

**DATE PRESENTING CLINICAL SIGNS**

1/11/2022

History: Ongoing urine issues, prev ultrasound showed splenic changes. Disc abd u/s results w/o: disc small nephrolithiasis could be cause for wbc/rbc we have seen; neutered late in life - prostate being a little big secondary to this; disc spleen - could be benign changes or could be secondary to early cancer starting; disc fna and potential limitations/risks, disc repeat u/s.

PATIENT

Peanut Howard

Date of Previous IntraPet Ultrasound: 10-5-2021.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

12/11/2009

The prostate is enlarged (1.31 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is relatively homogeneous with a few small, hyperechoic to mineralized foci. The prostatic urethra is not overtly dilated.

WEIGHT

16 lbs.

The left kidney is normal in size (4.35 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

The right kidney is normal in size (4.94 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

HOSPITAL NAME

Banfield Pet Hospital
 of Towson

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.48 cm at caudal pole) (1.94 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Mike

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.54 cm at caudal pole) (1.25 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

12840

Spleen

The spleen is subjectively overall normal in size (1.31 cm in width at the level of the hilus). There are swellings at the cranial aspect which cause capsular expansion. Ill-defined hyperechoic areas are observed within this region. The remaining peripheral margins are curvilinear. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

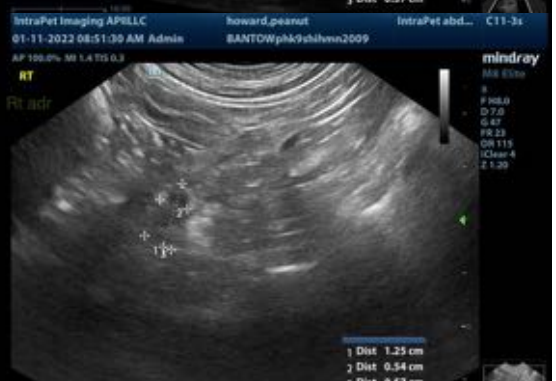
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The prostatomegaly could be consistent with infiltrative neoplasia (i.e., adenocarcinoma), secondary to late in life neutering (if applicable) or age-related remodeling. Given the history of urinary tract issues, neoplasia is certainly of concern. Changes are similar to the previous sonogram.
- Bilateral, age-related renal changes with dystrophic mineralization and left non-obstructive nephrolithiasis. Changes are similar to the previous sonogram.
- The splenic parenchymal swellings at the cranial aspect could be consistent with benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, emerging neoplasia is possible. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Recommendations are as described in the previous report and include the following:
 1. Urine BRAF test. If results are inconclusive, consider traumatic urethral catheterization to obtain prostatic cells for cytologic evaluation.
 2. Fine needle aspirate of the splenic swellings (if clotting status is appropriate).
 3. Three-view thoracic radiographs to assess cardiopulmonary status, particularly given the concerns of possible neoplasia in the abdomen.



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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