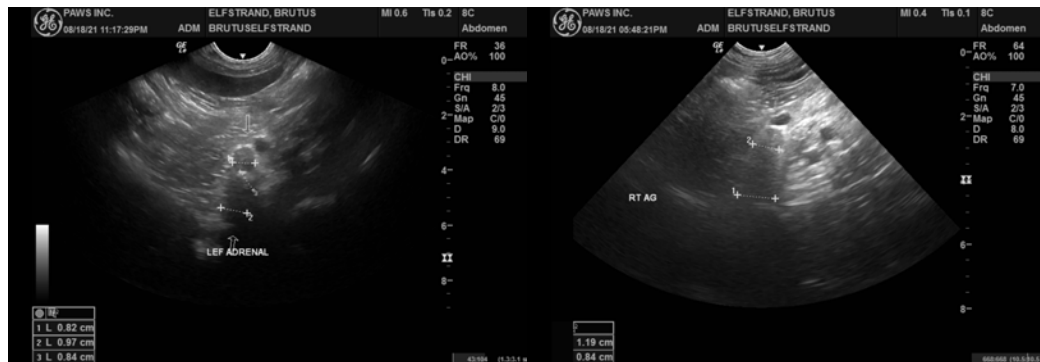


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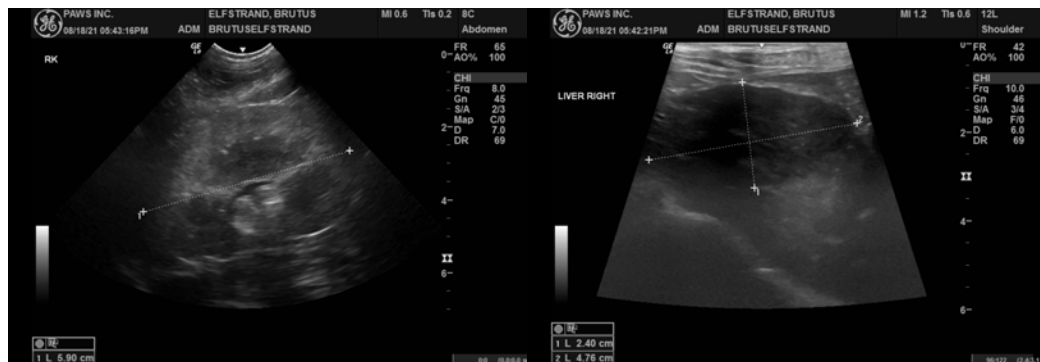
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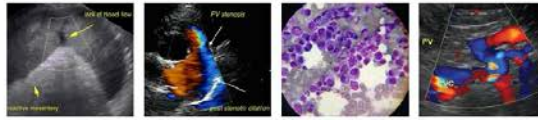
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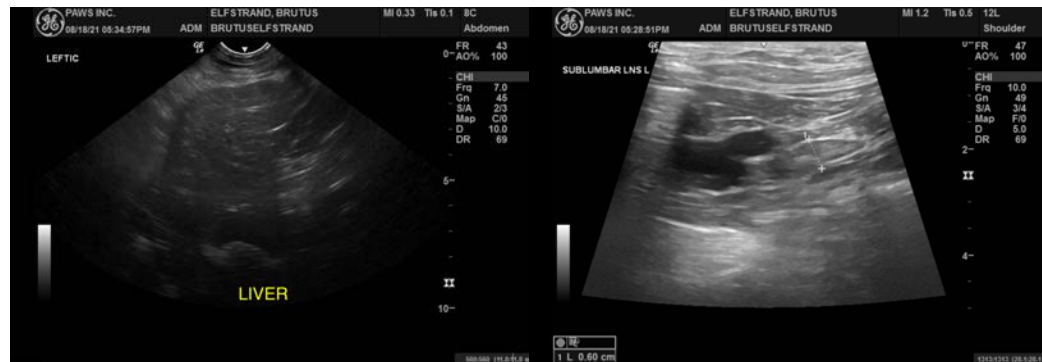
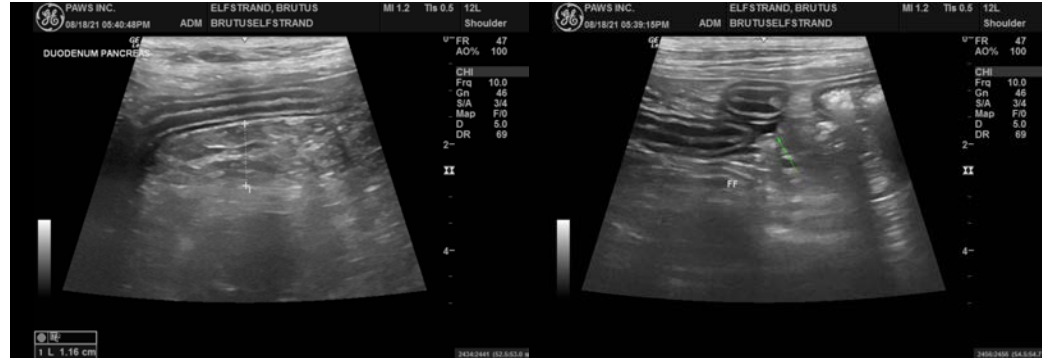
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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