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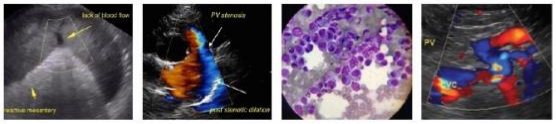

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Yorkie Blackman

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

10 years

WEIGHT

16 lbs

INTERPRE TED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tillsonburg Veterinary Centre

REFERRING VET

Dr. Reed

INVOICE

10463

DATE

3/2/22

PRESENTING CLINICAL SIGNS

History: newly licking urine in snow x 3 weeks, hematuria/pyria/proteinuria on UA, few squ and transitional cells, less energetic, new grade 3-4 murmur,bilateral pansystolic, PMI midheart each side, mild discomfort on abdominal palpation meds:clavaseptin

Abnormal PE/Chem/CBC/UA Results: ALP 413.

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 mildly to moderately 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 prominent in size (1.20 cm in width) and normal shape and smooth peripheral contours. The parenchyma appears homogenous. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is subjectively small in size (3.38 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to 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 normal size (0.44 cm at cranial pole) (0.56 cm at caudal pole) (1.97 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 (1.02 cm at cranial pole) (0.54 cm at caudal pole) (2.54 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 (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, ill-defined myelolipomas are observed in the region of he hilus. Splenic vasculature is normal.

Liver

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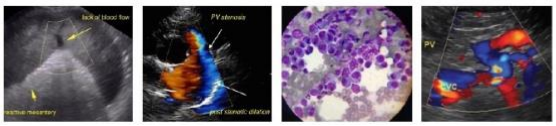

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The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic to mineralized gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prominent prostate. This may be a normal variant for this patient or may represent emerging neoplasia (i.e., adenocarcinoma) or late-in-life neutering (if applicable).

Secondary Findings

- Suspected benign hepatopathy. Top differentials include regenerative nodular hyperplasia and vacuolar hepatopathy. Neoplasia is possible but considered less likely. Inflammatory disease is considered unlikely in light of the normal ALT.
- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended. Urine samples should be collected via urethral catheterization.
- Given the mild prostatomegaly, also consider a urine BRAF test to further evaluate for lower urinary tract neoplasia .

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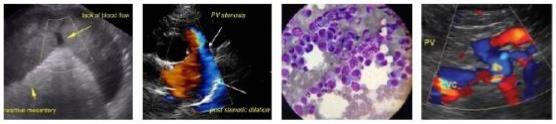

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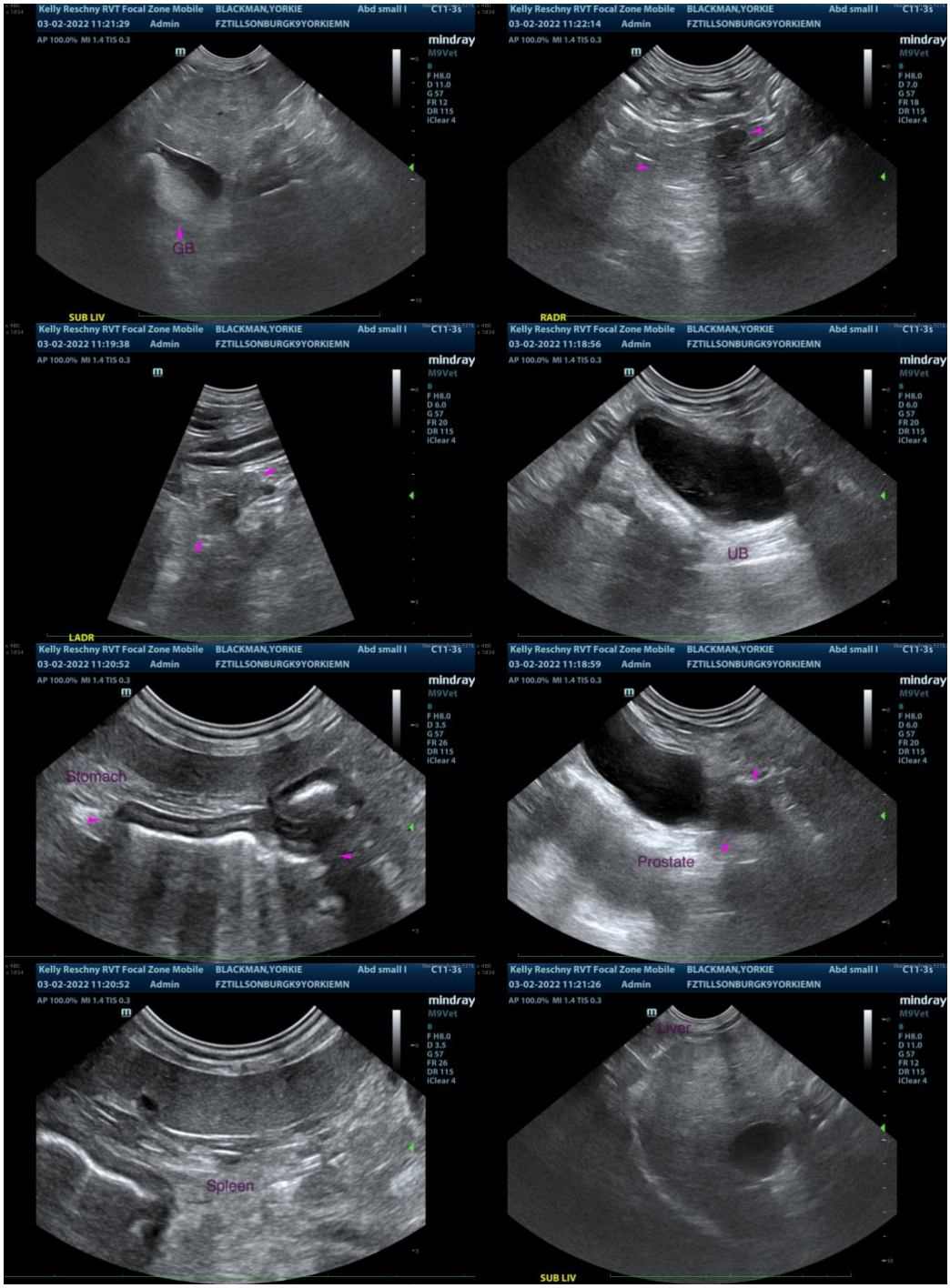

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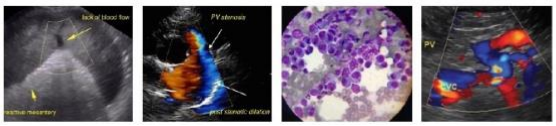

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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