SonoPath
Clinical Sonography & Telecytology
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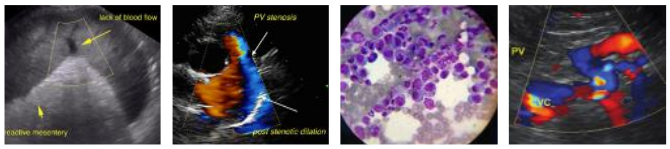


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ceasar Staab

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10.9 Years

WEIGHT

14.3 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

13956

DATE

2/16/22

PRESENTING CLINICAL SIGNS

History: HGE/Diabetic. Current meds: Cerenia, Pantoprazole, Metro

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 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.

The prostate is enlarged (3.15 cm in width) with an irregular shape. The parenchyma is heterogeneous in appearance with a few ill-defined cystic areas. A few foci of mineralization are also seen. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (5.58 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Numerous pinpoint hyperechoic to mineralized foci are observed throughout the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (5.68 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Numerous pinpoint hyperechoic to mineralized foci are observed throughout the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.59 cm at caudal pole) (1.98 cm in length) with a normal shape. Foci of mineralization are observed throughout the gland, resulting in some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

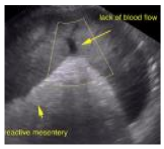
The right adrenal gland is mildly enlarged (0.94 cm at cranial pole) (0.61 cm at caudal pole) (2.36 cm in length); with a normal shape. Foci of mineralization are observed throughout the gland, resulting in some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

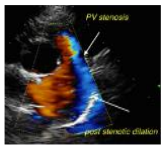
Spleen

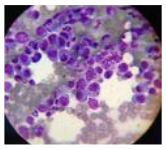
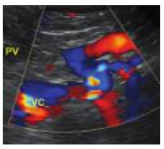
The spleen is normal in size (1.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several pinpoint hyperechoic to mineralized foci are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.81 cm, irregular, hyperechoic nodule is observed on the left side. The remaining parenchyma is homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein the caudal vena cava ratio is approximately 1:1.





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The gall bladder lumen is moderately distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge in a partially stellate pattern 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 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 pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.84 cm x 0.51 cm medial iliac lymph node is visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are very concerning for infiltrative neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma). However, if the patient was neutered later in life, residual hyperplastic change could be present. Correlation with clinical findings is recommended.
- The gallbladder changes are consistent with a developing mucocele
- Benign diffuse hepatopathy. The small hyperechoic hepatic nodule is likely a benign regenerative nodule with a low possibility of emerging neoplasia.

Secondary Findings

- Age-related renal changes with dystrophic mineralization
- Splenic dystrophic mineralization. This finding is typically seen with endocrinopathies.
- Mild bilateral adrenomegaly with dystrophic mineralization
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The medial iliac lymphadenopathy is most consistent with reactive change with a lower possibility of metastatic disease.

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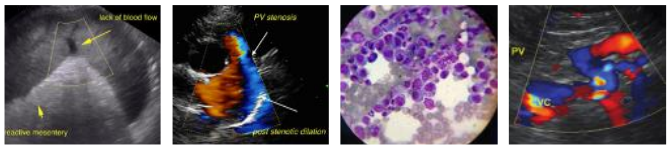

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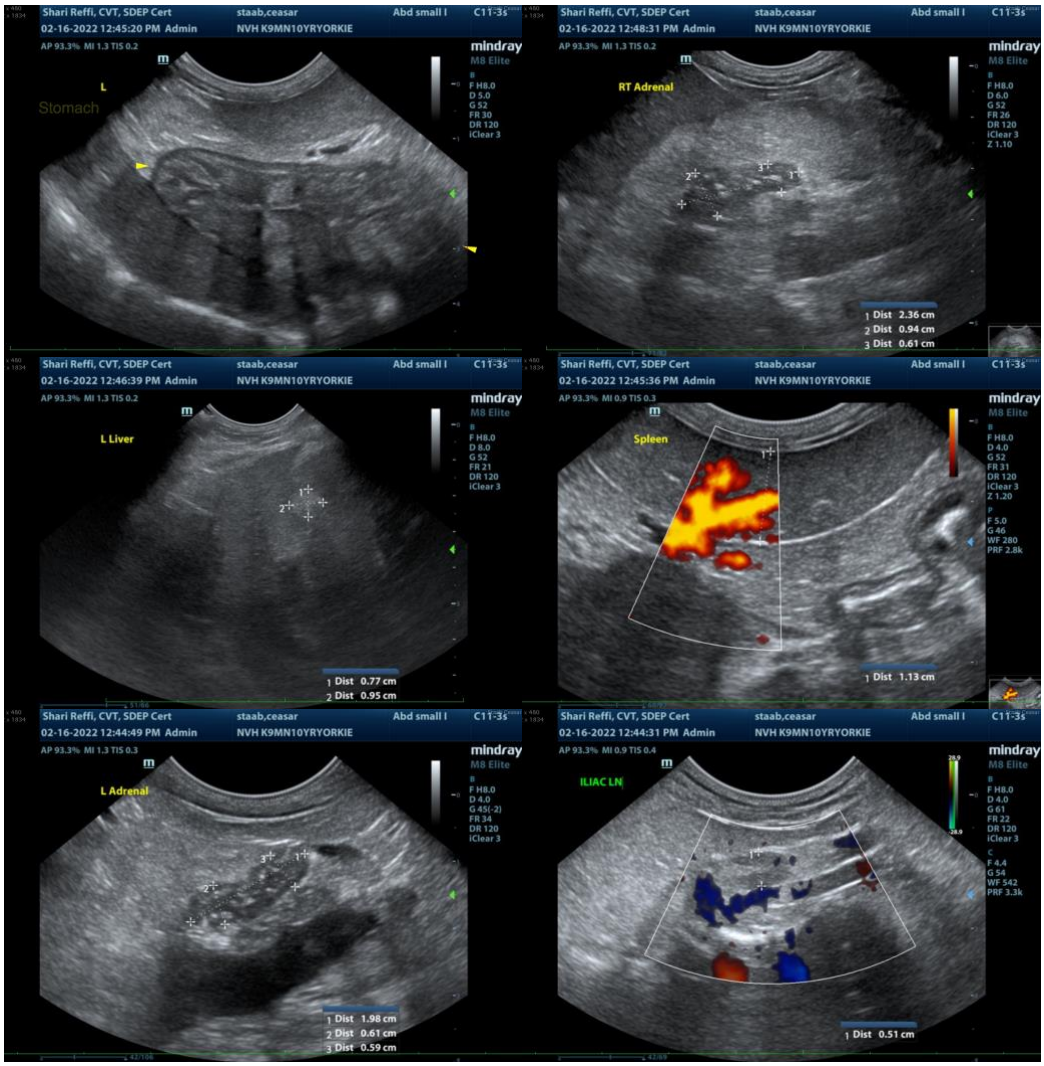
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the prostate changes, a urine BRAF test and/or traumatic urethral catheterization with submission of the prostate cells for cytology should be considered.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Continued supportive care for hemorrhagic gastroenteritis is recommended.



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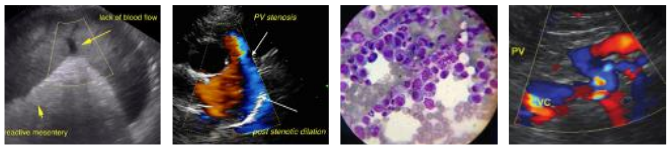

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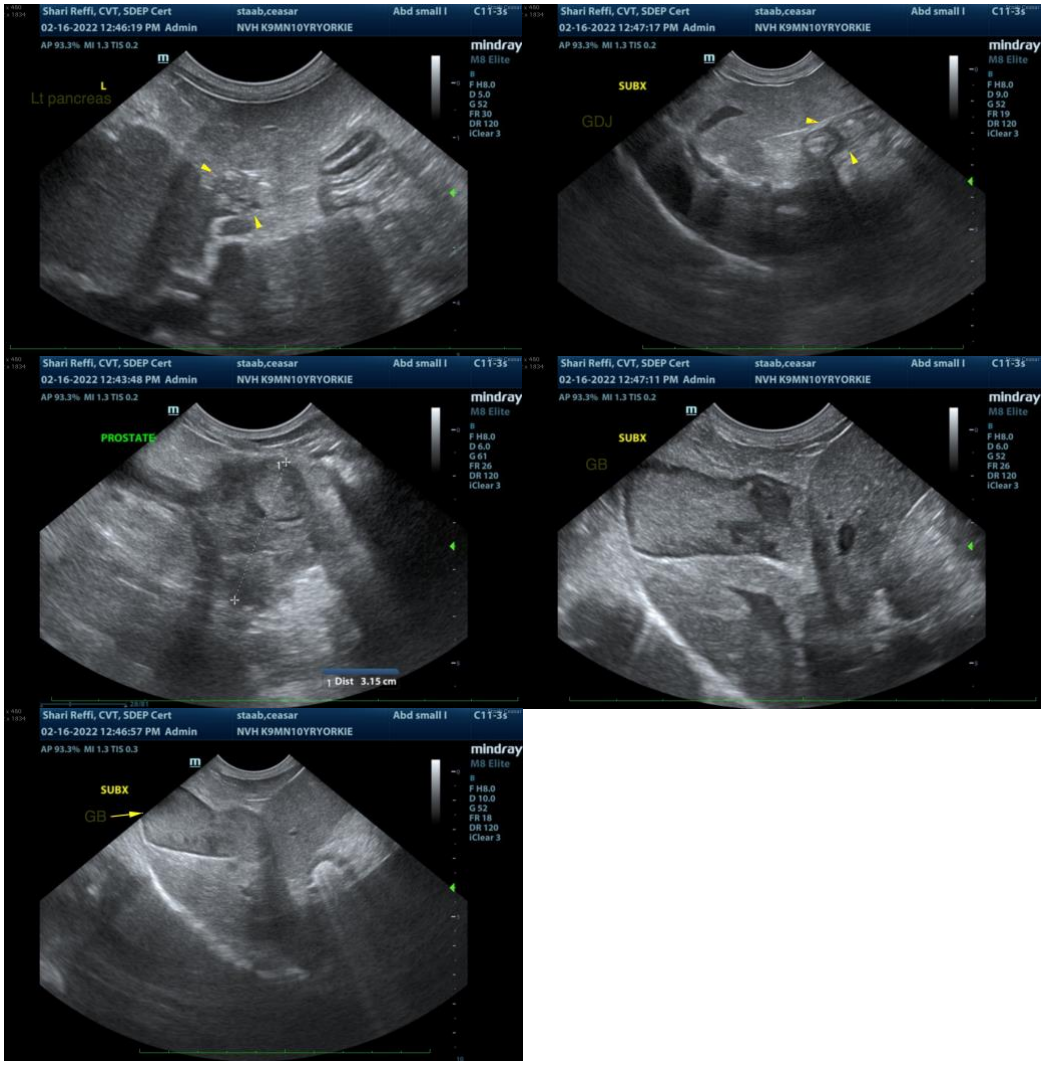

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com