**DATE PRESENTING CLINICAL SIGNS**

8/22/22 Recheck ultrasound as recommend previously. Still treating for suspected gastric ulcer. Finally starting to see improvements with HCT. Pet is doing great at home now. Energy level back to normal. Stools mostly normal with intermittent dark soft stool.

PATIENT

Slinky Hoffer

Current Medications: Prilosec 10 mg BID, sucralfate suspension 1gram per 10 ml - give 10 ml TID.
Lab Results: last cbc was 8/05 - HCT was starting upwards - 23% and WBC normalized.

SPECIES

Date of Previous IntraPet Ultrasound: 7/28/22. See attached.

Canine

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Dachshund

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.

SEX

Intact Male

The prostate is large in size (2.51 cm x 3.83 cm in the sagittal view and 4.07 cm x 2.67 cm in the transverse view). The parenchyma is heterogenous. There is a large, irregular cystic area measuring approximately 2.37 cm x 1.29 cm in the sagittal view, 1.2 cm x 0.99 cm at the transverse view. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

5/11/15

WEIGHT

19.4 Pounds

The left kidney has a normal shape and size (5.4 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 (5.3 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 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.

HOSPITAL NAME

Essex Middle River VC

The right adrenal gland is normal in size measuring 0.91 cm at the cranial pole, 0.74 cm at the caudal pole, and 2.3 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. The cranial pole is slightly irregular in appearance, but there is no evidence of vascular invasion or a clear mass effect. The adrenal appears similar to the previous scan.

REFERRING VET

Dr. Beizavi

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. The previously visualized hypoechoic lesion (7/28/22) is not clearly visualized on today's exam.

INVOICE

40651

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 <0.36cm 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 measured 0.31 cm. Jejunum wall measured 0.24 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, 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 are imaged and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, heterogeneous prostate with a large, irregular cystic structure – most consistent with BPH and a prostatic cyst, although infection (prostatitis and abscess) cannot be ruled out.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The pancreatic changes appear stable from the previous exam.
- Prominent, slightly irregular cranial pole of the right adrenal gland – The significance of this is unclear. Recommend continued monitoring. There have been no significant changes since 7/28/22.

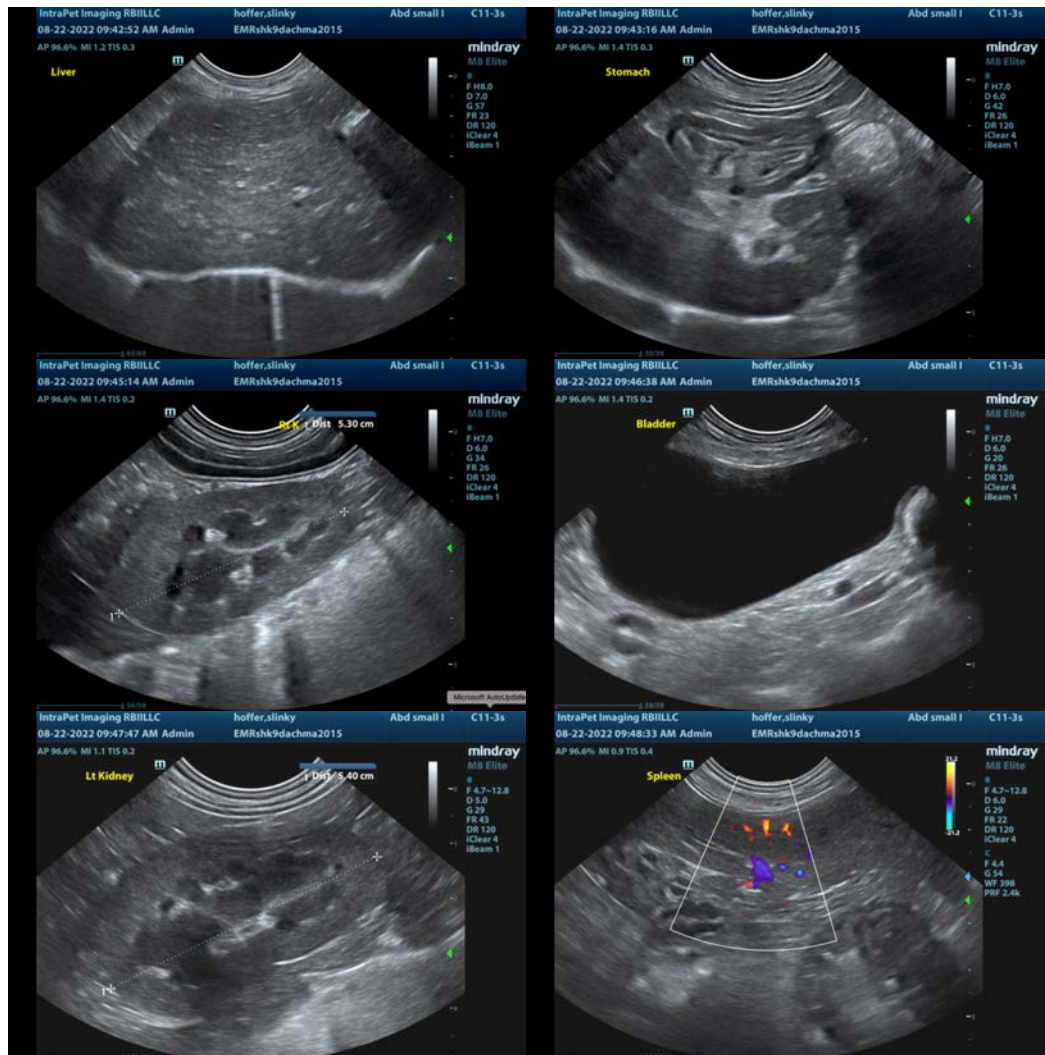
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

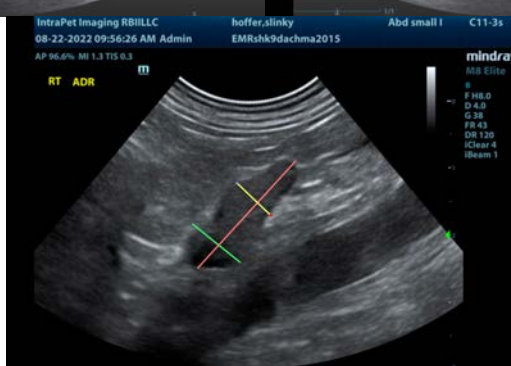
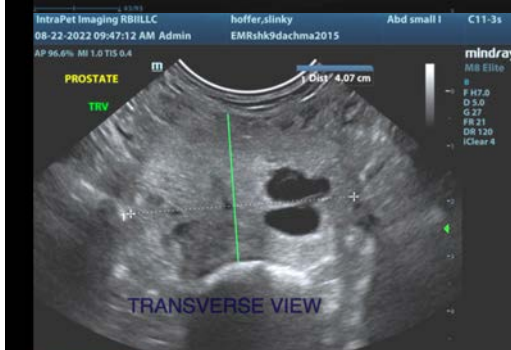
Today's scan appears similar to the previous scan. There has been no obvious progression of the changes observed in the cranial pole of the right adrenal gland. Additionally, the GI tract is much less ingesta dilated, and no significant lesions are observed.

The prostatic lesion appears stable. As described previously, recommend sampling +/- neutering for further evaluation.

Based on the history, the patient appears to be clinically improving. Primary GI ulceration is unusual. It can be secondary to metabolic causes such as hepatic or renal disease, medications such as nonsteroidals and steroids, or can be due to more localized factors such as ingested foreign material, GI neoplasia, inflammation, infection, etc. If symptoms persist, you could consider empirical treatment for helicobacter, upper GI endoscopy, and serum iron levels.

The previously visualized hypoechoic splenic nodule was not visualized on today's exam. This could be due to resolution of this lesion (focal hyperplasia, etc.). Continued monitoring is warranted.





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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