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Clinical Sonography & Telecytology
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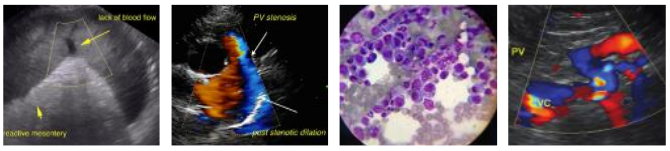

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1-800-838-4268 info@sonopath.com

PATIENT
Blizzard Gilbeau

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Intact Male

AGE
12 years

WEIGHT
12.2 lbs

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

IMAGING PERFORMED BY
Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME
Banfield Sterling Town Center

REFERRING VET
Dr. Jarrett

INVOICE
10051

DATE
12/17/21

PRESENTING CLINICAL SIGNS

History: The liver is moderately enlarged and is extending well beyond the costal margins. The ventral liver is rounded. There are 2 circular/oval soft tissue opacities within the mid casual ventral abdomen. The more cranial opacity is somewhat indistinct and could be incidental such as superimposing sections of the intestine. Hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: U/A: Specific Gravity 1.03, Urine Sample Collection Method (Sterile Catheter) is positive, Urine WBC is negative, Urine RBC is positive, Urine Protein is 25 (3/19/21). CHEM: ALKP 308, ALT 365, BUN 31 (03/12/21).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall is severely thickened (up to 1.15 cm), and irregular, particularly in the region of the cysto-urethral junction. No cystic calculi are observed.

The prostate is severely enlarged (3.01 cm in length; 3.00 cm in width) with a relatively normal shape and smooth peripheral contours. The parenchyma is diffusely heterogenous in appearance with a few ill-defined cystic areas. The prostatic urethra is not overtly dilated. A small amount of free fluid is observed adjacent to the prostate. Scant subcapsular edema is also present. Surrounding mesentery is mildly hyperechoic.

The left kidney presented normal size (4.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size with normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged in size (0.55 cm at cranial pole) (0.61 cm at caudal pole) (1.82 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 (0.45 cm at cranial pole) (0.47 cm at caudal pole) (1.32 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 (0.85 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 subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with several ill-defined hyperechoic nodules/areas, particularly on the left side. The parenchyma is also slightly mottled in appearance.

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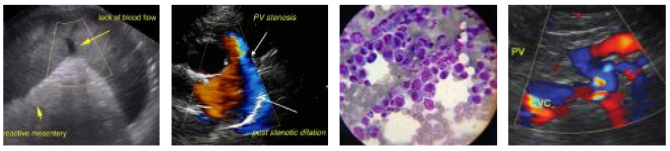

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Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 not distended. 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
Caudal retroperitonitis is present (trace free fluid and reactive mesentery adjacent to the prostate). The abdominal lymph nodes are normal/not visible.

Other
The left testicle measures 2.48 cm x 1.70 cm. The right testicle measures 2.59 cm by 1.46 cm. The testicles are subjectively normal in size and symmetrical with homogenous parenchyma. No focal lesions are observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia, other hepatopathy +/- concurrent age-related regenerative nodular hyperplasia and or vacuolar hepatopathy.
- The urinary bladder wall changes could be consistent with severe cystitis or infiltrative neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma).
- The prostate changes are most consistent with benign prostatic hypoplasia with parenchymal cysts. However, neoplasia cannot be completely excluded, particularly given the urinary bladder wall changes.

Secondary Findings

- Bilateral age-related renal changes
- Mild left adrenomegaly
- Caudal retroperitonitis is present, likely secondary to urinary bladder and/or prostatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine BRAF test can be considered to further assess for lower urinary tract neoplasia. If results are inconclusive, consider a traumatic urethral catheterization, with submission of the cells for histopathology.

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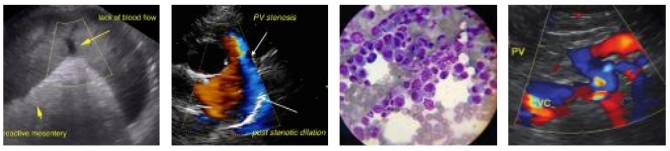

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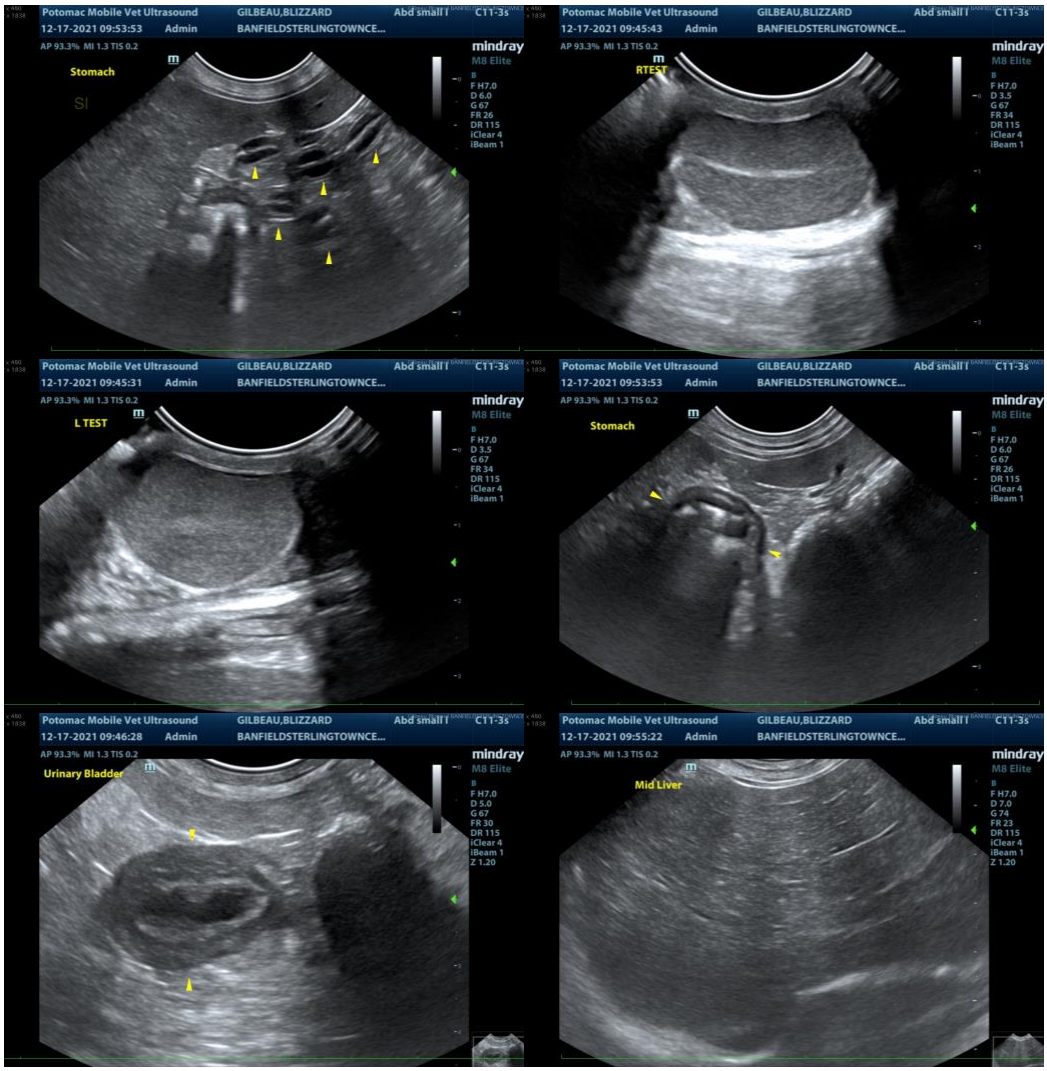
- A urine culture and sensitivity should also be considered to assess for a urinary tract infection. Urine should be obtained via catheterization (vs. cystocentesis).
- Consider a fine-needle aspirate of the liver if clotting status is appropriate. If cytology results are inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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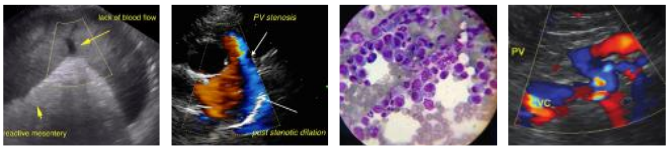

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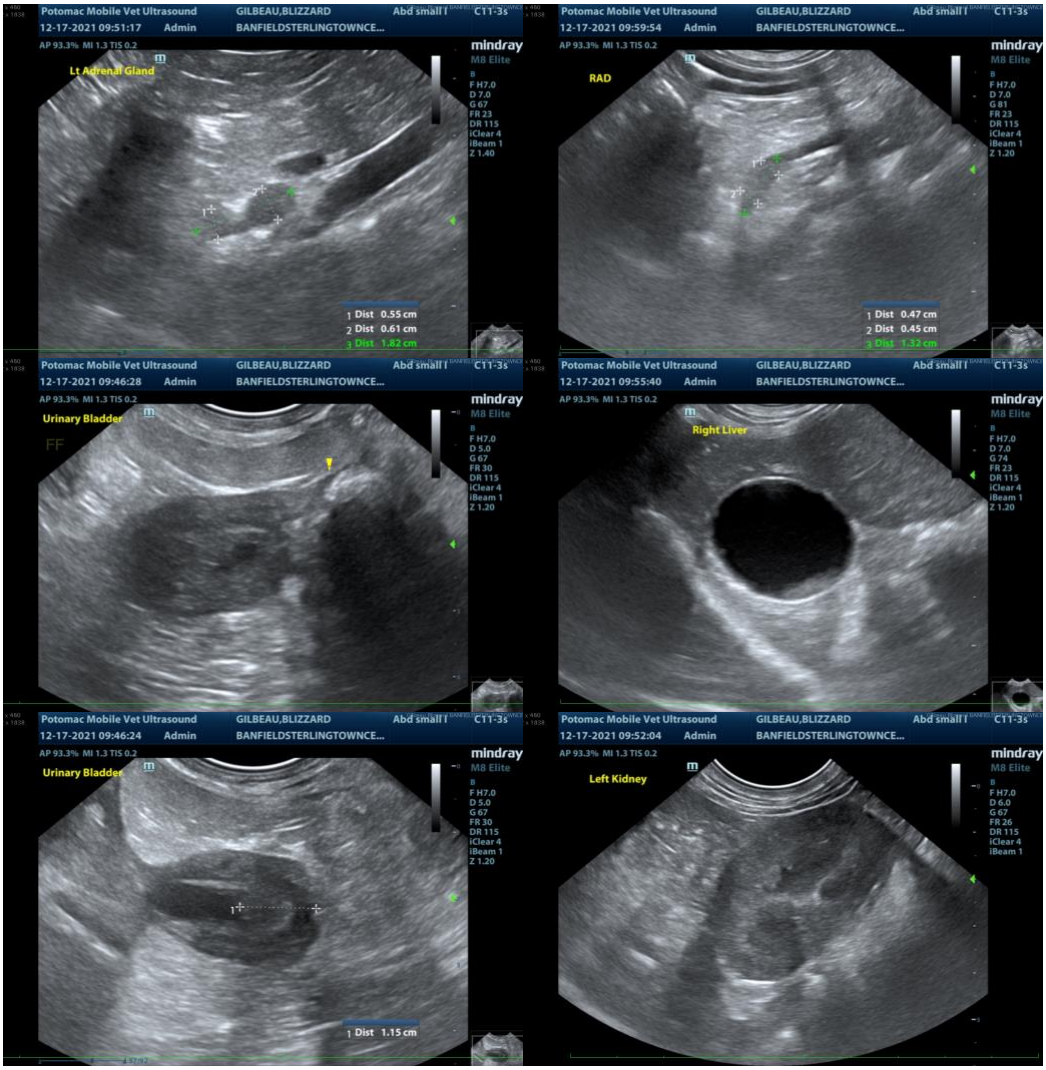

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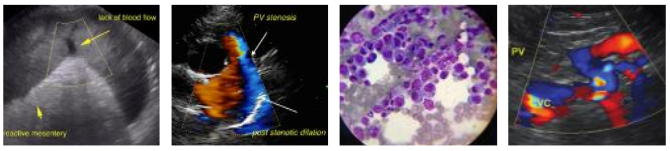

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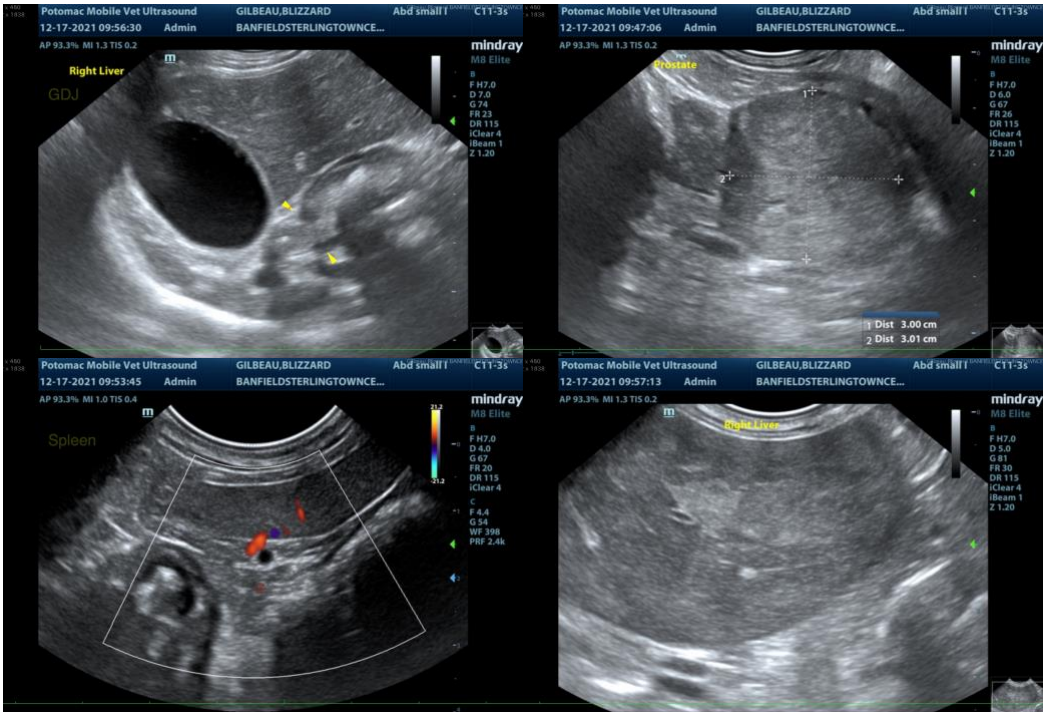

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com