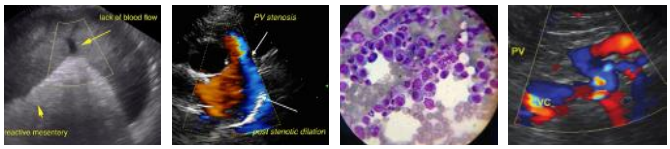
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rider Sim

SPECIES
Canine

BREED
Boxer

SEX
MI

AGE
6yr

WEIGHT
58.2

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

IMAGING PERFORMED BY
Jasmine Palacios

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hayes

INVOICE
11559ag

DATE
09/09/2022

PRESENTING CLINICAL SIGNS

Stopped eating 3 days ago has become progressively lethargic more lethargic. Vomited bile. Urinated and defecated in the house, which is very unlike him. Physical: Slightly thin, slightly dehydrated, behavior is rather subdued. Abdominal palpation is normal.

Abnormal PE/Chem/CBC/UA Results: See attached labs: No significant findings on lab work Coags WNL See attached rads: Mild gas bloating of stomach, spleen not readily visible. Possible foreign body in stomach? CBC wnl Chem wnl Na:K 43

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited 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 were noted.

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 7.1 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate gland exhibited mild prominent size with symmetrical capsule contour and uniform parenchyma measuring 2.2 cm in diameter.

A spherical non-homogeneous structure exhibiting potential cystic changes was present cranial to the urinary bladder measuring 2.5 cm in diameter.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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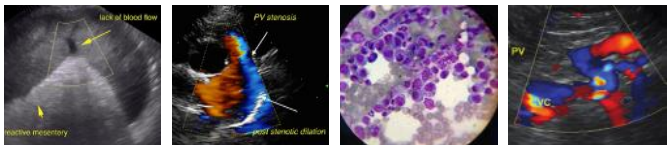

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained hyperechoic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of shadowing luminal echoes or mechanical pyloric outflow obstruction.

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 metabolic/mechanical ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 was evident.

Free Abdomen

No overt omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable urinary bladder
- Prominent yet uniform prostate-consistent with intact male, no overt prostatitis or overt neoplastic criteria
- Suspect non-homogeneous irregular retained testicle cranial to the urinary bladder
- Non-distended stomach exhibiting intact to mildly prominent wall layering
- Unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of obstructive criteria or foreign material was observed in this study. Potential for acute inflammatory episode, dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other is possible. As needed GI support and potential radiographic monitoring for evidence of recurrent gastric gas distention would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

Potential for emerging neoplastic criteria associated with the suspected retained testicle cranial to the urinary bladder cannot be excluded. If persistent GI signs and recurrent gastric bloating, laparotomy with resection of the retained atypical testicle as well as gross inspection of the GI tract and GI biopsies may be considered.

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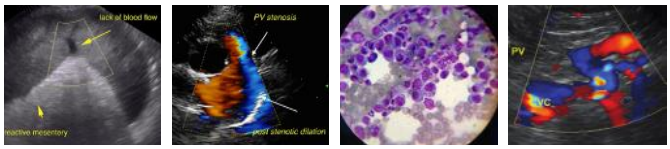

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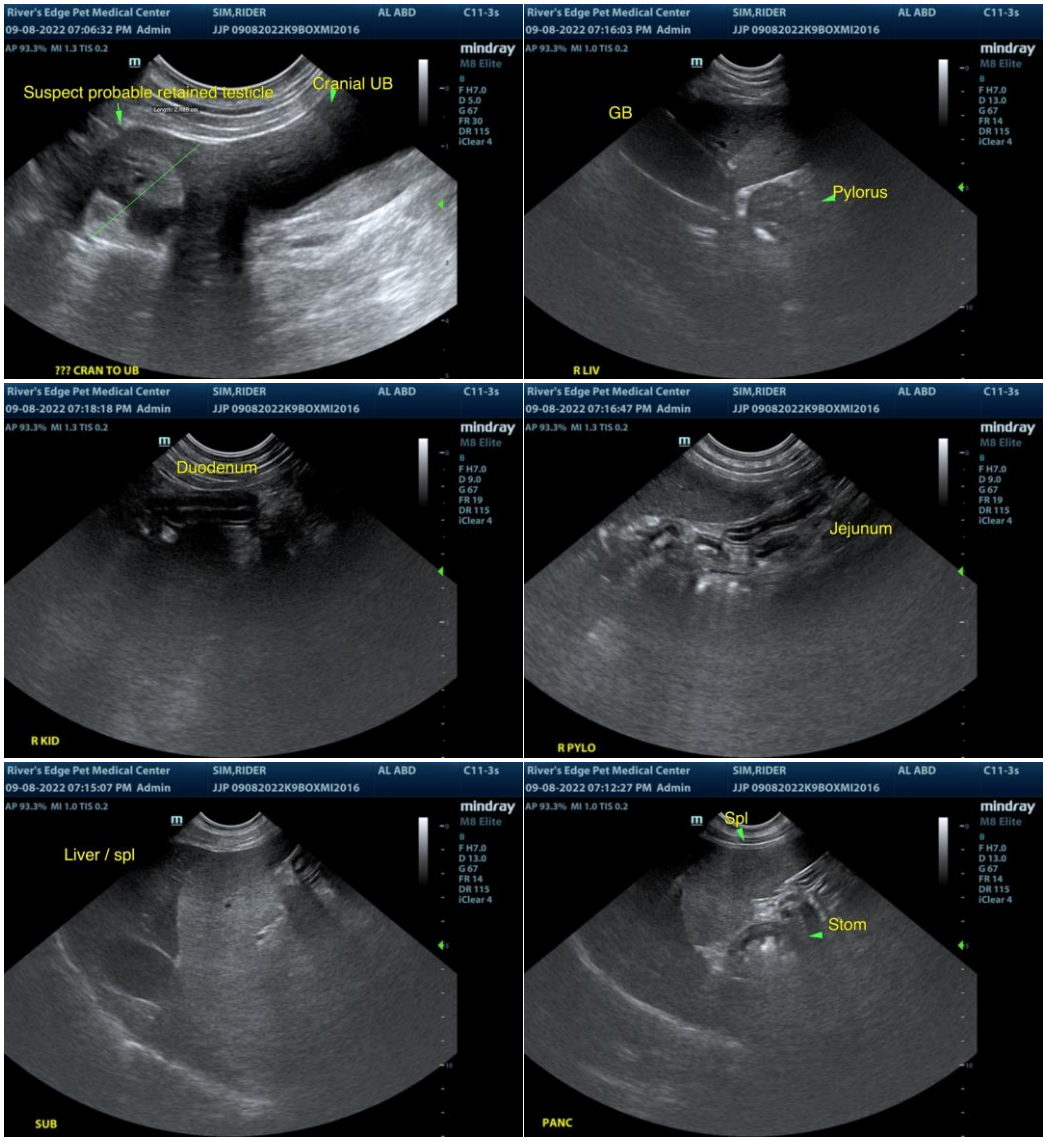

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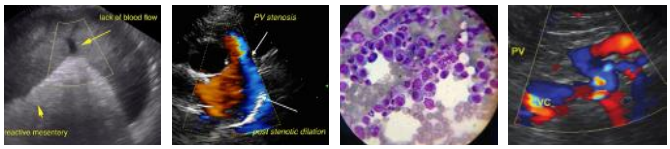

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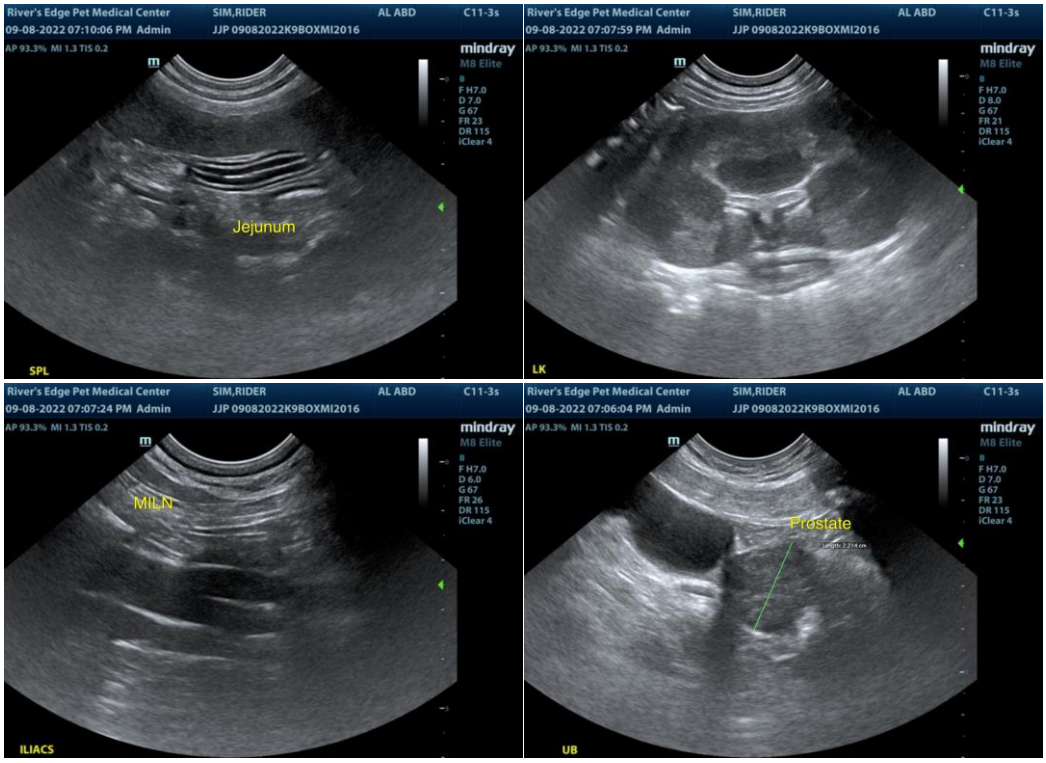

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com