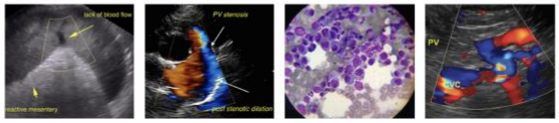

PATIENT

Bogey Slaughter

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Male

AGE

5/20/09

WEIGHT

7.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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INVOICE

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PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Level of pain (0-4): 2 (malaise)
GEN: QDR, adequate hydration, BCS 4-5/9
INTEG: No areas of alopecia, no primary skin lesions, normal coat.
EENT: Historic KCS, worse OD, mucoid ocular discharge OU, worse OD. Ears contain ceruminous debris AU. No nasal discharge.
OP: MM pink/moist, CRT <2 sec.
LN: Mandibular, prescapular, and popliteal lymph nodes WNL.
RESP: Normal rate and effort, eupneic. Lung sounds clear bilaterally, no crackles or wheezes.
CV: No heart murmur, normal heart rate and rhythm, pulses strong and synchronous.
ABD: Soft, non-painful abdomen. No obvious masses or organomegaly. No apparent fluid wave.
GU: No discharge or irritation. Intact male.
RECTAL: firm mass noted on anus - L ventral. No palpable abnormalities noted w/in colon. frank blood noted on glove
MS: Weakly ambulatory x 4. No apparent lameness. Normal musculature.:
NEURO: Appropriate mentation. No obvious CP deficits or ataxia.
Current Medications: Eye drops for chronic dry eye (unspecified brand)
Notes to Specialist (if any)
Basic history:
Bogey is a 13yo M shih tzu presenting for weakness, inability to walk, urinating on himself.

Yesterday, o notes p seemed weaker than normal, specifically in rear end. P seemed to have trouble walking all day and seemed to be in general discomfort/not himself. At one point, he collapsed and urinated on himself. This behavior continued into today and o notes p seemed to struggle even more to move around. Additionally, p was not interested in food today and vomited a small amount of bile.

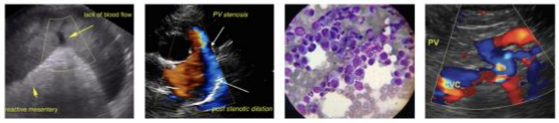
O brought p to Palmetto VH, where x-rays showed enlarged prostrate blocking urinary tract per o. Vial of urine from this pDVM visit was bloody per o. pDVM suggested transfer to specialty care immediately for further workup and possible hospitalization.

Drinking less than normal, not eating for last 12 hours.
U with blood, bm normal.
No c/s/d.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness. A few, small, polypoid-like lesions are arising from the mucosal surface. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.



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The prostate is enlarged (3.83 cm in length x 2.65 in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance with several cystic areas, the largest measuring 0.98 cm in length. The prostatic urethra is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic. Trace subcapsular fluid is suspected.

The left kidney is mildly enlarged (5.63 cm in length); with slightly swollen peripheral contours. The cortex is diffusely thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is mildly enlarged (6.35 cm in length); with slightly swollen peripheral contours. The cortex is diffusely thickened. There is 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 (0.53 cm at cranial pole) (0.50 cm at caudal pole) (1.70 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 (0.94 cm at cranial pole) (0.65 cm at caudal pole) (2.69 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 (1.23 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.

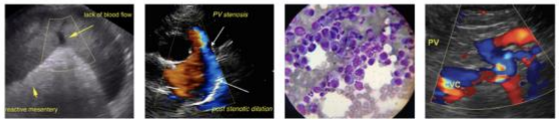
Liver

The liver is subjectively 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 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 gastric lumen is not distended. The gastric wall is diffusely thickened (up to 0.93 cm) with retention of the 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



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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 isoechoic 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 free fluid is observed. A few, prominent medial iliac lymph nodes are visualized, the largest measuring 1.26 cm in length. The nodes are normal in shape and echogenicity.

Other

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

The testicles are subjectively normal in size.

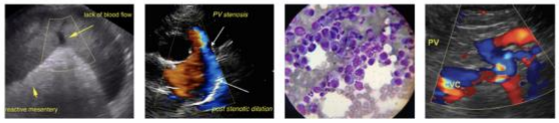
The left testicle measures 4.70 cm x 1.87 cm, with a normal shape and homogenous parenchyma. No obvious pathology is observed.

The right testicle measures 2.48 cm x 1.49 cm, with a normal shape and homogenous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts. Given the clinical history, bacterial prostatitis is of concern. Caudal retroperitonitis is present, likely secondary to prostatic pathology.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The polypoid lesions arising from the luminal surface of the urinary bladder are most consistent with polypoid cystitis, with a low possibility of emerging neoplasia.
- The caudal abdominal lymphadenopathy likely represents reactive lymphadenitis or lymphoid hyperplasia with a low possibility of infiltrative neoplasia.



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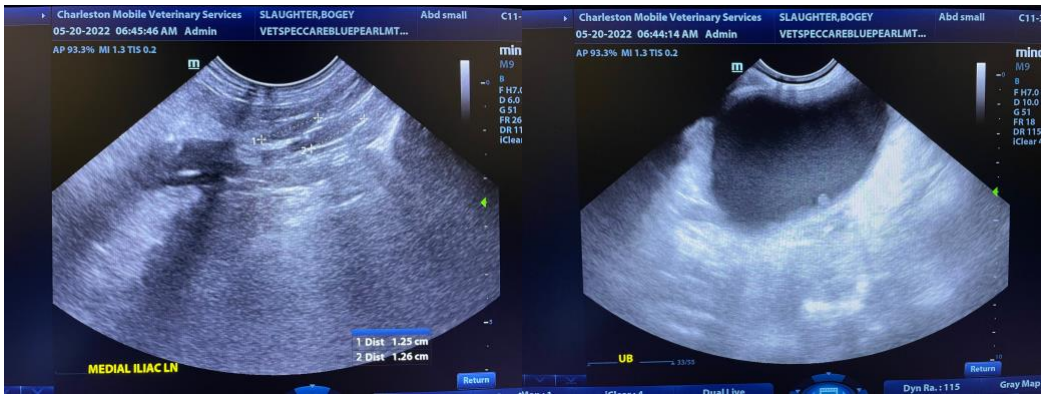
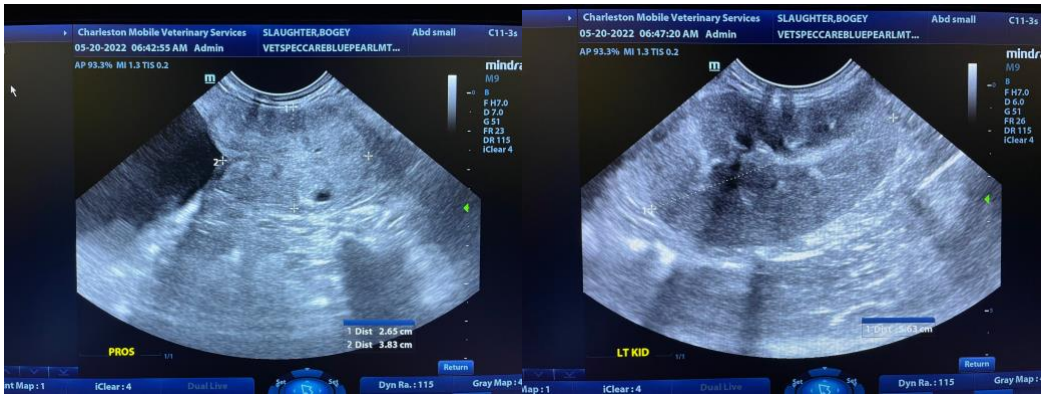
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The gastric wall changes are most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity While awaiting test results, empirical treatment for bacterial prostatitis/pyelonephritis is recommended, including IV fluid therapy, broad-spectrum antibiotics (i.e., fluoroquinolone), and symptomatic care.
- Serial monitoring of the patient's renal values is recommended.
- If the patient can be stabilized, castration should be considered at some point in the near future.





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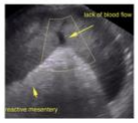
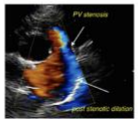
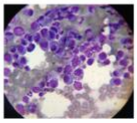
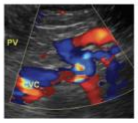

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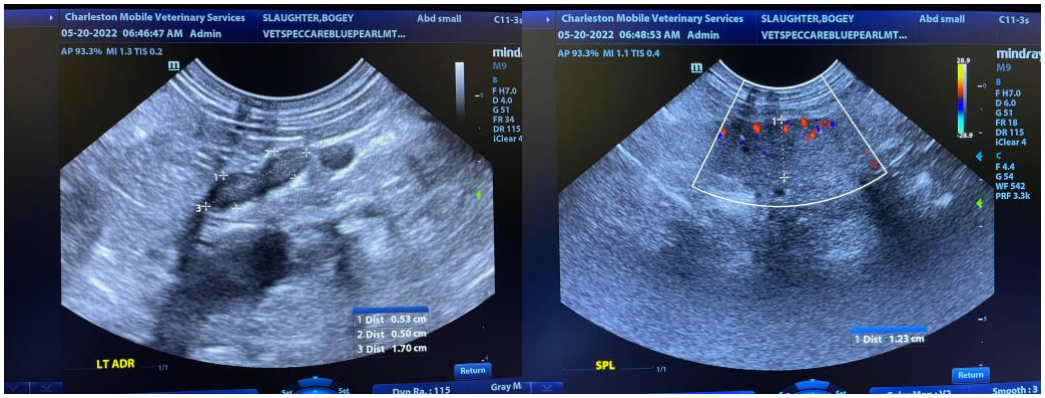

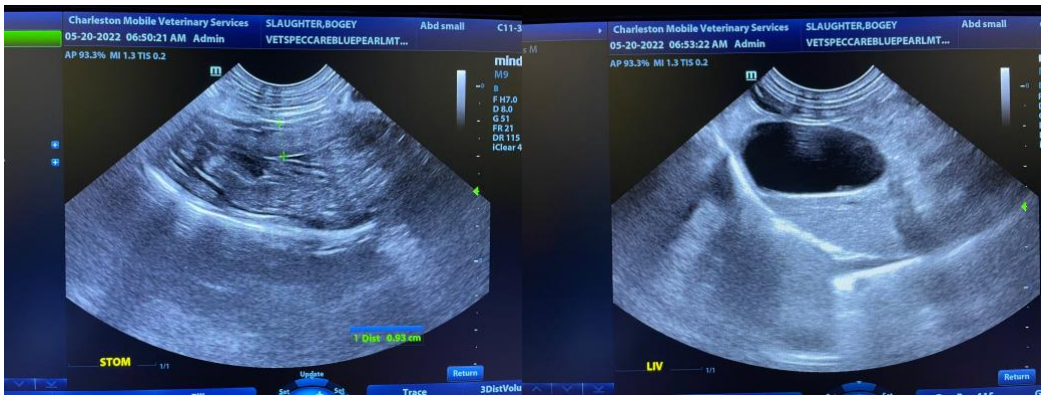

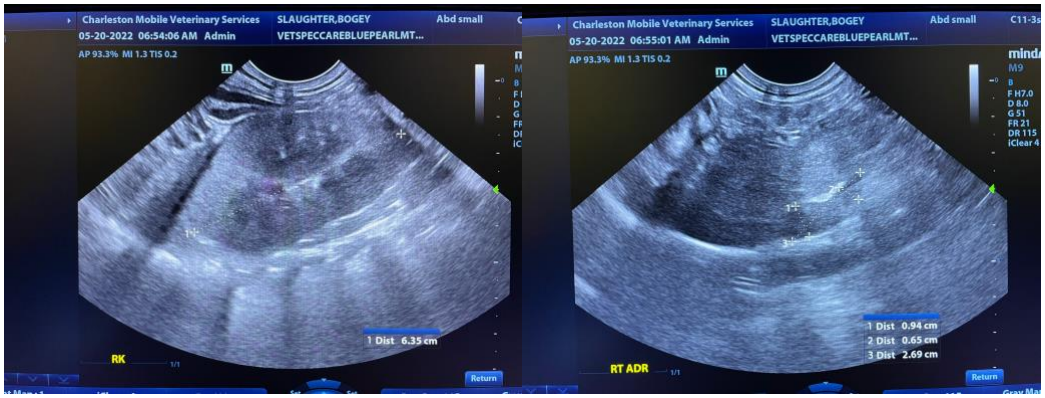

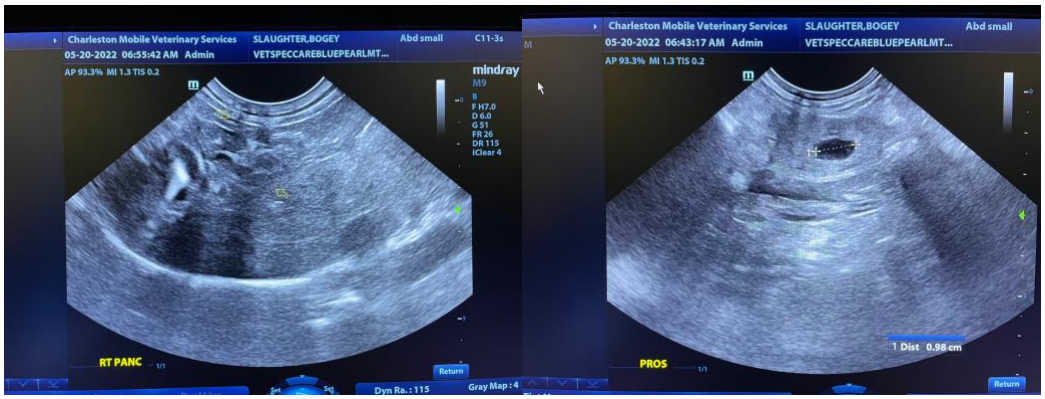

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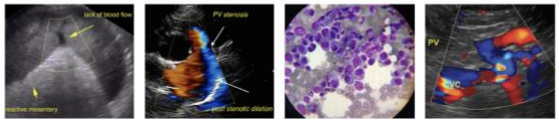

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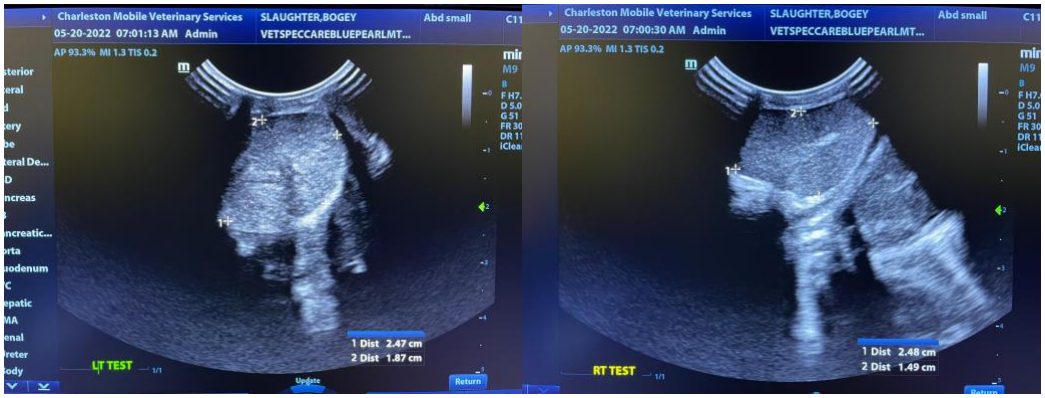

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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