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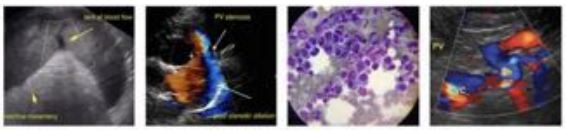


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Hail Lissendren

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

12 years

WEIGHT

82.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr. Christie Wiles

INVOICE

12140

DATE

2.3.23

PRESENTING CLINICAL SIGNS

Dysuria. Urinating in appropriately in large volumes on the floor. Borderline anemia. Mild hyperglobulinemia at 4.3. Normal T4. USG 1.022 with trace proteinuria and inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 3-4 cm, are normal.

The prostate is enlarged (4.34 cm in width) with slightly irregular peripheral contours. The parenchyma is hyper relative to surrounding omental fat and subtly heterogenous with numerous, small, ill-defined cystic areas throughout the organ. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.24 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (8.74 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.63 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 in normal size (1.02 cm at cranial pole) (0.73 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 enlarged with irregular peripheral contours. An 8.99 cm slightly hyperechoic to mildly heterogenous mass is observed at the cranial aspect. A 5.03 cm isoechoic to slightly heterogenous mass is observed approximately mid-spleen. Finally, a 2.26 cm isoechoic to slightly heterogenous swelling/mass is observed at the caudomedial aspect. All of the masses are causing capsular expansion. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 pyloric outflow tract is patent. 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. There is no 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.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other
The left testicle is subjectively normal in size (left: 47.16x 2.18 cm) with a normal shape and homogenous parenchyma. The right testicle is subjectively normal in size (3.46 x 2.02 cm) parenchyma. A 1.01 x 0.78 cm ill-defined hypoechoic nodule is visualized within the parenchyma. In addition, a 0.20 focus of mineralization is also seen. The remaining parenchyma is subtly mottled in appearance.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are consistent with cystic benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible.
- Splenic masses (have been observed for the last two years but have grown since the previous sonogram). Differentials include neoplasia (i.e., sarcoma, round cell neoplasia) versus benign change (i.e., excessive lymphoid hyperplasia, splenitis or similar).
- The right testicular nodule may represent and emerging tumor, granuloma, inflammatory focus or an area of parenchymal remodeling.

Secondary Findings

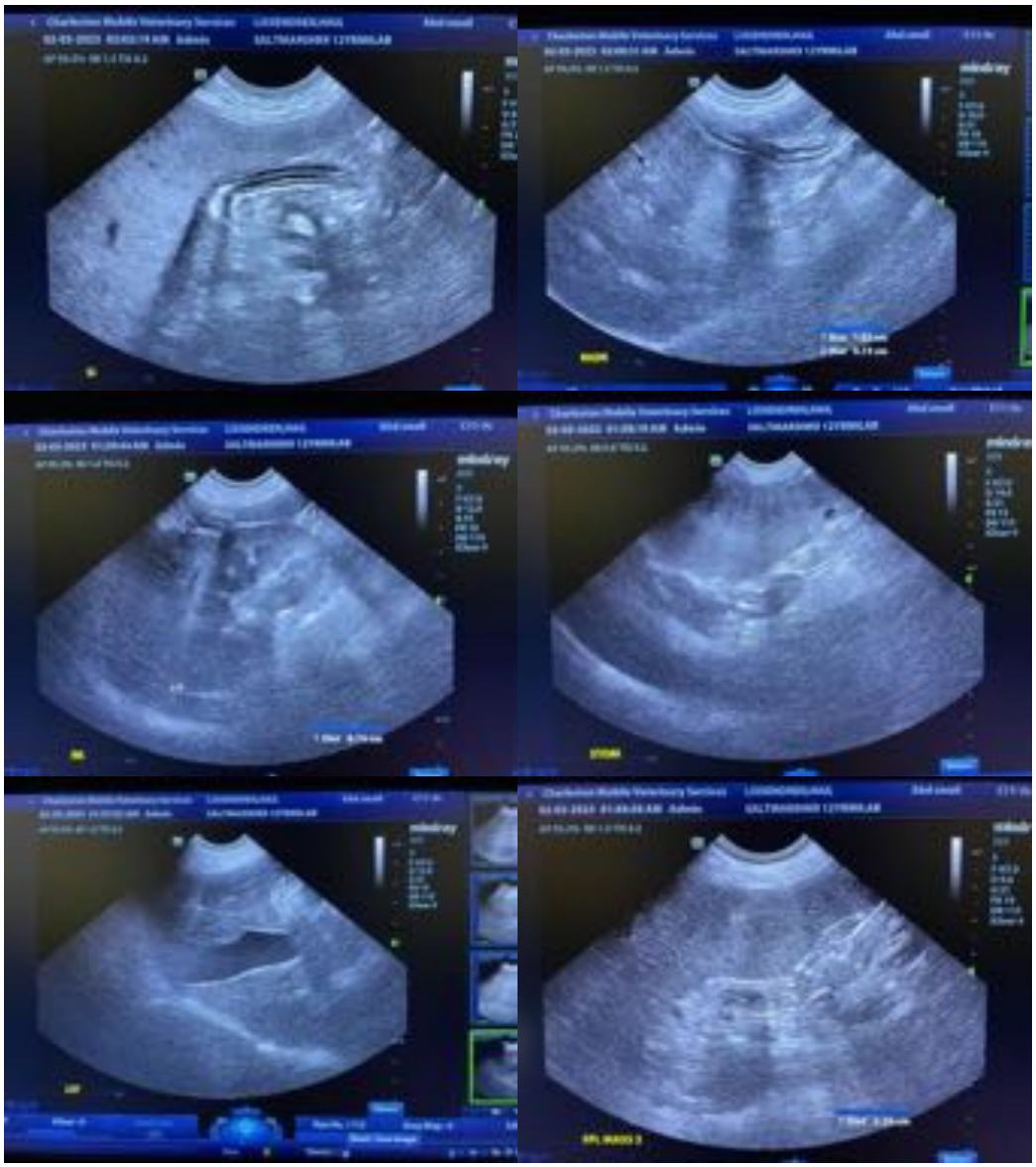
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Minor bilateral age-related renal changes

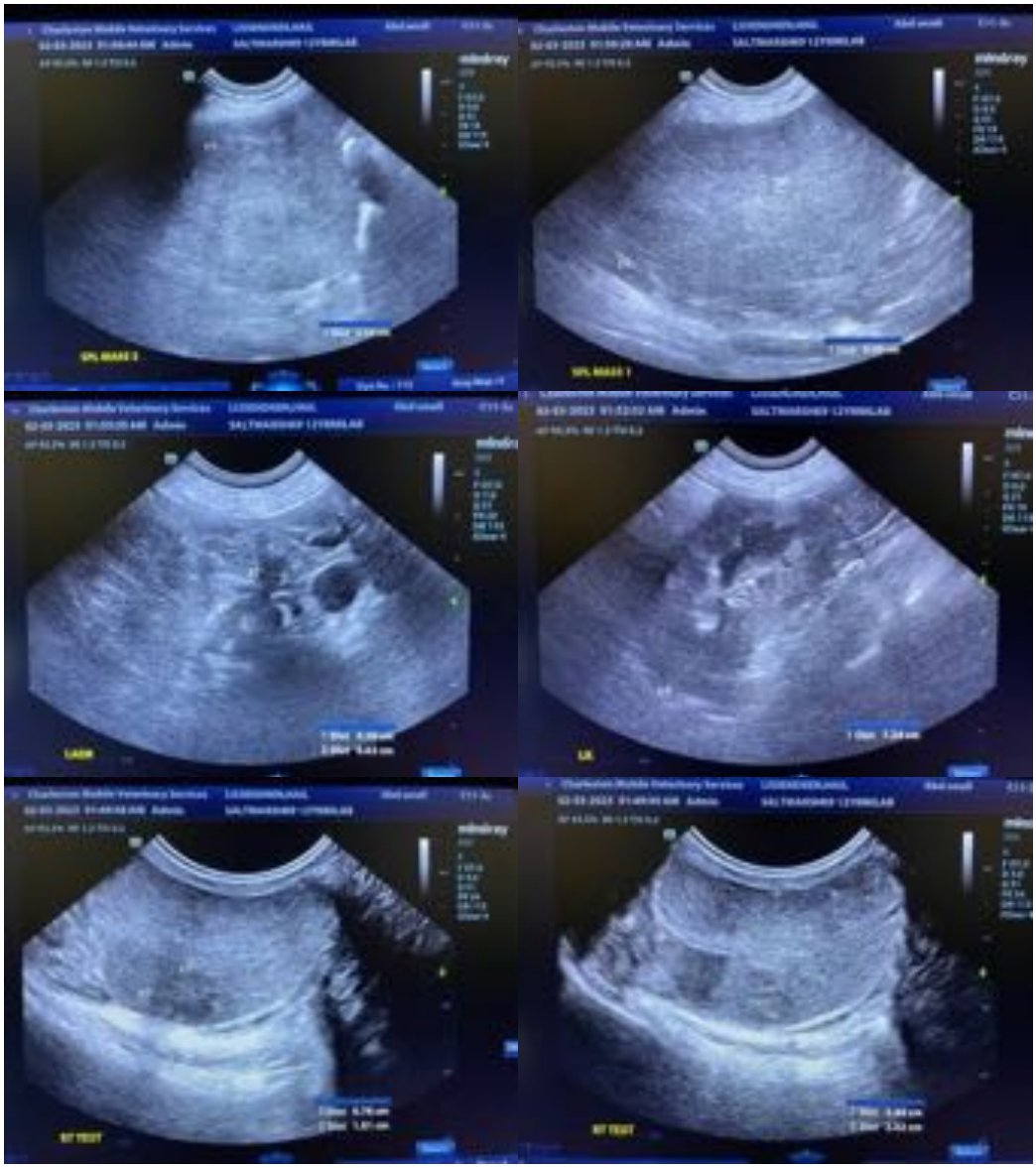
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

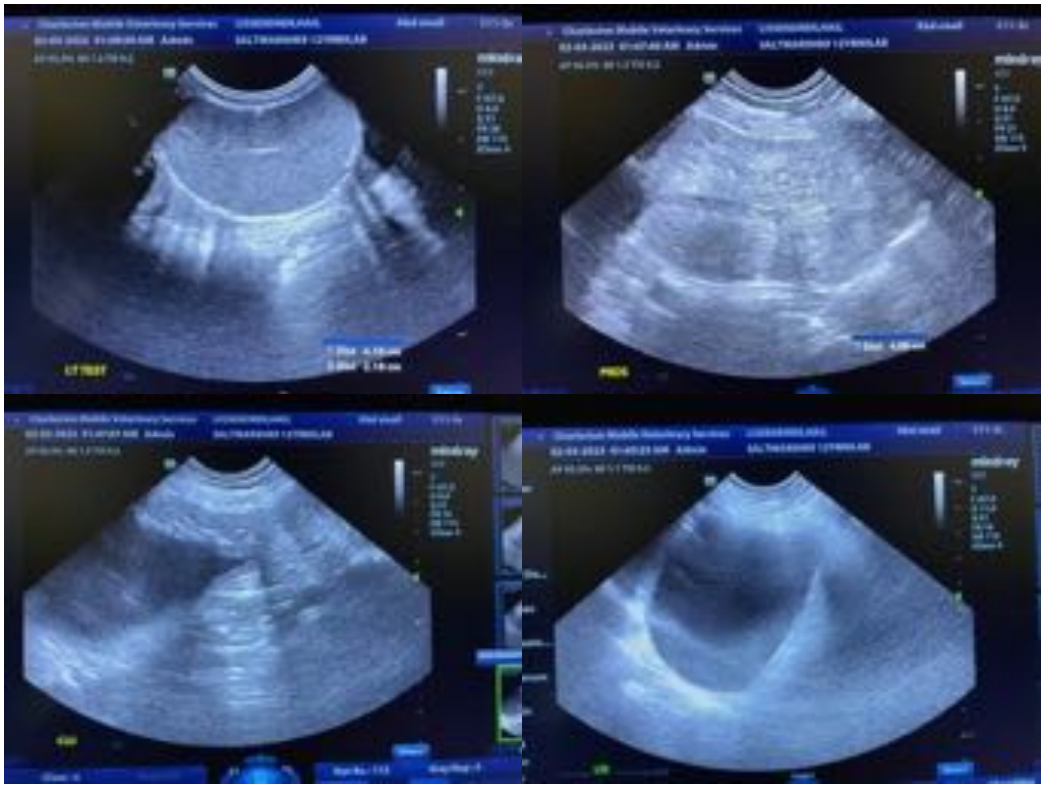
- A urine culture and sensitivity is recommended to assess for an occult lower urinary tract infection/bacterial prostatitis. Castration is also recommended. If castration is pursued, the testicles should submitted for histopathology. If castration is not to be pursued, consider finasteride to help reduce the degree of prostatic hyperplasia.

- Regarding the splenic masses, consider the following:

    1. Fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used.
    2. If the cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology can be considered.
    3. Three-view thoracic radiographs should be considered be performed prior to any anesthetic event







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 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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