


PATIENT PRESENTING CLINICAL SIGNS

Kenneth Yousef

 History: diagnosed with pancreatitis on Apr 19, cPLi is still high on May 12 and June 18
 Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

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.

BREED

Cavalier King Chs Spaniel

SEX

Neutered Male

The prostate is difficult to visualize due to its pelvic location but appears enlarged (1.87 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. The prostatic urethra is not overtly dilated.

AGE

5 years

The left kidney is normal size (5.49 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

39 lbs

The right kidney is normal size (6.05 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.49 cm at caudal pole) (2.17 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal size (1.71 cm at cranial pole) (0.43 cm at caudal pole) (2.50 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.

HOSPITAL NAME

St. Catharines AH

Spleen

The spleen is normal in size (1.25 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.

REFERRING VET

Dr. Boctor

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.

INVOICE

11018

DATE

6/2/22

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.



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Dr. Bactor

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears to be patent. 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 disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

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

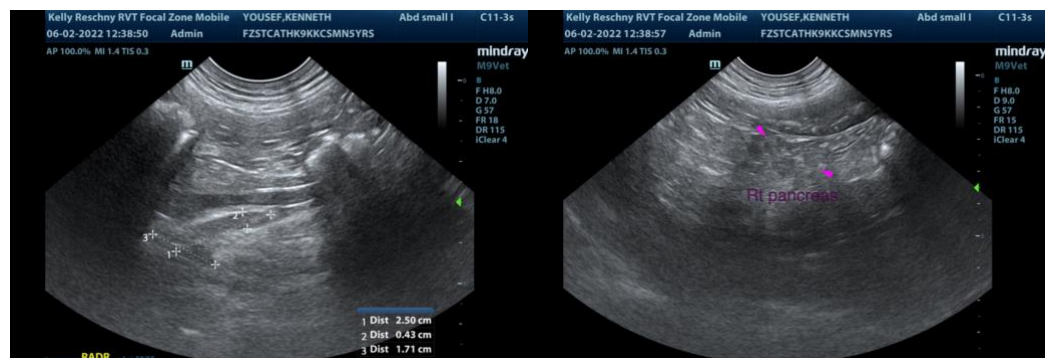
Primary Findings

- Questionable prostatomegaly. If truly enlarged, this could be consistent with late-in-life neutering, emerging neoplasia, or less likely, inflammatory disease. Correlation with the patient's clinical history is recommended.

*There is no obvious evidence of active pancreatitis at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of pancreatitis, a prescription low-fat diet is recommended for long-term maintenance to help reduce the risk of flare-ups.
- Regarding the prostate, consider a urine BRAF test to further assess for lower urinary tract neoplasia, particularly if the clinical suspicion is high. It should be noted that a negative BRAF test does not completely rule out the possibility of cancer. Therefore, if a negative test is obtained, further testing (i.e., traumatic urethral catheterization or biopsy) may be necessary to get a definitive diagnosis.





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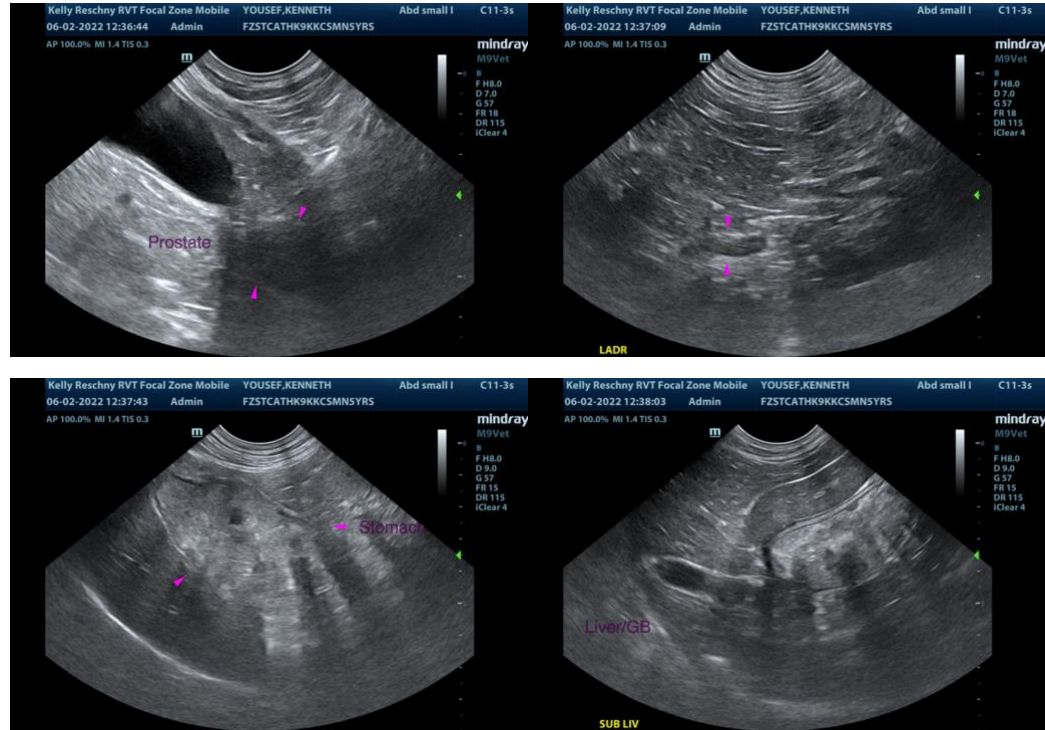
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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