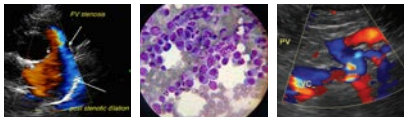
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/9/22

PATIENT

Kewnu Charintranont

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

9/9/13

WEIGHT

75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

40270

PRESENTING CLINICAL SIGNS

Patient presents for recheck evaluation - we are monitoring sublumbar LN enlargement in addition to proteinuria.

Current Medications: None.
Lab Results: Prior urine culture: Negative UP/CR: Proteinuric.
Tick panel: All negative. Labwork will be repeated during exam.
Date of Previous IntraPet Ultrasound: 2/14/22
Sedation: Patient sedated with Dexdomitor.
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 slightly enlarged at 1.62 cm x 2.45 cm. It is relatively normal in shape. There is a relatively large, cystic appearing structure visualized within the prostatic parenchyma, measuring approximately 1.49 cm x 1.23 cm. In some views, the fluid appears somewhat echogenic. The prostatic urethra appears normal with no evidence of irregularity, invasion of mass effect, or calculi. The prostate is larger on today's exam than on previous exam (1.11 cm in height on the sagittal view), and this lesion was not previously visualized. This could be consistent with a cystic structure or abscess.

The left kidney has a normal shape and size (7.77 cm) with small cortical cysts. 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 (7.51 cm) with one small cortical cyst. 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 0.71 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 0.83 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 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 meaursed 0.60 cm. Jejunum wall measured 0.42 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 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. A sublumbar lymph node is slightly prominent, but isoechoic, and normal in size at 0.87 cm (sublumbar lymph node measurements from 2/22 were 0.67, 0.85, 0.97 cm). The lymph node appears stable. The omentum is of normal echogenicity

ULTRASONOGRAPHIC FINDINGS

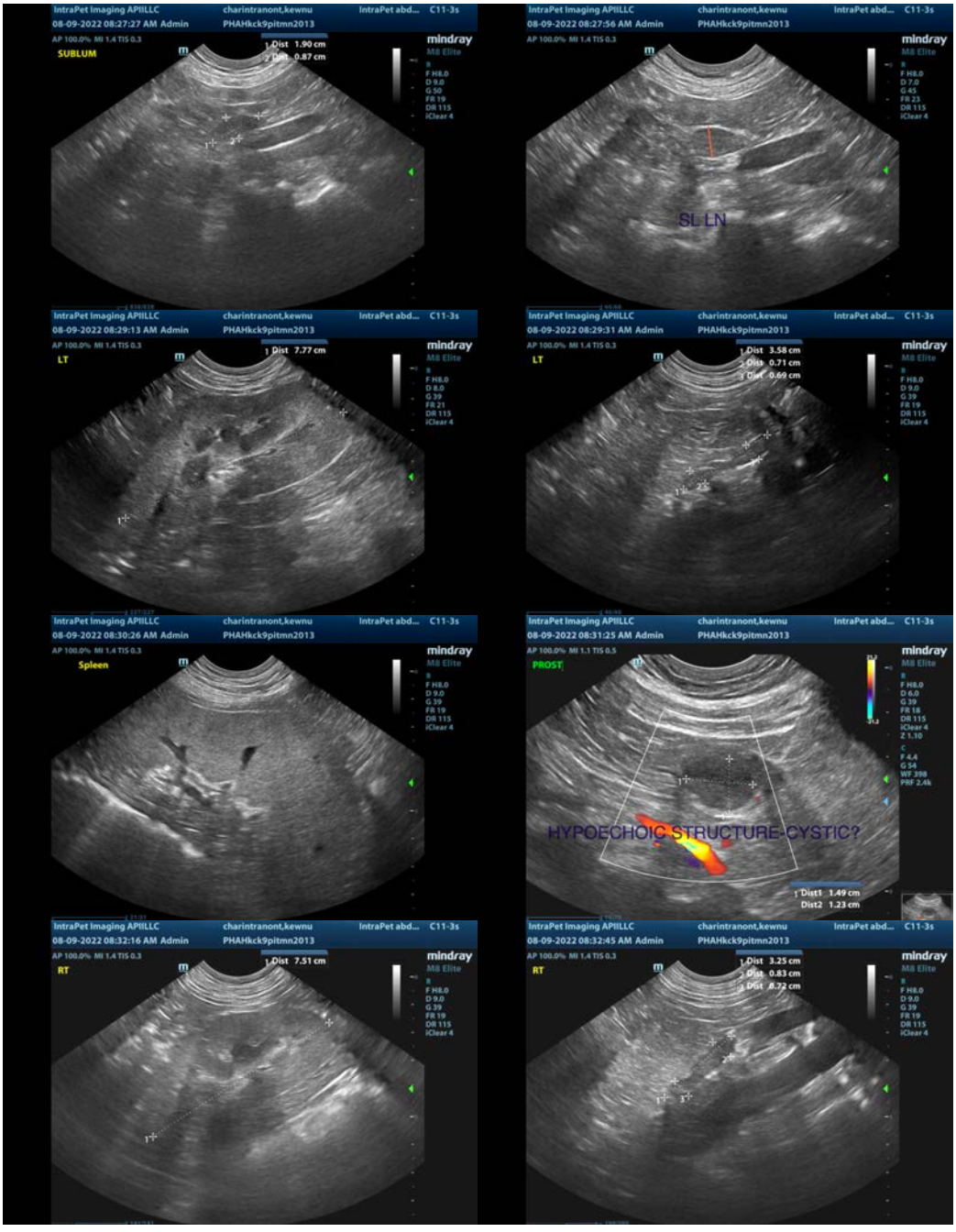
- Cystic structure visualized within the prostate – This could be consistent with a cyst or abscess. It is not typical to see this type of lesion in a neutered male dog.

- Visible sublumbar lymph node – This lymph node is stable compared to the previous exam and likely within normal limits.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously visualized sublumbar lymph node appears relatively stable and has not progressed into a more concerning lesion. This is likely within normal limits.

There is a cystic area in the prostate that is abnormal and was not previously visualized. It is atypical to see benign cysts or abscesses in neutered male dogs unless they were neutered at an advanced age and had these previous lesions. Correlate with age of neutering, urinalysis and culture results, as well as digital prostatic exam. If this can be reached, a percutaneous aspirate could be considered. If fluid is obtained, consider fluid analysis and cytology along with an aerobic and anaerobic culture. if this is not possible, recommend reimaging of the prostate in 8 weeks and monitoring for lower urinary tract signs. Prostatic neoplasia cannot be ruled out.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charintranont,kewnu
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PHAHkck9pitmn2013
mindray
SUBLUM
1 Dist 1.90 cm
2 Dist 0.87 cm
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SL LN
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LT
1 Dist 7.77 cm
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LT
1 Dist 3.58 cm
2 Dist 0.71 cm
3 Dist 0.69 cm
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Spleen
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PROST
HYPOECHOIC STRUCTURE-CYSTIC?
1 Dist1 1.49 cm
Dist2 1.23 cm
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RT
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RT
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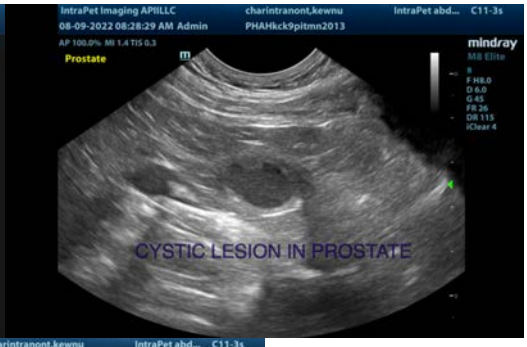
3 Dist 0.72 cm



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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