

PATIENT

Kirby Johnson

SPECIES

Canine

BREED

Bouvier

SEX

Intact Male

AGE

10 Years

WEIGHT

61 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

1/6/22

INVOICE

10122

PRESENTING CLINICAL SIGNS

History: Weight loss and intermittent GI signs. HX of pancreatitis. Enlarged prostate found on senior wellness rads - P is asymptomatic for prostatic or urinary issues at this time. During cardiac assessment occasional VPC's ECG: Sinus rhythm with a heart rate within normal limits. A left axis deviation is noted. This could be normal patient variation or could be secondary to left heart enlargement. Isolated ventricular ectopic beats are noted. Heart Rate and Respiratory Rates HR: 120, RR: 200 Blood Pressure Measurements not taken Current Medications Adequan and low-fat diet Radiographic Findings Normal thorax and marked prostatomegaly Abnormal PE/Chem/CBC/UA Results: elevated proBNP 2163

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 moderately 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.

The prostate is enlarged (6.05 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to heterogenous in appearance with numerous varying-sized cystic areas, the largest measuring 1.67 cm in diameter. The prostatic urethra is not overtly dilated. A small amount of subcapsular fluid is visualized.

The left kidney is normal size (6.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

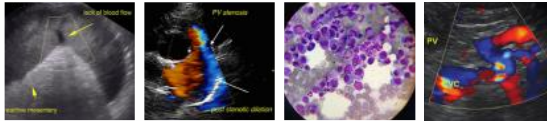
Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.55 cm at caudal pole) (3.31 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.

The right adrenal gland is normal size (1.32 cm at cranial pole) (0.61 cm at caudal pole) (2.55 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.

Spleen

The spleen is normal in size (2.09 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.



PATIENT

Kirby Johnson

SPECIES

Canine

BREED

Bouvier

SEX

Intact Male

AGE

10 Years

WEIGHT

61 Lbs.

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 to moderate amount of echogenic to mineralized gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are 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 or overt infiltrative 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.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts. Bacterial prostatitis cannot be excluded but is considered less likely in the absence of lower urinary tract signs.

*An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the GI signs, consider the following:

- Fecal evaluation for ova and Giardia
- Malabsorption panel including serum cobalamin and folate TLI and PLI
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Consider transitioning to a limited antigen diet. Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

HOSPITAL NAME

West Hills AH

REFERRING VET

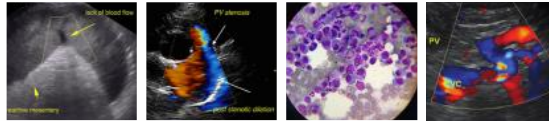
Dr. Remcho

DATE

1/6/22

INVOICE

10122



PATIENT

Kirby Johnson

- Regarding the prostate changes, castration should be considered. Anesthetic risks should be based on the echocardiogram findings.

SPECIES

Canine

BREED

Bouvier

SEX

Intact Male

AGE

10 Years

WEIGHT

61 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

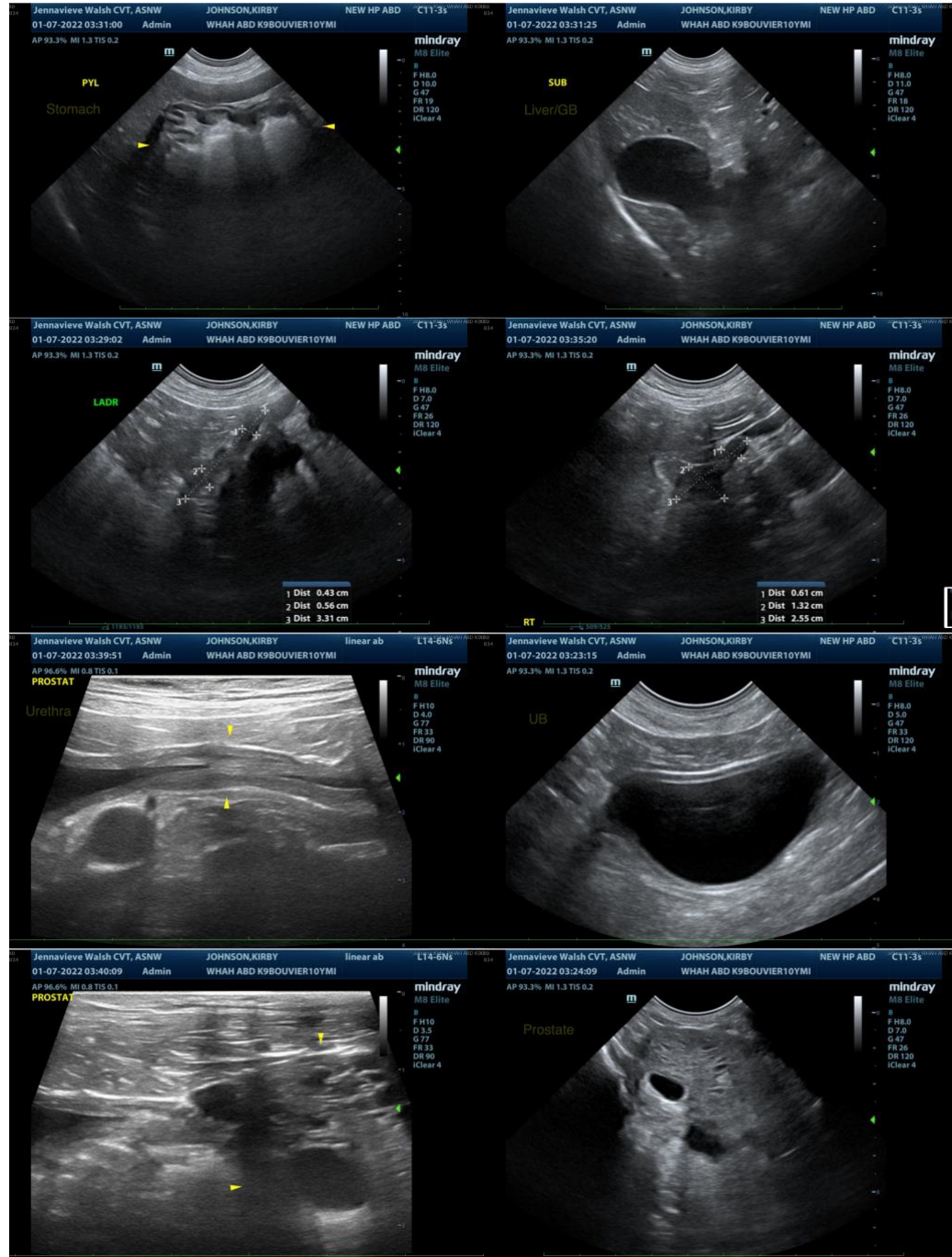
Dr. Remcho

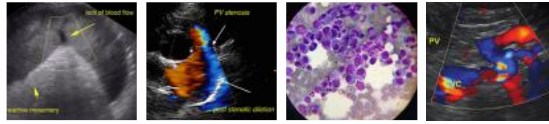
DATE

1/6/22

INVOICE

10122





PATIENT

Kirby Johnson

SPECIES

Canine

BREED

Bouvier

SEX

Intact Male

AGE

10 Years

WEIGHT

61 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

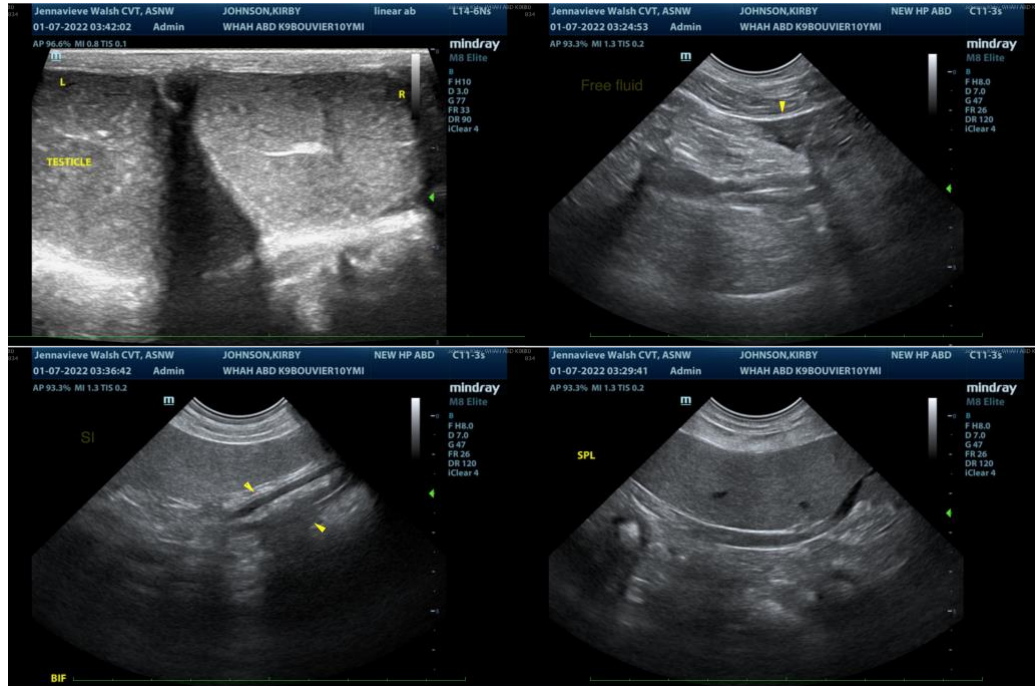
Dr. Remcho

DATE

1/6/22

INVOICE

10122



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.

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