IMAGING PERFORMED BY

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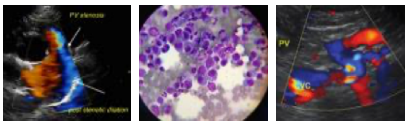

SonoPath
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DATE
5/10/22

PATIENT
Nathan Burelson

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Male, intact

AGE
2/20/2016

WEIGHT
12.5 lbs.

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

HOSPITAL NAME
Banfield ABingdon

REFERRING VET
Dr. Simpson

INVOICE
13354

PRESENTING CLINICAL SIGNS

New heart murmur grade 2/6. Possible enlarged prostate.

Current Medications: Clavamox 62.5mg 1.5 BID for 14 days.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 mildly to moderately distended. A moderate 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 (2.14 cm length x 4.49 cm width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance with numerous small, ill-defined cystic areas. The prostatic urethra is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic and there is trace free fluid adjacent to the gland.

The left kidney is normal size (4.54 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 size (4.69 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.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (1.33 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 enlarged (0.94 cm at cranial pole) (0.58 cm at caudal pole) (1.44 cm in length) with a slightly irregular shape. The parenchyma is heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.83 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 prominent in size with slightly rounded peripheral contours. 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. A small to moderate amount of mostly gravity-dependent echogenic debris 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 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. No obstructive disease is noted.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
Trace caudal retroperitoneal fluid is present. The abdominal lymph nodes are normal/not visible.

Other
The testicles are subjectively normal in size (left testicle 2.03 x 1.43 cm; right testicle 1.84 x 1.09 cm) and relatively symmetrical with homogeneous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

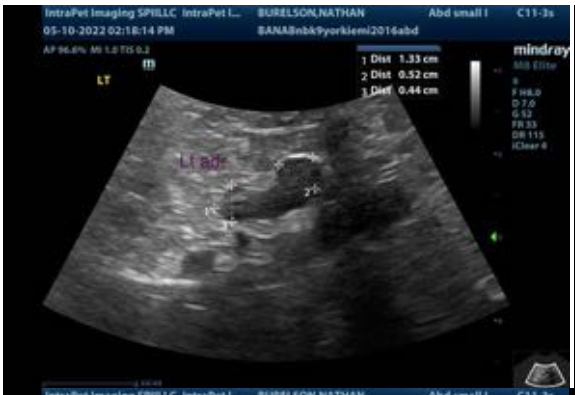
- The prostate changes are consistent with benign prostatic hyperplasia with suspected (bacterial) prostatitis and adjacent retroperitonitis.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral, chronic age-related renal changes.
- The mild right adrenomegaly is most consistent with hyperplastic change. However, an emerging tumor is also possible.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Mild hepatomegaly may be a normal variant for this patient or may be secondary to benign age-related hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). Other hepatopathies are also possible. However, correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- A urine culture and sensitivity is recommended to further evaluate for bacterial prostatitis. While awaiting test results, initiation of broad-spectrum antibiotic therapy (i.e., fluoroquinolone) is recommended. Castration should also be strongly considered, depending on the risk of anesthesia with the new heart murmur.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LT
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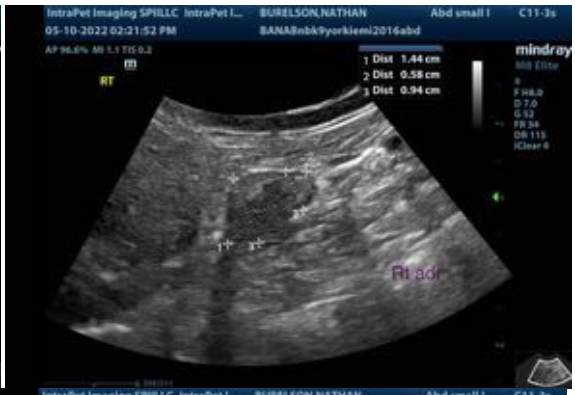
2 Dist 0.52 cm
3 Dist 0.44 cm
Lt adr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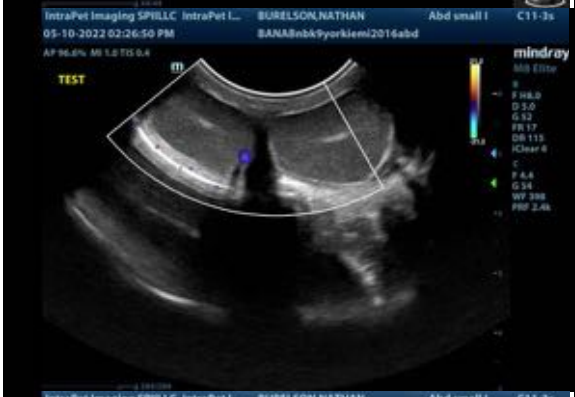
Rt adr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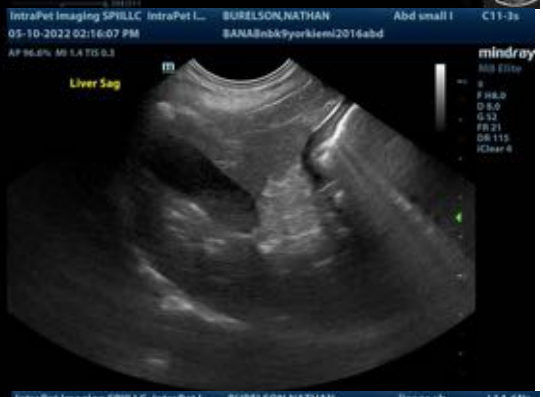
TEST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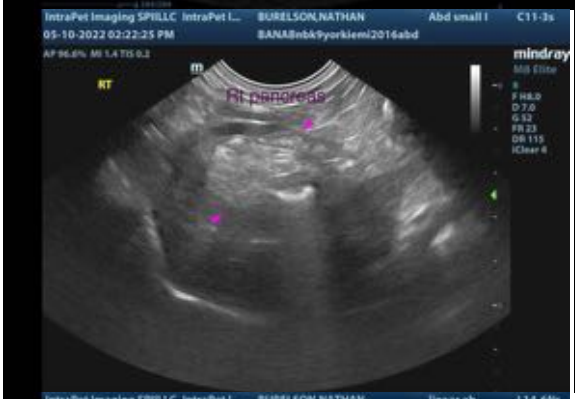
Liver Sag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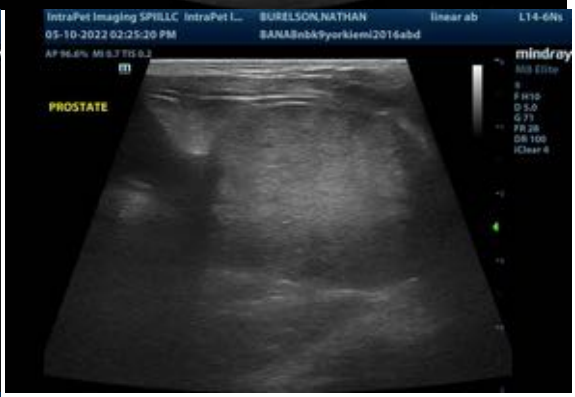
RT
Rt pancreas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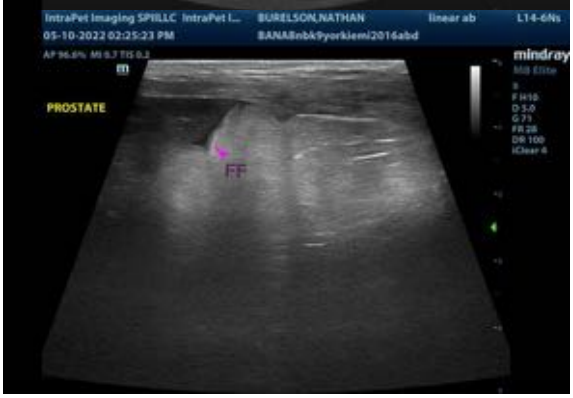
PROSTATE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mindray
PROSTATE
FF

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.nicastro@sonopath.com