

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Slim Loudenburg
SPECIES Canine
BREED Vizsla
SEX Male, intact
AGE 7 Years
WEIGHT 56 Pounds

History: Referring Veterinarian: Dr. Marvin Altom Hospital Name: Valley Veterinary Clinic Patients Name: Slim Owners first and last name: Nicole Loudenburg Species: K9 Gender (altered?): intact male Age: 7 yrs Weight (in lbs): 56 lbs Breed: Vizla Chief Concern/Provisional Diagnosis: P has intermittent blood in the urine, concerned about bladder mass. Diagnosis: No diagnosis at this time. DDX: mass in the bladder History/Physical Findings: Physical exam showed no abnormalities. P has been rx amoxicillin 500 mg BID in the past for these episodes of urine in the bladder. ABX do not appear to resolve the clinical signs. Summary of Laboratory Abnormalities: BW done 1 year ago was WNL. O declines recent labwork. Radiographic Abnormalities: No recent radiographs taken, O declined abdominal radiographs at this time. Current Therapy and Medications: P is not on any current medications. Abnormal PE/Chem/CBC/UA Results: Rectal- NSF

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 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 2 cm, are normal. The penile urethra is evaluated. No obvious abnormalities are observed.

The prostate is enlarged (5.22 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with several ill-defined cystic areas, the largest measuring 2.38 cm in its longest dimension. The largest cyst contains echogenic debris. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.72 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. Renal vasculature is normal.

The right kidney is normal size (8.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (1.12 cm at cranial pole) (0.68 cm at caudal pole) (2.93 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 (0.84 cm at cranial pole) (0.73 cm at caudal pole) (2.67 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

13231 The spleen is normal in size (2.64 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

4/18/22

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley VC

REFERRING VET

Dr. Altom

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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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.

SPECIES

Canine

Gastrointestinal

BREED

Viszla

The gastric lumen is not distended. The gastric wall is 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 disease is noted.

SEX

Male, intact

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.

AGE

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 sublumbar lymph nodes are visible, the largest measuring 1.79 cm in length. The nodes are normal in shape and echogenicity. A 1.69 cm jejunal lymph node is also visualized.

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Other

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

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The testicles are subjectively normal in size (left testicle 3.01 x 2.52 cm; right testicle 2.96 x 2.14 cm) and symmetrical. The parenchyma in the left testicle is homogeneous. Within the right testicle, a few small cystic areas are observed. The parenchyma is otherwise homogeneous.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is a concern, particularly given the patient's recent history of hematuria.
- Right testicular cyst, likely benign and incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity. While awaiting test results, initiation of broad-spectrum antibiotics (i.e., fluoroquinolone) is recommended. Castration should be performed with submission of the testicles for histopathology, as a precaution.

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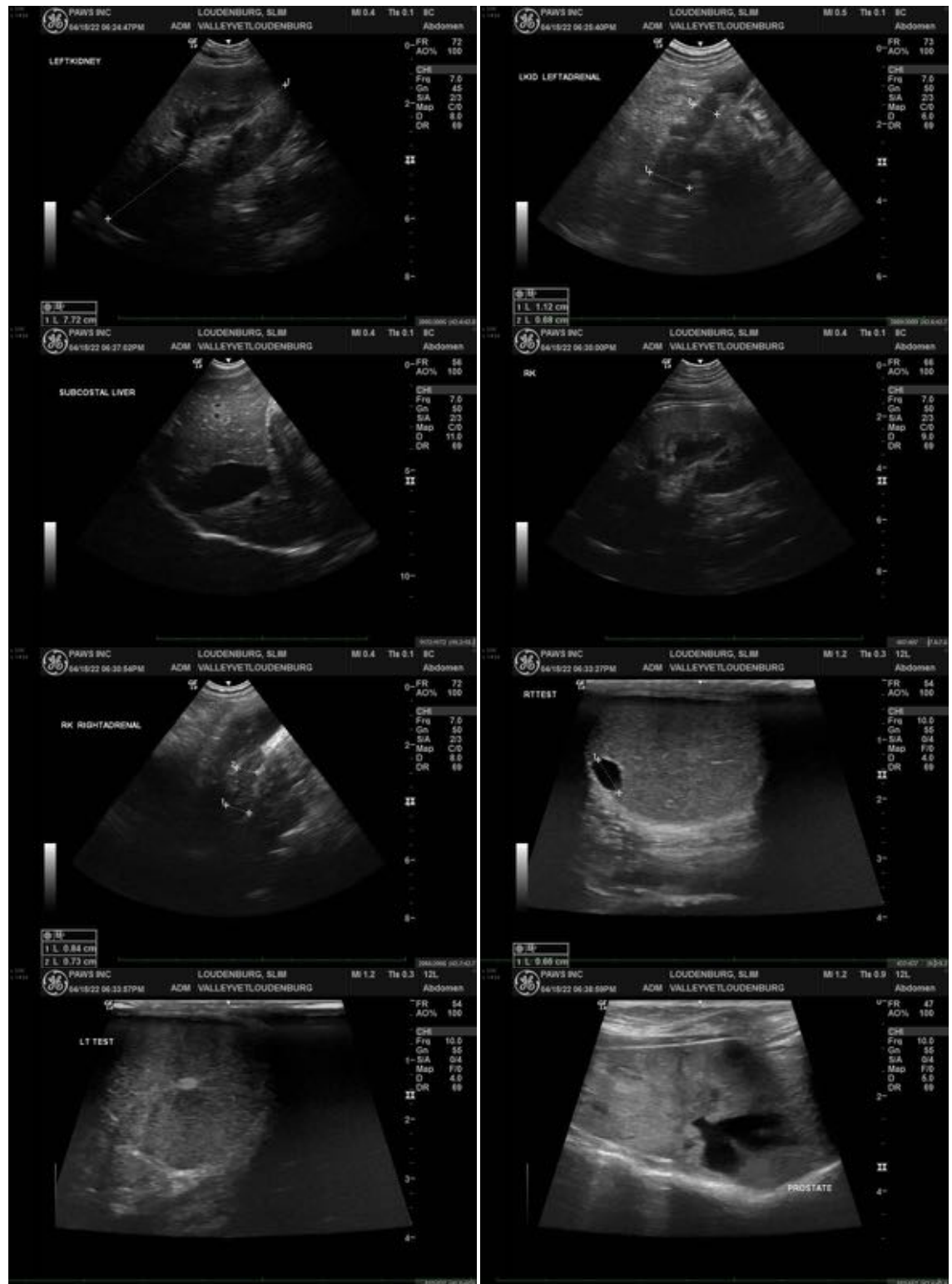
Dr. Altom

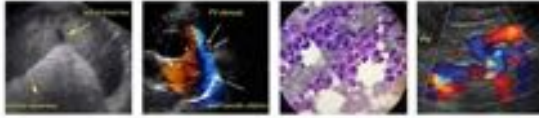
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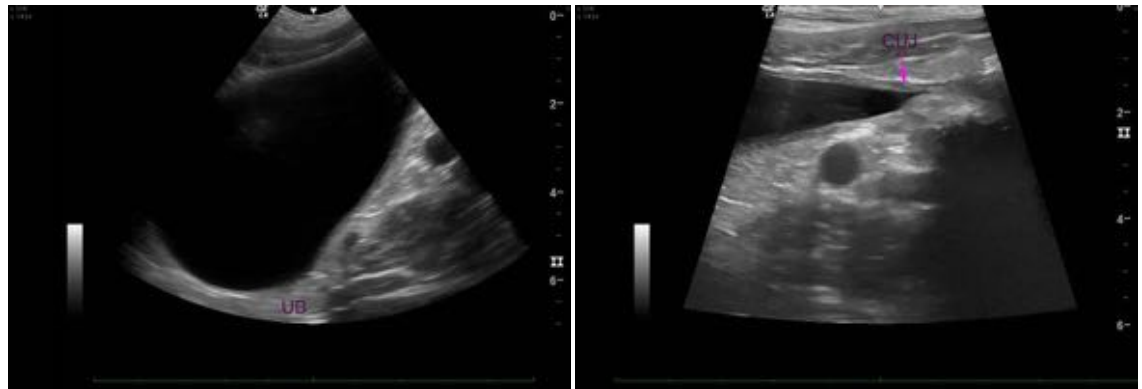
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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