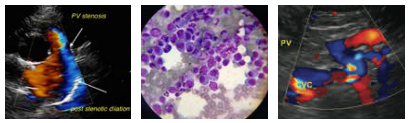
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/31/21

PATIENT
Riley Neidig

SPECIES
Canine

BREED
German Shepherd

SEX
Intact male

AGE
2011

WEIGHT
96 lbs

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

HOSPITAL NAME
Pleasantville AH

REFERRING VET
Dr. Gounaris

INVOICE
91582

PRESENTING CLINICAL SIGNS

One week fever/lethargy/inappetance sudden onset one week ago, weak hind legs, no response with appetite to medications and added enrofloxacin 8/27/21, very high neutrophil count has decreased a good bit, mild renal elevated values over the week of treatment.
Current Medications: Augmentin 625 mg BID, Carprofen 200 mg SID,
Enrofloxacin 680 mg SID.
Lab Results & Radiographs: Mild renal elevations and neutrophil elevations.
Date of Previous IntraPet Ultrasound: No previous
Sedation:
Stat Report:

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 and measured 7.15 x 6.31 cm. The prostate has a fairly regular shape with smooth, external margins. The parenchyma is heterogenous and there is a discrete, small cyst that measured 0.75 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.14 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. Minor pyelectasia was noted and measured 0.26 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.79 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 0.76 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 0.71 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 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 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

A scant amount of anechoic free fluid was noted. No lymphadenopathy was noted. The omentum is generally of normal echogenicity.

Other

The left and right testicle were evaluated with no significant lesions observed.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, hyperechoic prostate with small, cystic structure. The findings are most consistent with benign prostatic hypertrophy +/- prostatitis and a small prostatic cyst.
- Mild, left-sided renal pyelectasia. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Small amount of free anechoic fluid. This is likely an inflammatory reaction, but I recommend continued monitoring and sampling if this progresses.

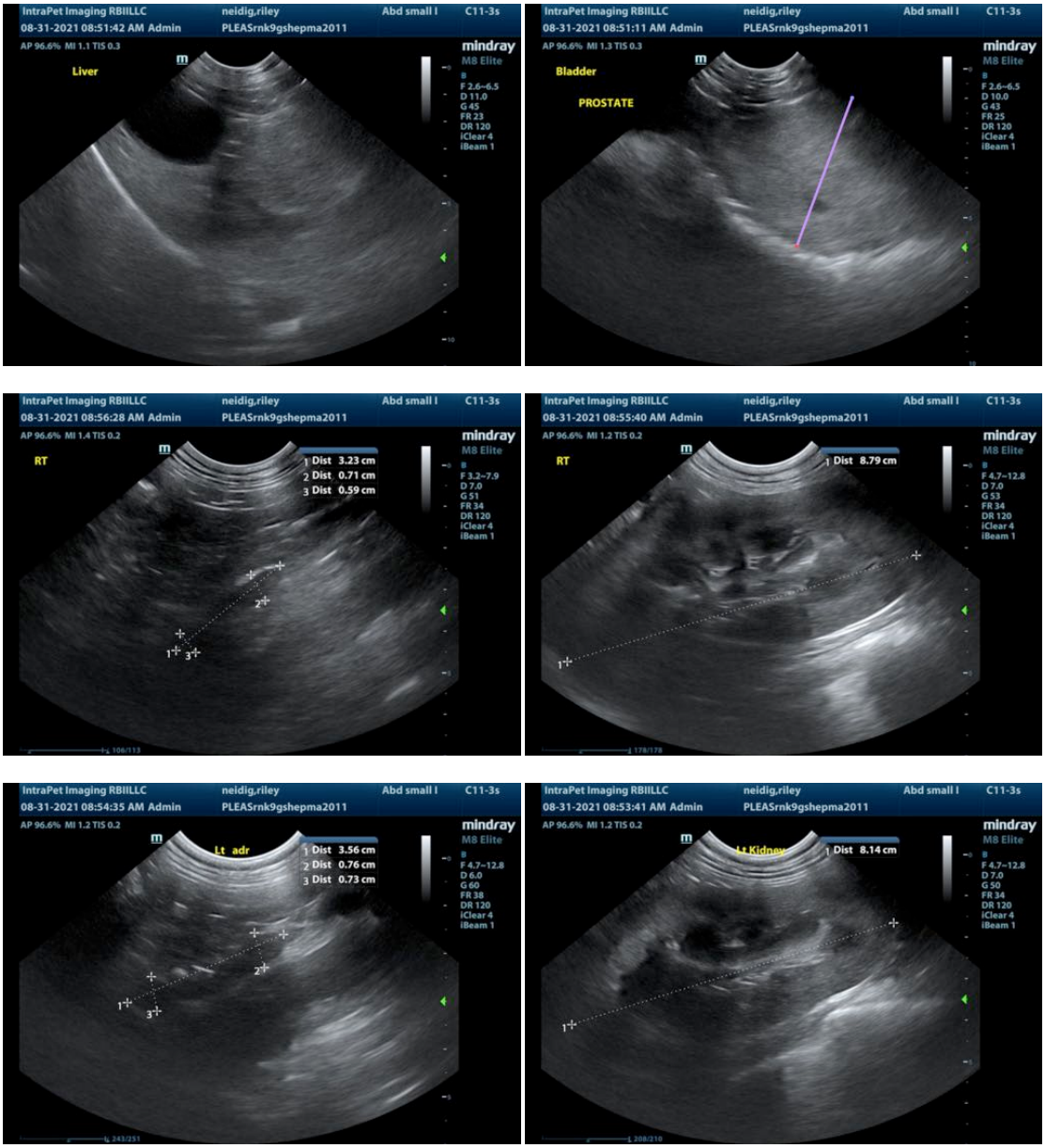
SECONDARY FINDINGS:

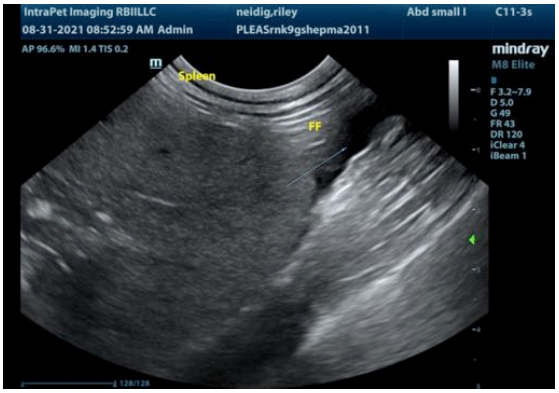
- Mildly prominent, pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

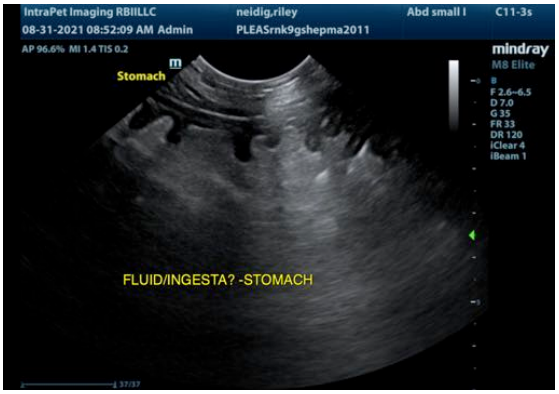
- Fluid dilated stomach with shadowing material. Correlate with feeding history as this can be ingesta if the patient was fasted. I recommend abdominal radiographs as differentials include delayed gastric emptying or partial gastric obstruction (none seen on images).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend urinalysis and culture to look for prostatitis as a potential source of the fever and inflammation. If there is no evidence of prostatitis then consider differentials such as Leptospirosis, pyelonephritis, tick borne disease, etc. Consider three view thoracic and abdominal radiographs to further evaluate the stomach.







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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com