Animal Sounds NW
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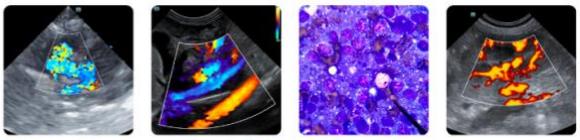

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Max Shelton

SPECIES

Canine

BREED

Cattle Dog

SEX

Intact Male

AGE

11

WEIGHT

37.7 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal Clinic

REFERRING VET

Dr Heider

INVOICE

22387

DATE

1-15-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Urinary, Mobility issues and decreased appetite
Abnormal lab-work values: CBC WBC 18.6 (5.8-16.2) PMN 15.0 (3.0-9.7) Mono 1.3 (0.14-0.7) Plt 479 (120-412) Chem CystB 168 (0-99) Cl 105 (108-119) GGT 16 (0-13) UA USG 1.007 pH 7.0 WBC 10-15 RBC 6-10 Bact Mod Coccobacillus 9-40/hpf
Current Medications: Miratazapine (current) and Enrofloxacin (ended 1/7/26)
Radiographic Findings: None
Patient sedated with butorphanol and Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal to mildly-thickened (up to 0.51 cm) with a smooth mucosal surface. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is enlarged (at least 4.0 cm in width) with slightly irregular peripheral contours. The parenchyma is heterogenous, with at least one, small, cavitated area. The prostatic urethra is not overtly dilated. A small amount of subcapsular fluid is present. Surrounding mesentery is hyperechoic.

The left kidney is mildly enlarged (8.24 cm in length) with smooth peripheral contours. Hydronephrosis is present (2.8 cm in the longitudinal plane) resulting in thinning of the cortex. There is suspected proximal hydroureter. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney is mildly enlarged (8.20 cm in length) with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.92 cm in the longitudinal plane). There is suspected proximal hydroureter. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.78 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.57 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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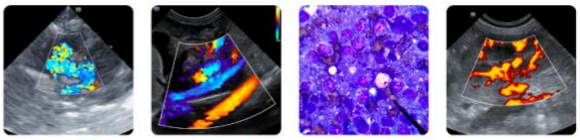

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Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. In the caudoventral abdomen, there is questionable bowel wall thickening (up to 0.93 cm) vs irregular mesentery. This area is difficult to evaluate due to hyperechoic/attenuating mesentery. In the remainder of the small intestine, the walls are normal in thickness with a normal layering pattern and appropriate mural detail. The wall of the descending colon appears normal. There is no obvious evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery in the caudal aspect is hyperechoic and nodular/irregular. A small amount of free fluid is present.

Other

The left testicle is enlarged compared to the right testicle. Its margins are ill-defined. A 4.5 x 2.6 cm irregular, hypoechoic-to-heterogenous area/mass is observed, with a few cystic areas, within the parenchyma. A smaller hypoechoic nodule is also seen. The right testicle measures 3.0 x 2.1 cm and has smooth peripheral contours. At least two ill-defined, hypoechoic areas are observed within the parenchyma. Some mineralized foci are also seen. There is fluid within the scrotal sac on the right side surrounding the right testicle.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes could be consistent with prostatitis with cystic benign prostatic hyperplasia. Prostatic neoplasia is possible, but considered less likely. Caudal peritonitis/retroperitonitis, with severely reactive mesentery is also present. Carcinomatosis is possible, but considered less likely.
- The mild bladder wall thickening is suggestive of cystitis.
- Testicular mass effect in the left testicle, with nodules in the right testicle and fluid within the scrotal sac.
- Bilateral renomegaly with left hydronephrosis and severe right pyelectasia. Suspected bilateral hydroureters. Possible causes include distal ureteral obstruction (i.e., strictures, stones, tumors), pyelonephritis, other.
- Mild ascites
- Questionable bowel wall thickening in the caudal aspect (vs irregular mesentery)

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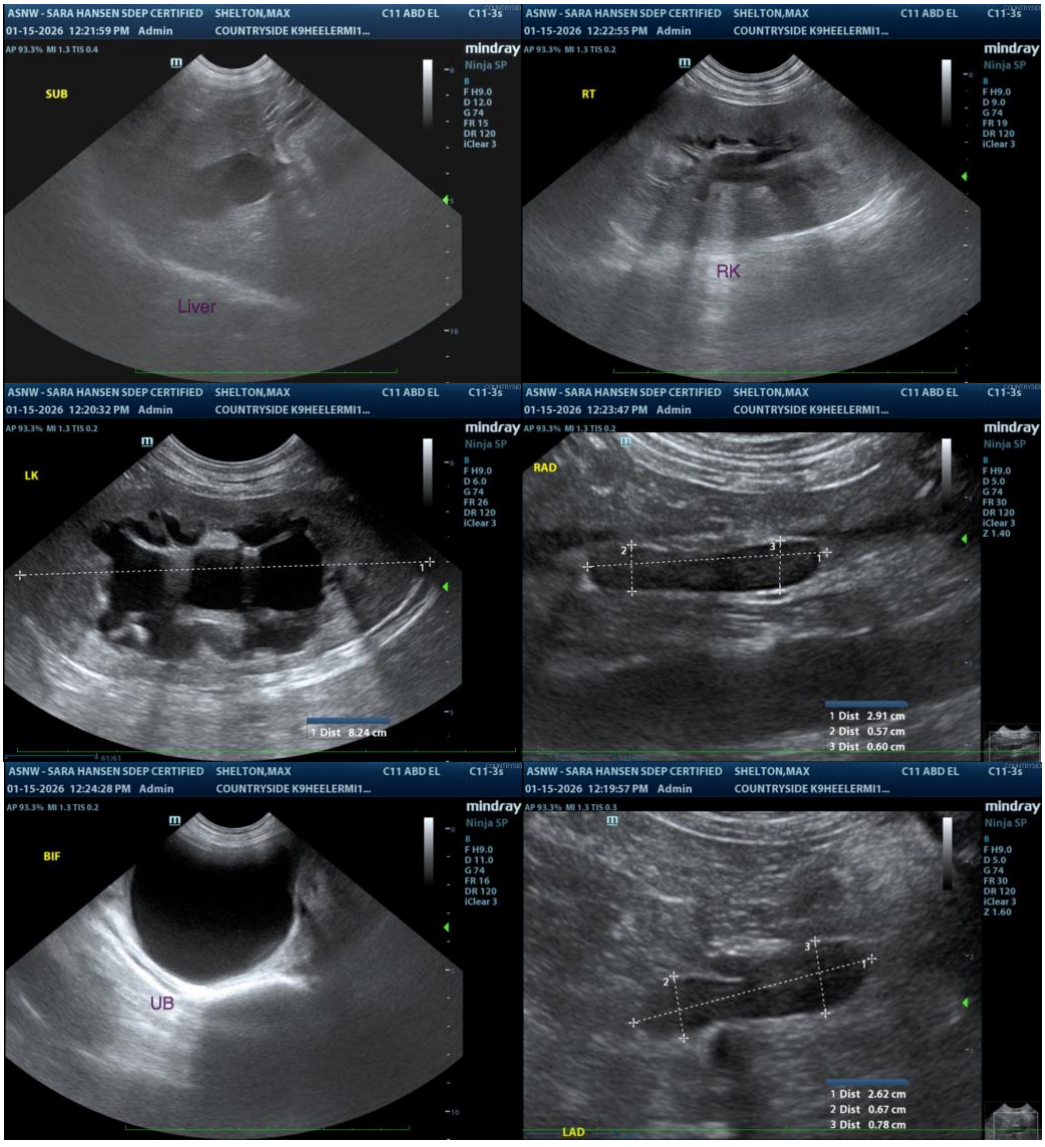
Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended. Also consider fine-needle aspiration of the prostate. Ultimately, castration, with submission of the testicles for histopathology should be considered. Three-view thoracic radiographs are recommended prior to anesthesia.

- Regarding the questionable thickened bowel segment in the caudoventral abdomen, consider a recheck ultrasound or abdominal CT scan for further evaluation. An abdominal CT scan would also be useful in evaluating for ureteral obstructions.



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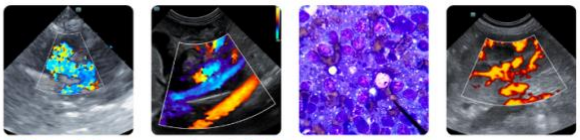

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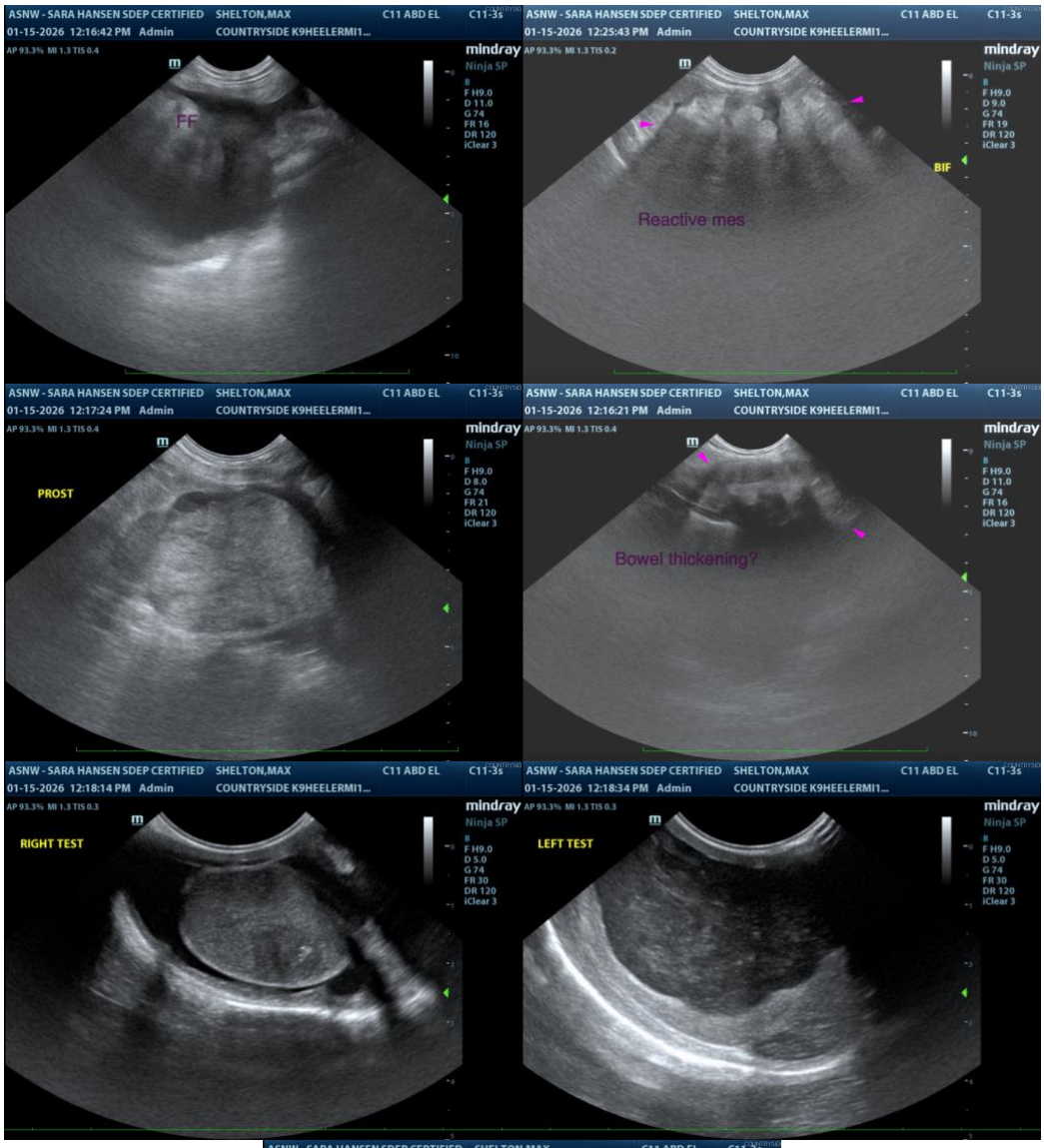
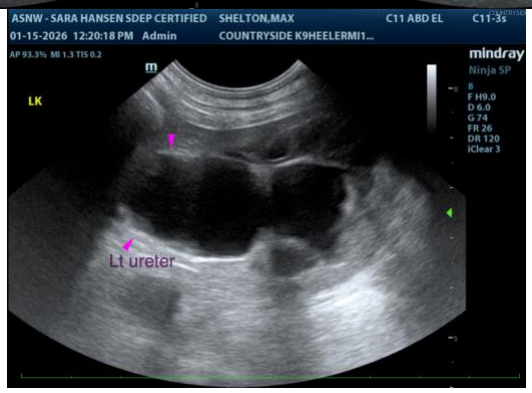
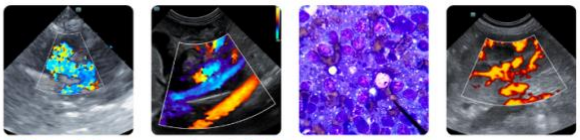




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com