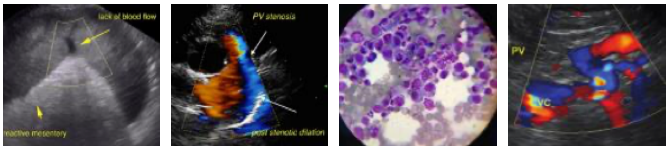
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Odin Naumann

SPECIES
Canine

BREED
Mastiff

SEX
Male, neutered

AGE
4 yrs.

WEIGHT
162.4 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Mitten AH

INVOICE
13515

DATE
7/11/22

PRESENTING CLINICAL SIGNS

History: Presents for recheck AUS (last performed and read May 2022). Patient originally presented on April 18, 2022 for reluctance to sit down and slow to rise in back end. Owner also noted consistent inappropriate urinations in house and patient seemed to be straining to urinate at times. On April 22, 2022 patient was neutered, radiographs of lumbar spine, hips and stifles were performed along with a CBC / Chem10 / SDMA, HWT 4Dx and urine culture. Patient was started on Carprofen 150mg PO BID post-operatively and all of owners concerns markedly improved. Once NSAID was discontinued after 5 days, patient immediately restarted symptoms including apparent straining to urinate. Carprofen was again restarted and immediately symptoms improved.
Abnormal PE/Chem/CBC/UA Results: HWT 4Dx all negative - Mild left shift - r/o inflammation, infection, other - All else WNL on CBC / Chem10 / SDMA - Urine culture revealed no growth.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 (2.22 cm in width) with a normal shape and smooth peripheral margins. The parenchyma is slightly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal size (9.15 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 (8.91 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.

Adrenal Glands

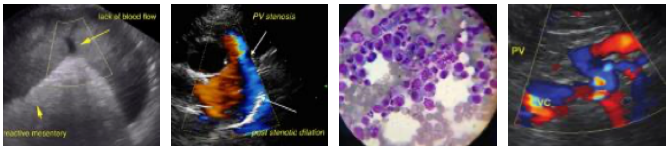
The left adrenal gland is normal size (0.48 cm at cranial pole) (0.66 cm at caudal pole) (3.06 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.64 cm at caudal pole); 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 (2.36 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver



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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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 left media iliac lymph node is prominent measuring 2.72 cm in length with a normal shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include occult urinary tract infection, underlying orthopedic or neurologic disease, early lower urinary tract neoplasia (less likely), other.

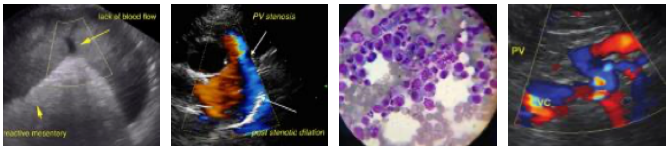
Secondary Findings:

- The prostate changes are consistent with residual/resolving benign prostatic hyperplasia. The prostate is smaller in size compared to the previous sonogram.
- The prominent left medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*The previously observed cystic lesion in the right cranial quadrant is not visualized today's scan.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider repeating a course of antibiotics as empirical treatment for an occult urinary tract infection. A longer antibiotic course (i.e., 3 weeks) may be warranted if the patient's clinical signs improve with treatment.



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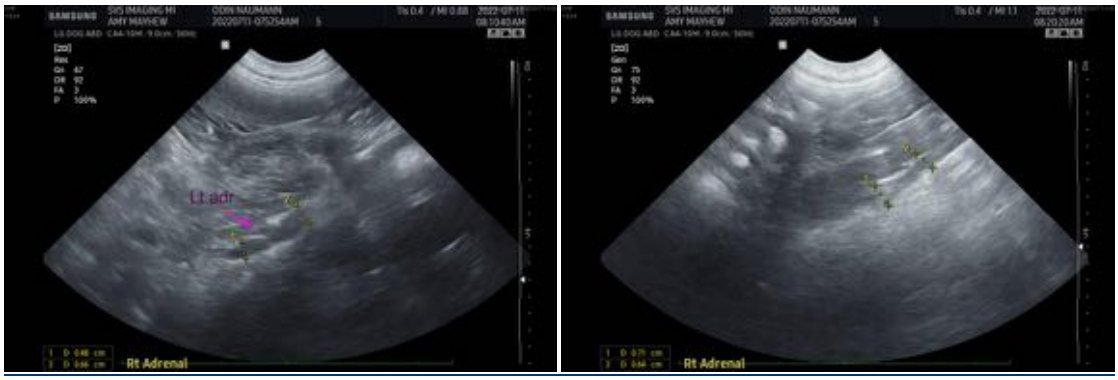
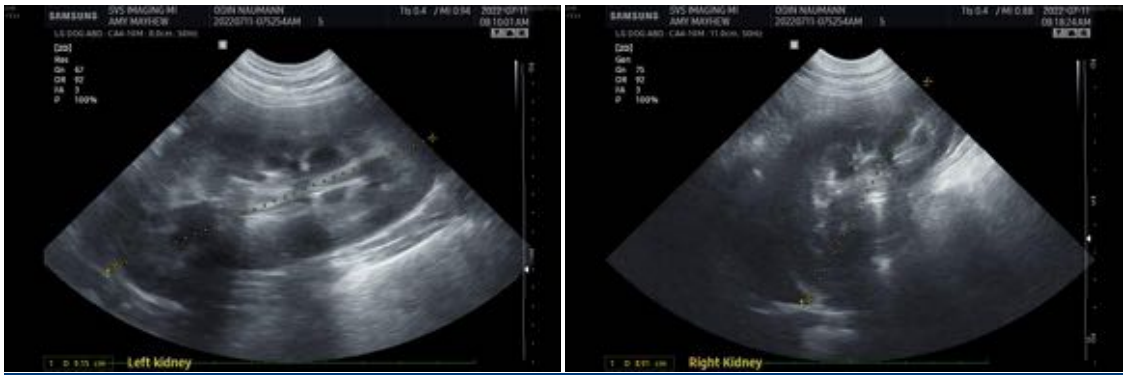
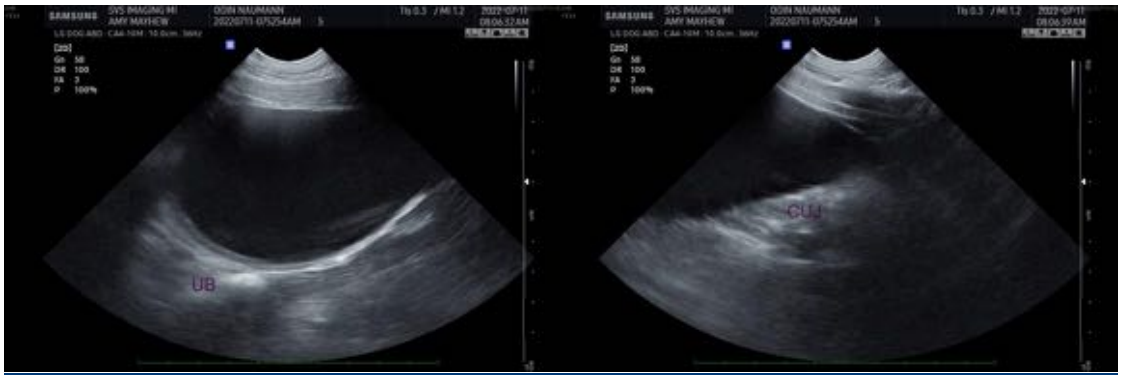
- Orthopedic and neurologic examinations are also recommended to assess for non-metabolic causes for the stranguria.
- A urine BRAF test can also be considered to evaluate for lower urinary tract neoplasia. A negative BRAF test does not completely rule out the possibility of cancer and additional testing may be necessary. Given the age of this patient, however, neoplasia is considered a less likely differential.







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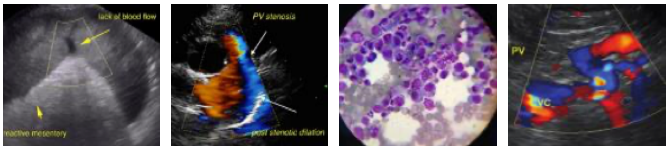

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com