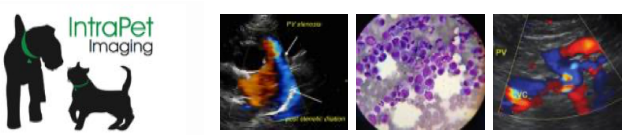
IMAGING PERFORMED BY

IntraPet.com



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DATE

5/9/22

PATIENT

Barry White Royster

SPECIES

Canine

BREED

Old English Bulldog

SEX

Male, neutered

AGE

12/29/2013

WEIGHT

66.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws Veterinary Wellness

REFERRING VET

Dr. Levitsky

INVOICE

13321

PRESENTING CLINICAL SIGNS

Hx of RBC and WBC in UA with negative urine culture. Dog not exhibiting any pu/pd, stranguria, etc.

Current Medications: None.
Lab Results: Cysto UA- USG 1.022, pH 7, WBC 8/hpf, RBC 11/hpf. Urine culture negative.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 prostate is mildly enlarged (4.07 x 2.31 cm) with a normal shape and smooth peripheral contours. A few hypoechoic to anechoic areas are seen. The parenchyma is heterogeneous with a few foci of mineralization. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.30 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 (7.56 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.

Adrenal Glands

The left adrenal gland is normal size (0.96 cm at cranial pole) (0.86 cm at caudal pole) (3.53 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 (1.12 cm at cranial pole) (0.82 cm at caudal pole) (3.65 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 subjectively normal in size (1.79 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled with numerous varying sized ill-defined hypoechoic nodules, the largest measuring 1.04 cm in diameter. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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. No obstructive disease is noted.

Pancreas
The base and limbs 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
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.60 x 0.44 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The prostate changes are most concerning for infiltrative neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma), particularly if the patient was neutered as a puppy. If the patient was neutered later in life, the prostate changes may represent residual hyperplasia with age-related remodeling. Correlation with the patient's clinical history is recommended.

Secondary Findings:

- The splenic parenchymal changes are non-specific and could be associated with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis). Alternatively, emerging neoplasia (i.e., round cell tumor) is possible.

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Correlation with the patient's liver values is recommended.

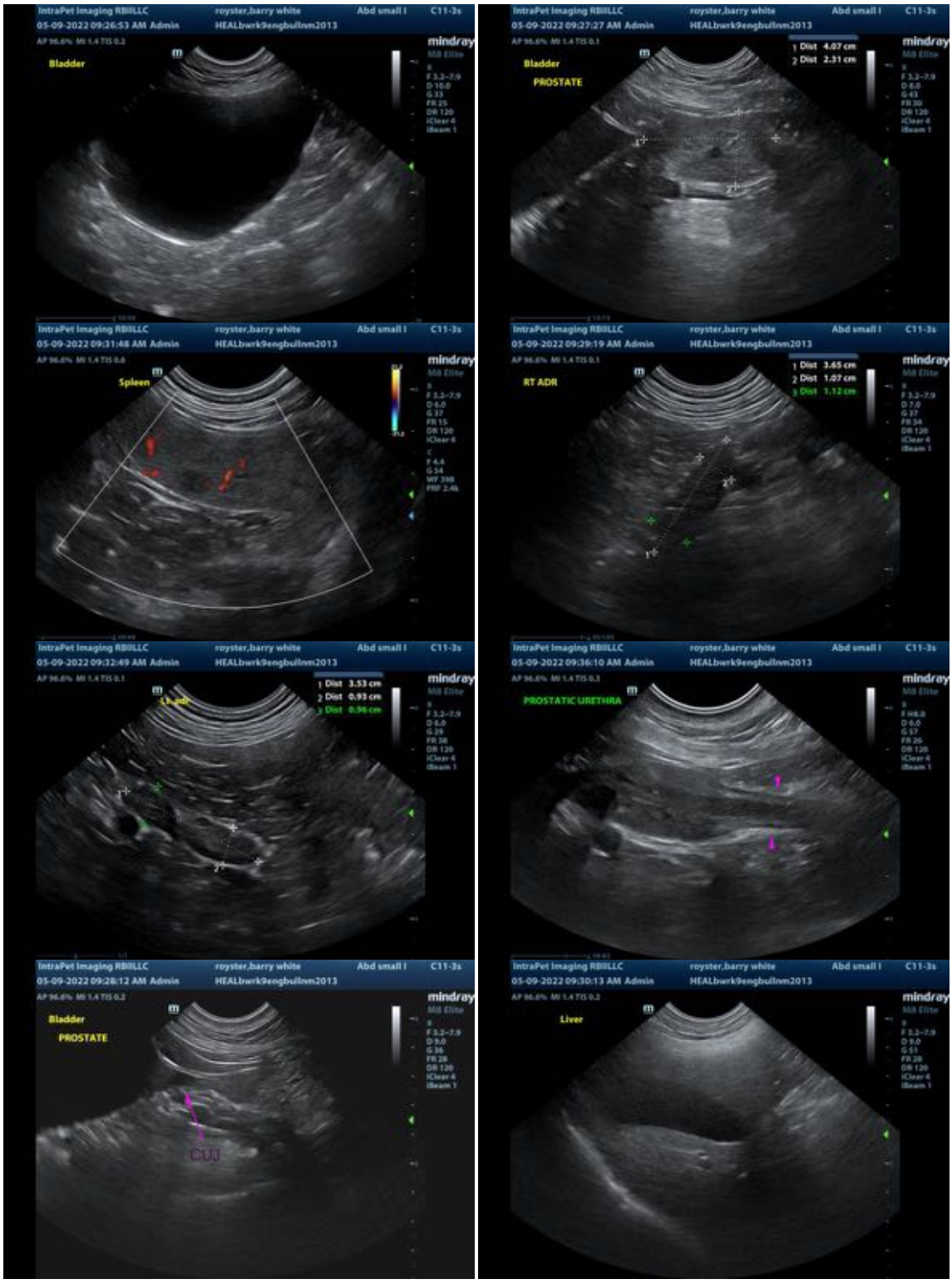
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The prominent medial iliac lymph node is likely reactive with a low possibility of neoplastic infiltration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A urine BRAF test is recommended to further screen for lower urinary tract neoplasia. It should be noted, however, that a negative test does not rule out the possibility of cancer. If a negative result is obtained, consider further testing (i.e., traumatic urethral catheterization or prostatic biopsy).

- Regarding the splenic changes, consider a fine needle aspirate, if clotting status is appropriate.



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*)
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