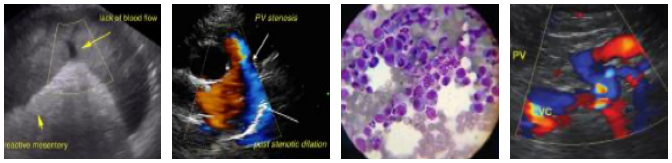

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1-800-838-4268 info@sonopath.com

PATIENT

Pip Johnson

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9 years

WEIGHT

23.5 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Maniar

INVOICE

12742

DATE

4.10.23

PRESENTING CLINICAL SIGNS

History: black tarry stool; hepatic disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is diffusely enlarged measuring 2.8 cm x 4.3 cm x 3.1 cm, with a hyperechoic parenchyma and smooth capsule. The prostatic urethra is not dilated.

Both kidneys are hyperechoic, and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.1 cm in length. The right kidney is 5.1 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.3 mm at the cranial pole and 4.3 mm at the caudal pole. The right adrenal gland height is 1.3 cm at the cranial pole and 5.6 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

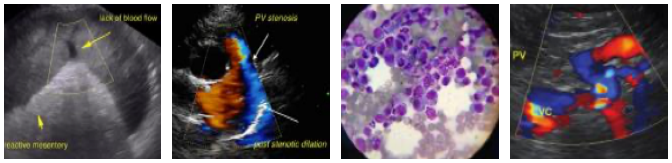
The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenum is diffusely corrugated with both mucosal fogging and speckling present. The duodenal wall measures 4.1 mm. The jejunal wall measures up to 2.7 mm. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to 2.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is a small cluster of cysts surrounded by hyperechoic tissue within the left limb of the pancreas. The pancreatic duct appears normal.



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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Duodenal mucosal fogging and speckling, suggestive of inflammatory disease
- Enlarged, hyperechoic prostate
- Diffusely thickened colonic wall

Secondary Findings

- Pancreatic cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the duodenum and colon are suggestive of inflammatory bowel disease, or less likely, neoplastic disease. Endoscopic biopsies would be recommended for definitive diagnosis. Recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel, with cobalamin supplementation if indicated.
- A resting cortisol level is recommended, and can now be included as part of the GI panel to Texas A&M. Alternately a urine cortisol:creatinine ratio can be used to screen for hypoadrenocorticism
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

The changes to the prostate could be consistent with benign prostatic hyperplasia, if the patient was neutered late in life. Otherwise, the changes are concerning for early neoplastic disease. A urine BRAF test would be helpful, as most prostatic neoplasias are of urothelial origin.

The presence of pancreatic cysts is typically incidental but can also be associated with chronic pancreatitis and should be correlated with clinical history.

The changes to the liver appear reactive in nature and Íare likely secondary to other intraabdominal disease. Core biopsies would be necessary for definitive diagnosis.

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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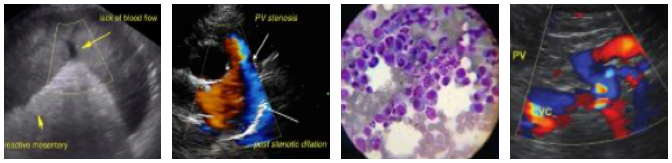

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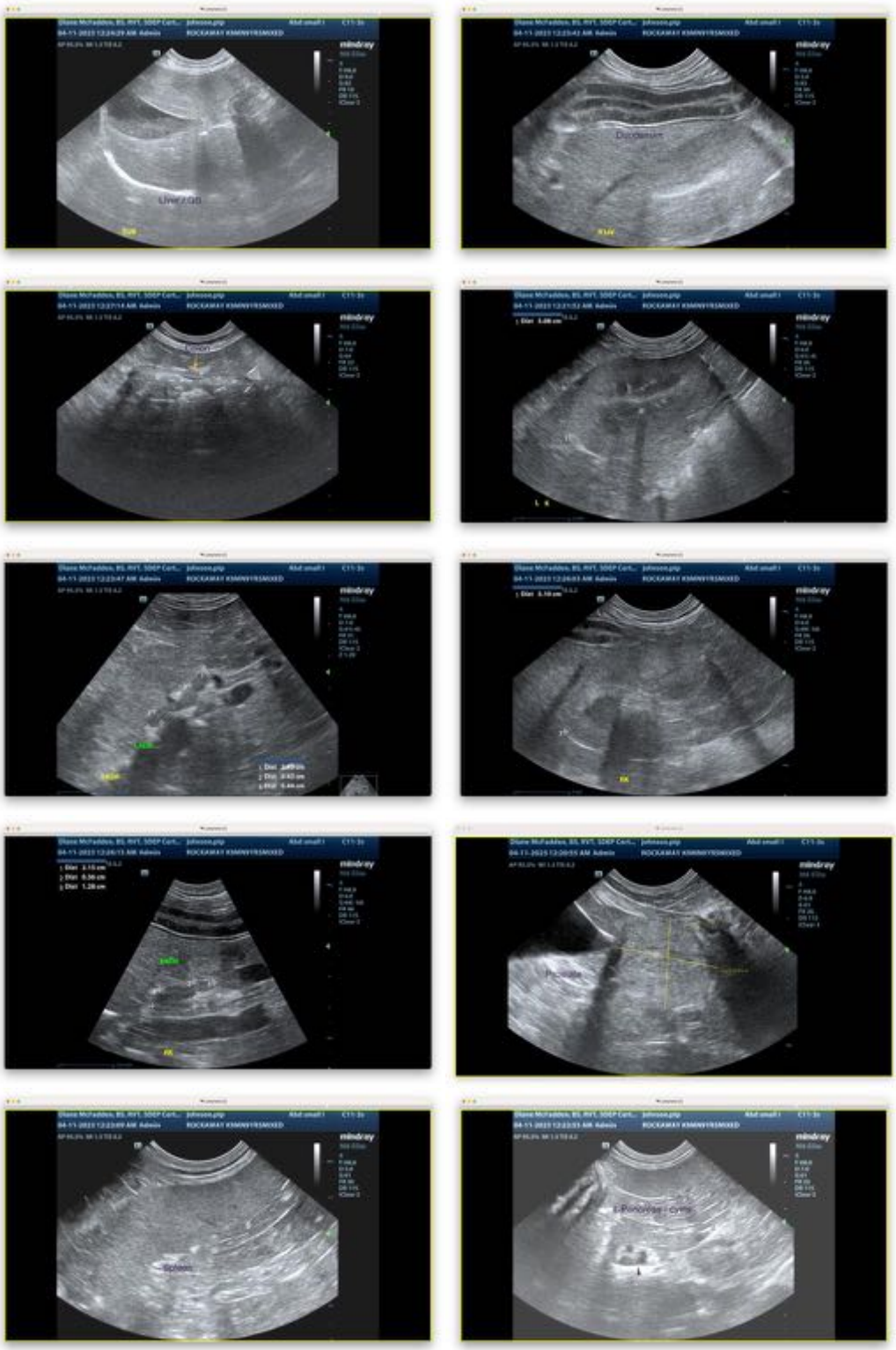

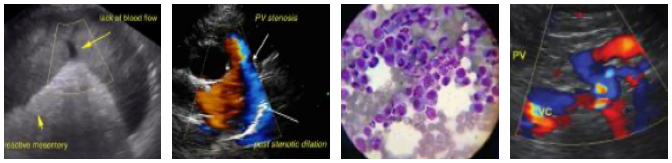

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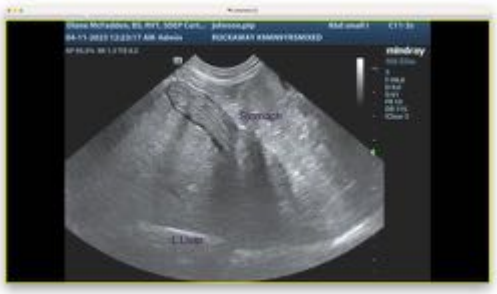

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com