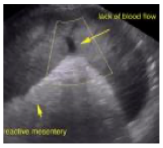
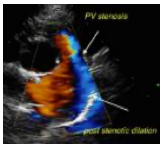
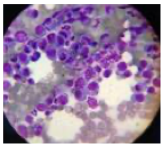
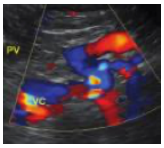
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jango Kozick

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

12 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

11293

DATE

8.1.22

PRESENTING CLINICAL SIGNS

History: Vomiting, lethargy, diarrhea, anal gland mass, enlarged prostate upon exam.; HX of kidney DZ and heart DZ. Rectal examination revealed mildly enlarged prostate with perianal fistula like lesions on ventral aspect of anus. Anal glands expressed normally. Left anal sac mass palpated just medially to anal gland. revealed subjectively enlarged spleen and right liver lobes. Left sided displacement of stomach. Mediastinum has increased radiopacity. No obvious metastatic lesions in lungs. Prostate mildly enlarged.

Abnormal PE/Chem/CBC/UA Results: CBC: Chol 375; ALP 212 Chem: Neut 13.04; Lym 0.54 nal glands expressed normally. Left anal sac mass palpated just medially to anal gland. evealed subjectively enlarged spleen and right liver lobes. Left sided displacement of stomach. Mediastinum has increased radiopacity. No obvious metastatic lesions in lungs. Prostate mildly enlarged.

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (>4 cm in width) with an irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogenous in appearance, with ill-defined, cavitated regions. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (5.53 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (5.59 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.64 cm at cranial pole) (0.74 cm at caudal pole); with a normal shape and smooth peripheral contours. 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 upper limits of normal size (1.55 cm at cranial pole) (0.69 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 subjectively normal in size 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 prominent in size slightly swollen peripheral contours. The parenchyma is mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta and hypoechoic soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is mildly thickened (up to 0.60 cm) with retention of the normal layering pattern. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also a consideration, particularly if lower urinary tract signs are present.
- The small intestinal wall thickening is suggestive of an Inflammatory process. Emerging neoplasia is possible but considered unlikely.

Secondary Findings

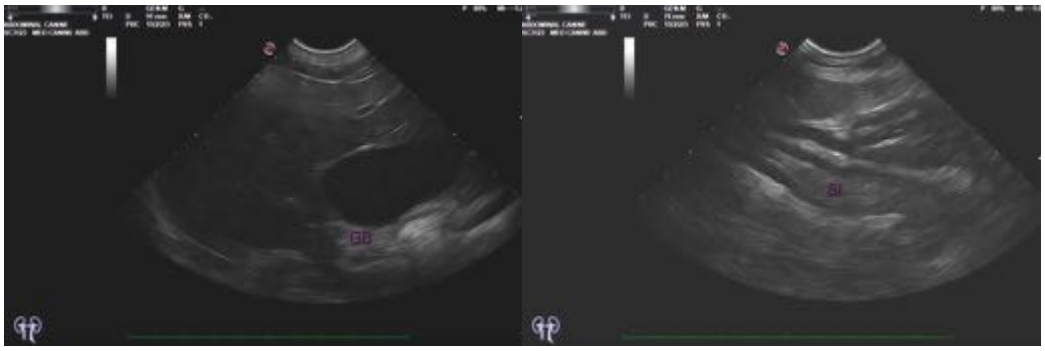
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.
- The mild bilateral adrenomegaly may be secondary to hyperplastic change or may be a normal variant for this patient.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the prostate changes, consider a urine culture and sensitivity to assess for prostatitis, particularly if the patient is exhibiting lower urinary tract signs. Ultimately, castration should be considered, especially if bacterial prostatitis is present.

Regarding the GI signs, consider the following:

1. A fecal evaluation for ova and Giardia is recommended.
2. A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended
3. If the GI signs are chronic, consider 6-week hypoallergenic diet trial +/- GI biopsies (i.e., endoscopic or surgical)
4. In the meantime, symptomatic care for the vomiting and diarrhea is recommended.


GB
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Rt adr
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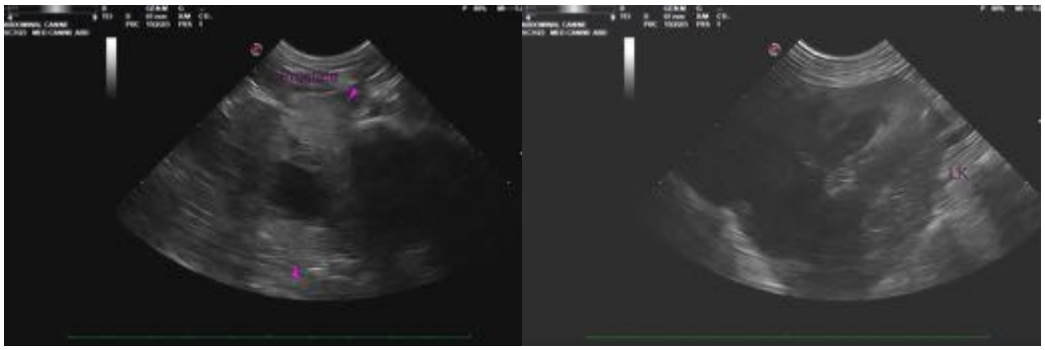
Pancreas
LK


Lt adrenal gland
Stomach

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com