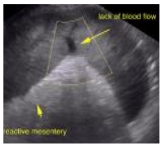
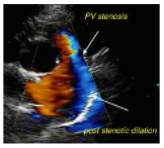
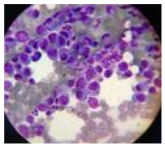
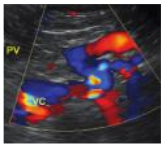
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
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PATIENT
Sonny Santucci

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered Male

AGE
5 years

WEIGHT
104.3 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Reg VH

REFERRING VET
Dr. George Cattiny

INVOICE
11028

DATE
6/6/22

PRESENTING CLINICAL SIGNS

History: Dysuria, prostatitis. No reported meds.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is diffusely and mildly thickened (up to 0.40 cm) with retention of the normal layering pattern. The mucosal surface is smooth. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is mildly enlarged (2.08 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.70 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.

The right kidney is normal size (5.87 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 (0.71 cm at cranial pole) (0.61 cm at caudal pole) (1.77 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 (0.97 cm at cranial pole) (0.72 cm at caudal pole) (1.97 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 to slightly prominent in size (2.87 cm in width at the level of the hilus) with curled/elongated contour. The margins are curvilinear. A light micronodular patter is observed throughout the parenchyma. No distinct focal lesions are observed. Splenic appears normal with no evidence of thrombosis.

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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.

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.

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

- The mild prostatomegaly may be a normal variant for this patient for this large breed patient. Alternatively, it could be secondary to later-in-life neutering (if applicable), inflammatory disease or emerging neoplasia. Correlation with the patient's clinical history is recommended.
- The urinary bladder wall changes could be consistent with cystitis.

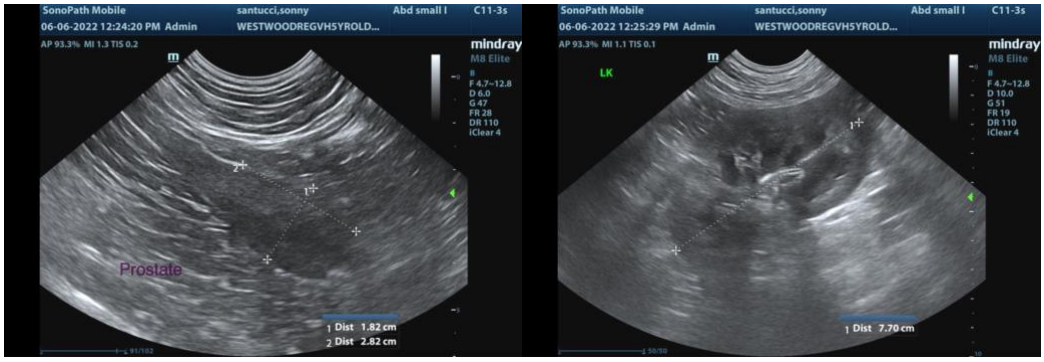
Secondary Findings

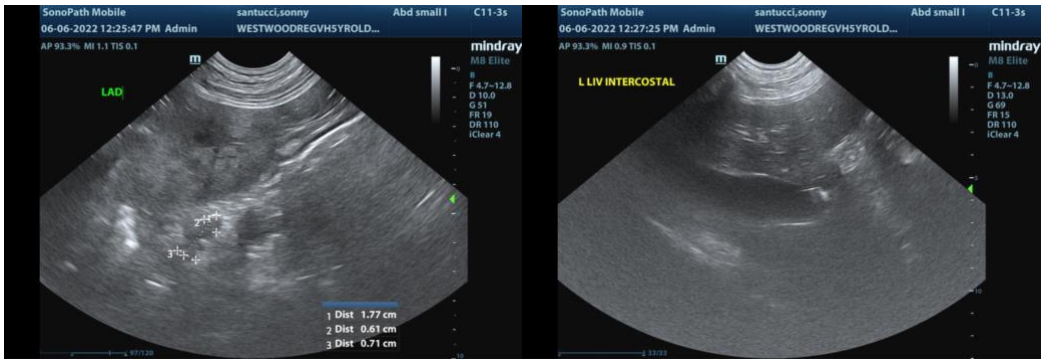
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation, with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

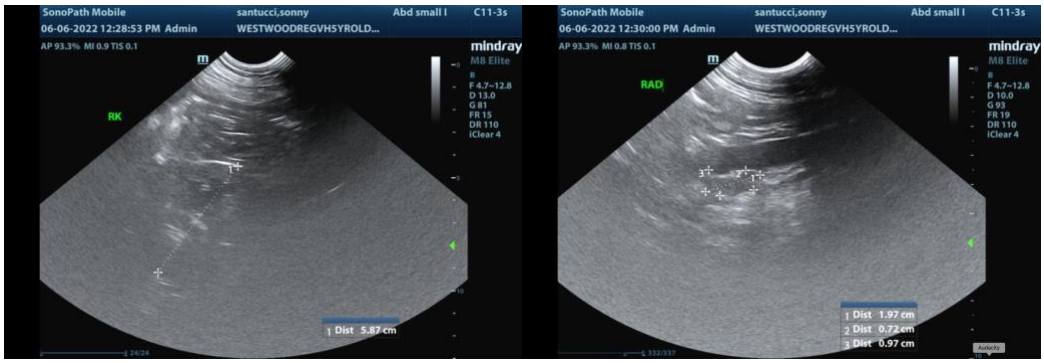
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Consider a urine BRAF test to further evaluate for lower urinary tract (i.e., prostatic) neoplasia. It should be noted that a negative BRAF test does not completely exclude the possibility of cancer. Therefore, if clinical suspicion of neoplasia is high, additional testing (i.e., traumatic urethra catheterization, aspirate, or surgical biopsy) may be necessary to get a definitive diagnosis.
- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.

- If there is a high clinical suspicion of infiltrative neoplasia in the spleen based on the patient's history, consider a splenic FNA (if clotting status is appropriate).







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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info@SonoPath.com