

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: 20 lbs. of weight loss since June 2021. Hx of hyphemia in both eyes and not as vigorous of an appetite. O also reports that pet seems uncomfortable in abdomen. O took pet to ER- bloodwork showed mild anemia 34% and elevated lipase. PT/PTT normal. ER recommended eye specialty consults but when owner consulted over the phone, they felt there was something else underlying and the eyes were not primary problem. Owner came to us yesterday for a second opinion. PE similar to ER. Limited abdominal FAST scan showed no free fluid or abdominal masses, but spleen appeared mottled/abnormal in appearance - rec more detailed full abdominal ultrasound.

PATIENT

Zeus McHargue

SPECIES

Canine

Lab Results: mild anemia 34% and elevated lipase. PT/PTT normal.

Radiographs: Chest radiographs showed harsh broncho interstitial abnormal lung pattern but no obvious metastatic disease.

BREED

Rottweiler

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: declined.

SEX

Intact Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

10/10/13

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A scant amount of suspended, echogenic debris is observed within the lumen. 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.

WEIGHT

100 Pounds

The prostate is enlarged with irregular shape, measuring 9.51 cm length x 6.39 cm in width. The parenchyma is diffusely heterogeneous with a few ill-defined cystic areas. The surrounding tissue is edematous. The mesentery is hyperechoic. The prostatic urethra is not overtly dilated.

INTERPRETED BY

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The left kidney presented normal size (8.06 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 hydroureter.

The right kidney presented normal size (8.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

BPH of Westminster

Adrenal Glands

The left adrenal gland is mildly enlarged size (0.92 cm at cranial pole) (1.08 cm at caudal pole) (2.91 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. Jantz-Stephis

INVOICE

29796

The right adrenal gland is normal size (0.77 cm at cranial pole) (0.74 cm at caudal pole) (3.08 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 to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with a few hypoechoic nodules visualized. Splenic vasculature is normal with no evidence of thrombosis. The spleen measured 3.81 cm in width.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and relatively homogeneous in appearance. No discrete focal lesions are observed. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. Discrete masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

A portion of the right limb of the pancreas is obscured by the portal lymphadenopathy. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. The portal lymph nodes are severely enlarged (largest measuring >6.0 cm in length), rounded and hypoechoic. Surrounding mesentery is hyperechoic. Several prominent lymph nodes are also seen in the caudal abdomen.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

Numerous ring down lesions are observed in the thorax.

PRIMARY FINDINGS

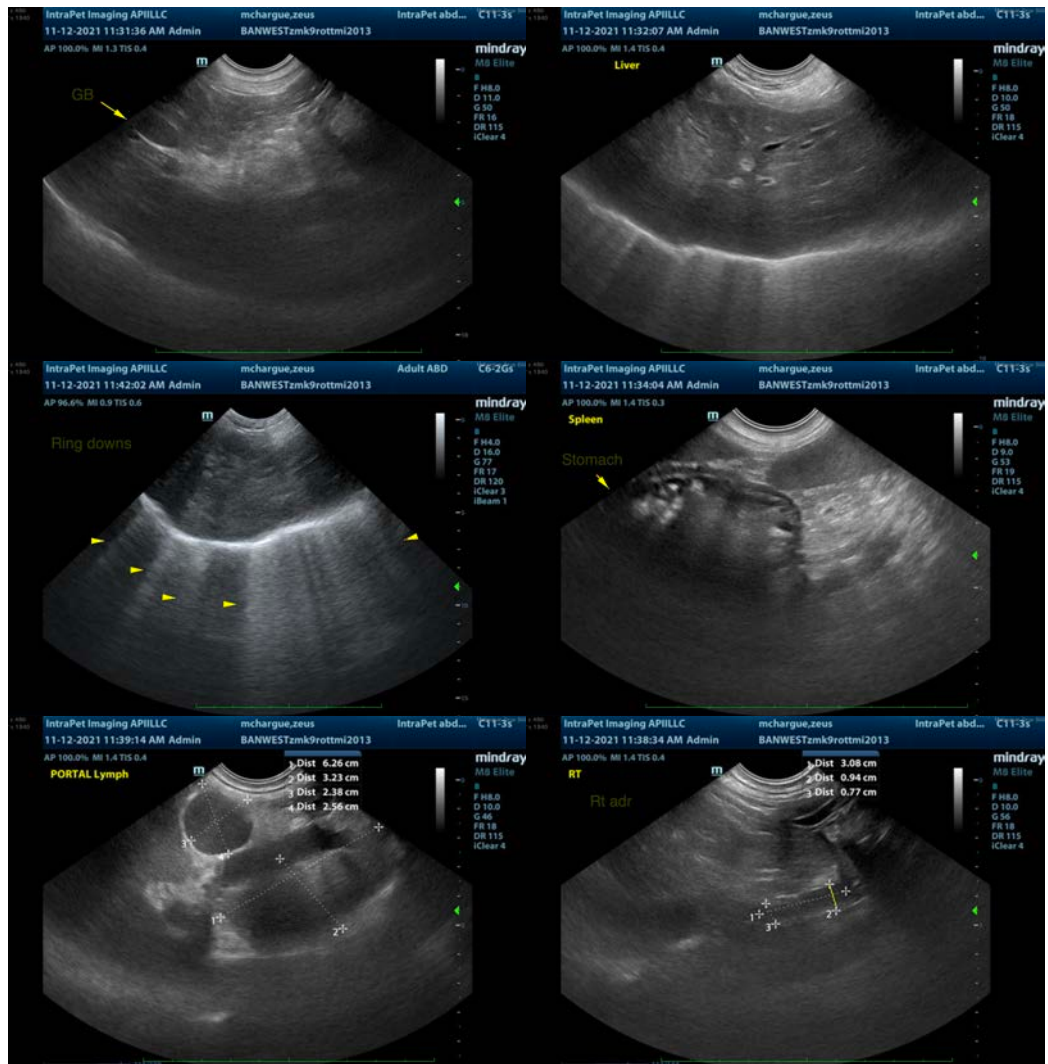
- The portal and caudal abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous). Regional peritonitis is present.
- The prostate changes are consistent with benign prostatic hyperplasia with small parenchymal cysts. Concurrent bacterial prostatitis is possible, particularly if lower urinary tract signs are present. Caudal retroperitonitis is present.
- The ring down lesions in the thorax are consistent with the previously observed pulmonary parenchymal disease.

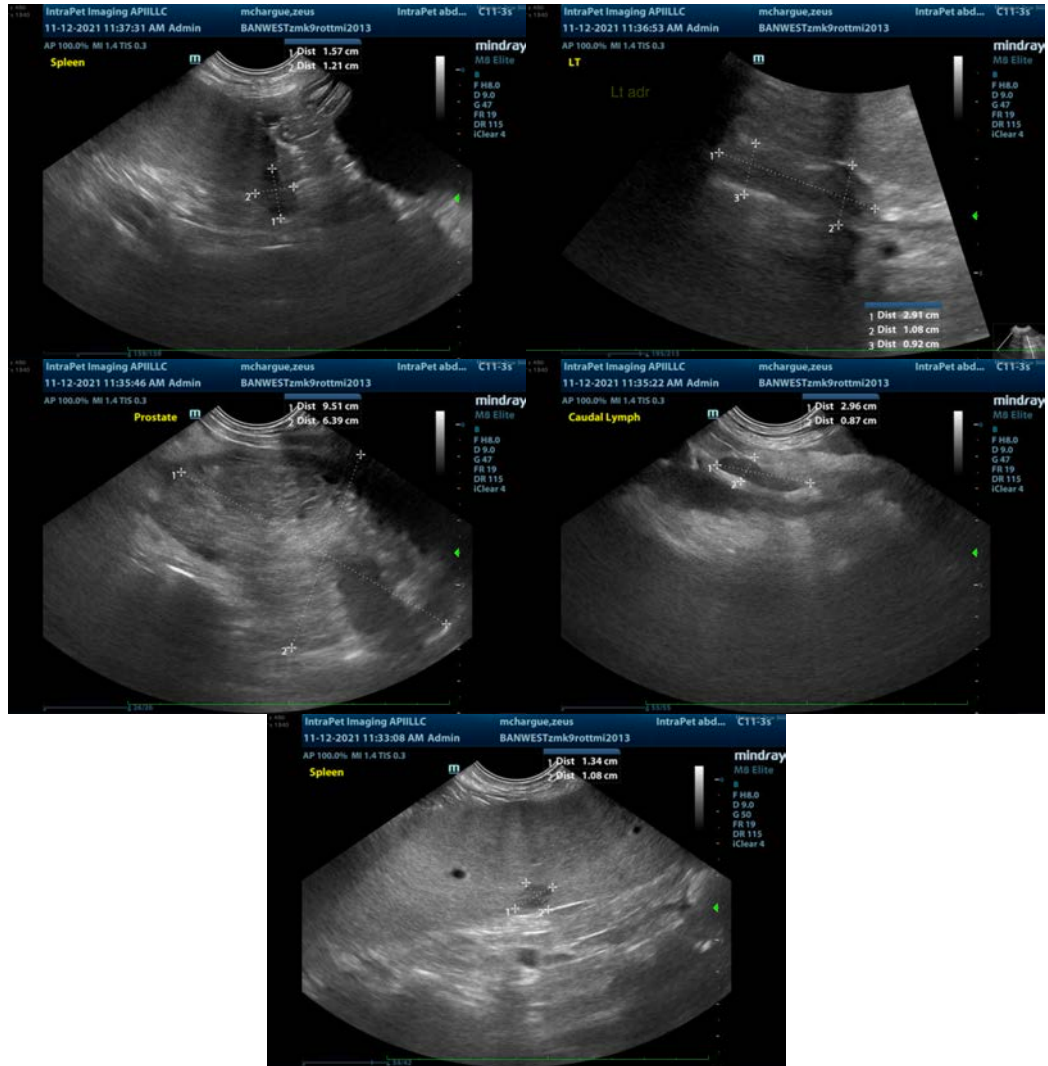
SECONDARY FINDINGS

- Mild left adrenomegaly
- Minor age-related renal changes
- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). However, emerging neoplasia cannot be completely excluded.
- The increased hepatic portal markings are suggestive of inflammatory disease. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the portal lymph nodes are recommended if clotting status is normal. 25-gauge needle should be used. Surgical biopsies may be necessary to get a definitive diagnosis if cytology results are inconclusive.
- To further assess for bacterial prostatitis, a urine culture and sensitivity +/- traumatic urethral catheterization with submission of the cells for cytology can be considered.





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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