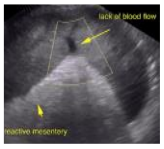

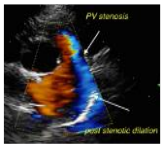

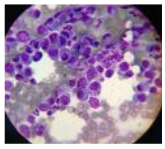
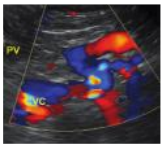

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PATIENT

Diesel Olszewski

SPECIES

Canine

BREED

Hound

SEX

Male

AGE

11

WEIGHT

70

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

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9/29/22

PRESENTING CLINICAL SIGNS

Hx of chronic diarrhea and concerns regarding prostatic "issues". Sent by rDVM to look for abdominal pathology (interest in GIT and prostate)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and post prostatic urethra to a depth of 3.0 cm exhibited overtly normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.6 cm x 3.3 cm. Focal, small, non-disruptive, intraparenchymal cyst was present. The prostate exhibited potential mild impingement upon the adjacent ventral colon.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

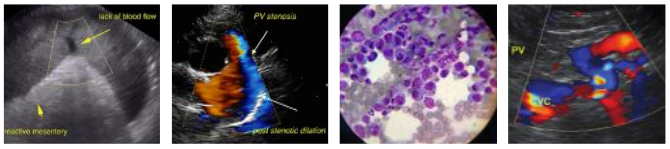
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0. 83cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Focal, discrete, hypoechoic nodules were present, likely consistent with discrete areas of lymphoid hyperplasia or hematopoiesis. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory disease or neoplastic splenic criteria.

Liver/ Gallbladder

The liver exhibited possible borderline to mild enlargement, yet not definitive. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically



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rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor, nondependent, echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.32 cm width.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. A mild amount of subjective soft to possible nonformed fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.28 cm width.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable stomach and small bowel
- Mild colitis pattern
- Mild age-related renal changes
- Benign prostatic hyperplasia with small intraparenchymal cyst, potential for prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from evidence of mild colitis, no overt evidence of gastrointestinal mural pathology.

In patients with chronic gastrointestinal signs, considerations may include dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, mild chronic colitis, IBD, and low-grade to chronic pancreatitis, both of which may present as sonographically normal, or less likely infiltrative neoplasia. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as fresh fecal analysis to rule out parasitic ova / Giardia.

Empirically, hydrolyzed or potential higher fiber diet with possible long-term dietary therapy, prophylactic deworming even if fecal testing is negative i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks, high colony count probiotics such as Proviable, +/- antibiotic trial if clinically indicated and an assessment of clinical response would be reasonable.

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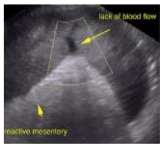

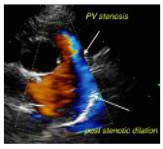

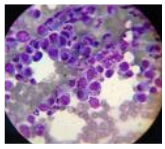
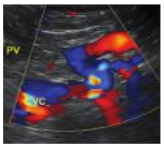

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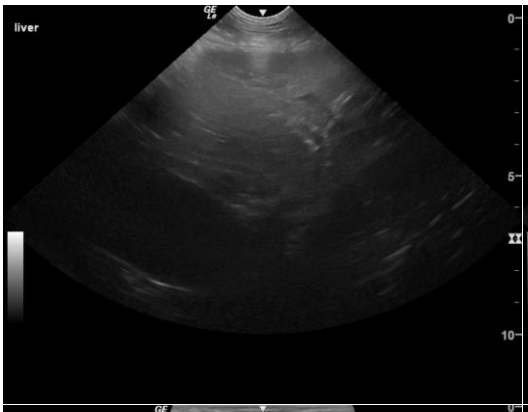

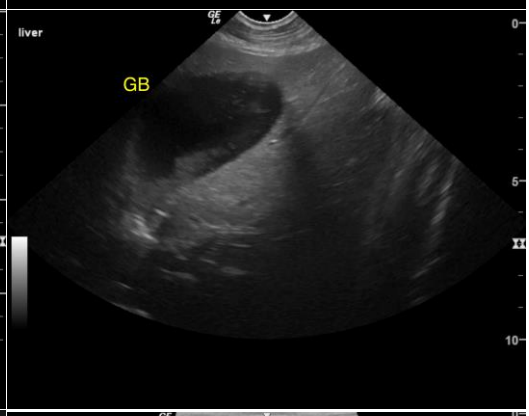

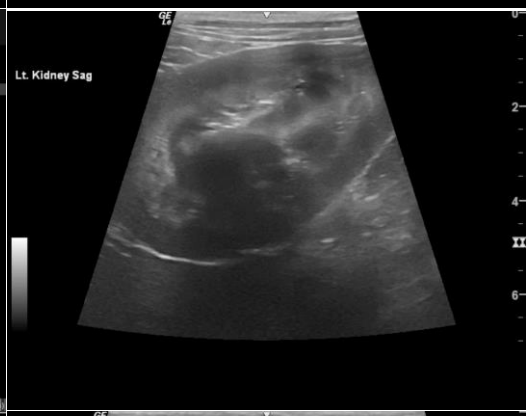

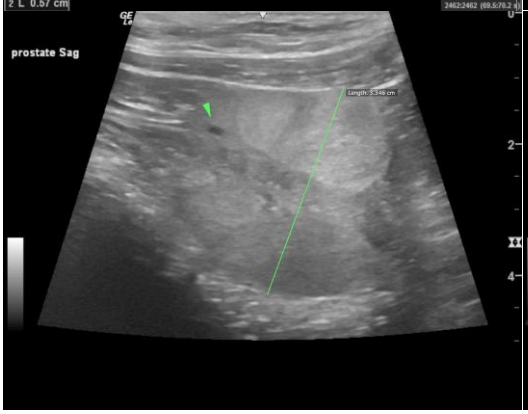

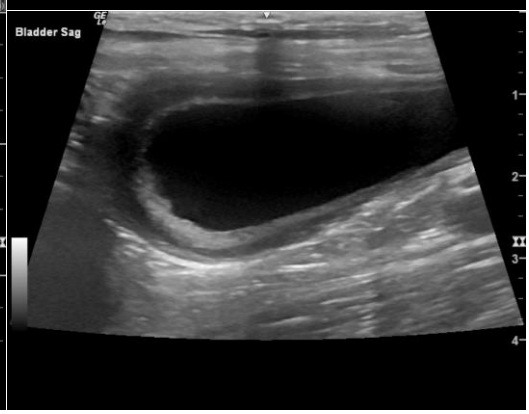

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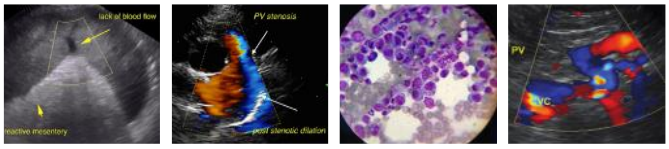

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com