IMAGING PERFORMED BY

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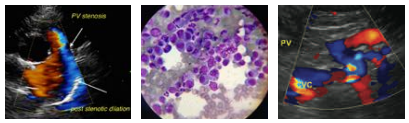

SonoPath
Clinical Sonography & Telecytology
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DATE
3/21/22

PATIENT
Tucker Manchester

SPECIES
Canine

BREED
Golden Retriever

SEX
Intact male

AGE
4/16/21

WEIGHT
78 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

HOSPITAL NAME
Perry Hall AH

REFERRING VET
Dr. Miller

INVOICE
96986

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of chronic and non-specific signs. Owner reports will have difficulty swallowing, and will vomiting and sometimes regurgitate food. Today, we will also do chest radiographs and also airway examination. Was recently seen at an urgent care center where radiographs were initially concerning, but then did appear to improve.
Cortisol was sent out by rDVM with pending results. Almost 8 pound weight loss since February.
Current Medications: None.
Lab Results: CBC: MCHC: 32.5 (32.6 - 39.2), Eosinophils: 1.676 (0.07 - 1.49). Chemistry: Chloride: 107 (108 - 119), CPL: WNL. UA: RBC 2-5, WBC >100, 4+ struvites, 2+ protein, USG 1.060.
Date of Previous IntraPet Ultrasound: No previous.
Radiographs: today.
Sedation: Patient sedated with low end dexdomitor/torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The prostate is within normal limits in terms of size for an intact male and measures 3.81 cm and 3.20 cm in diameter. It is hyperechoic; however, it may be due to the accumulation of fat and is not considered clinically significant. The testicles are homogenous and there are no abnormalities in terms of size, echogenicity or echotexture.

The left kidney is within normal limits in size for the patient's weight and measures 7.20 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Blood flow to the left kidney is excellent.

The right kidney is within normal limits in size for the patient's weight and measures 6.99 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Blood flow to the right kidney is excellent.

Adrenal Glands

The left adrenal gland measures 0.46 cm at the cranial pole, 0.47 cm at the caudal pole and 3.01 cm in length. The left adrenal gland appears slightly flattened. No abnormalities are noted in the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.51 cm at the cranial pole, 0.51 cm at the caudal pole, 0.57 cm at the center and 2.46 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. It is hyperechoic to both the liver and renal cortex. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity, i.e. it is hypoechoic to the spleen and isoechoic to the kidneys. No abnormalities are observed with the hepatic vessels.

The gall bladder wall appears to be within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. The pylorus is within normal limits at the level of the right cranial liver. Unfortunately there is a great deal of ingesta within the stomach, which is affecting my ability to evaluate it properly. Definition of wall layers is preserved and there is no evidence of thickening of the stomach wall.

The small intestinal wall thickness, including the duodenum, are within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The ileo-cecal-colic junction and the surrounding mesentery are unremarkable. The colonic wall is not thickened and mural detail is preserved. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.

Pancreas

Within normal limits regarding echogenicity and echotexture. There is no evidence of hyperechogenicity of the mesenteric fat; active pancreatitis is considered unlikely.

Left limb: No overt abnormalities are observed with regard to the pancreas' echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesenteric fat.

Right limb: No overt abnormalities are observed with regard to the pancreas' echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesenteric fat.

Other

A mesenteric lymph node is mildly enlarged at 1.75 cm, and its borders are mildly irregular. Echogenicity is maintained overall although there are a few, hypoechoic regions scattered throughout; this may be associated with reactive hyperplasia.

Abdominal effusion is not visualized.

Heart

No obvious abnormalities are observed with the cardiac chambers. No pulmonary edema, pleural effusion or pericardial effusion noted. There is no evidence of a mass cranial or caudal to the heart.

ULTRASONOGRAPHIC FINDINGS

An obvious cause for the clinical signs is not identified on today's ultrasound; however, there are a few abnormalities. For example, the mildly enlarged mesenteric lymph node may be due to reactive hyperplasia secondary to underlying inflammatory bowel disease or food intolerance. Underlying parasitic infection could also cause similar changes, in addition to the hypereosinophilia. Addison's disease can also cause the mildly flattened left adrenal gland, lack of a stress leukogram, etc., even if the adrenal glands measure within the normal reference range.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dysphagia, vomiting, and regurgitation may be due to underlying inflammatory bowel disease. The dysphagia may be a sign of gastroesophageal reflux due to esophagitis. Therefore, omeprazole at 0.7-1 mg/kg BID is suggested for a 2 week period.

One can consider a hypoallergenic diet, whether a novel or hydrolyzed protein diet.

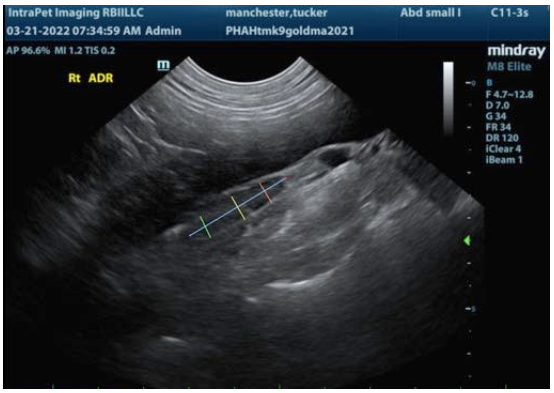
The baseline cortisol will help determine whether hypoadrenocorticism is the cause of Tucker's clinical signs.

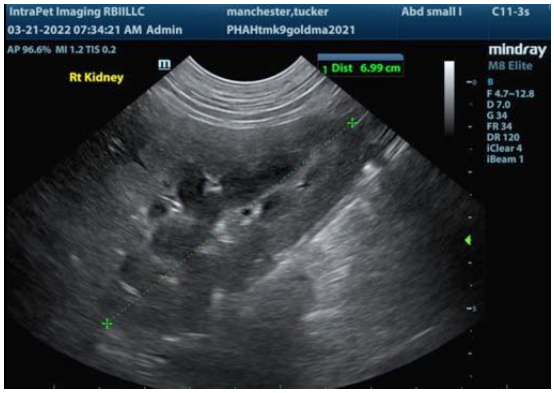
Deworming with fenbendazole for 3 days and then repeating the treatment 3 weeks later is suggested even if he is already on a dewormer.

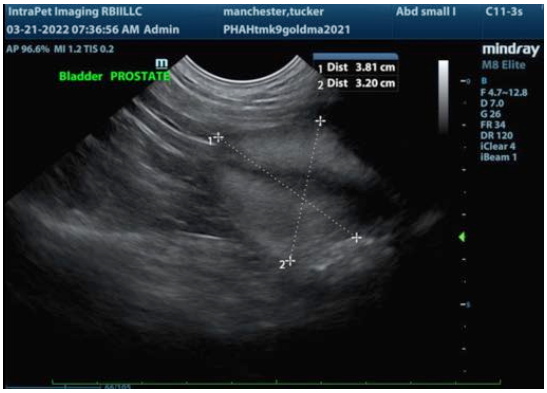
The hyperechogenicity of the prostate may be due to the accumulation of fat; however, he could be suffering from balanoposthitis, therefore hygiene with chlorhexidine (0.025% or 0.05%) of the prepuce can be performed for a week and a urinalysis repeated.

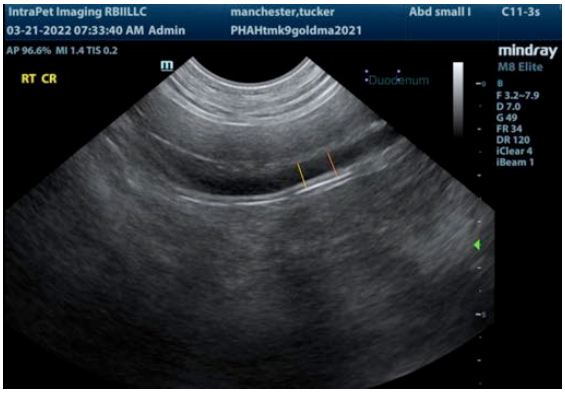
If the clinical signs continue an esophagram may be indicated as well as endoscopy with biopsies.

A FNA of the mesenteric lymph node may also be pursued.









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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