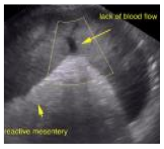
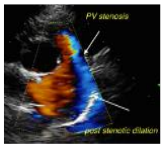
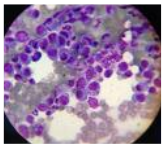
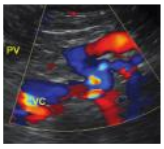
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Czar Black

SPECIES

Canine

BREED

Cane Corso

SEX

Intact Male

AGE

8 years

WEIGHT

89 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ray Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Ray Caughman

INVOICE

14096

DATE

8.15.23

PRESENTING CLINICAL SIGNS

History: Vomiting the past few days, inappetence. Is keeping water down. Weight loss of 5 lbs since June 23.

Abnormal PE/Chem/CBC/UA Results: Monocytosis, Hypercholesterolemia, Na elevated 163 X-rays nonspecific. Possible mass in area of cranial liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized in its entirety due to its pelvic location. In the visualized portion, it appeasers enlarged (>5.00 cm in width) with smooth curvilinear peripheral contours. The parenchyma is heterogenous with numerous varying-sized cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is subjectively normal in size with smooth curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.97 cm in length) with a normal shape, architecture and 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.54 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.

Liver

The liver is subjectively normal in size. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen. An isoechoic swelling is observed on the right side at the caudal aspect. Hepatic vasculature and intrahepatic 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 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. 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.

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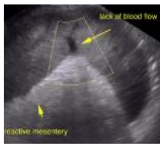
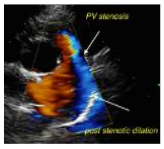
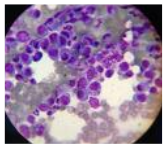
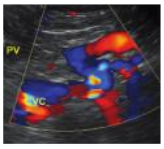

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Free Abdomen

There is questionable trace free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right hepatic swelling. Differentials include a focal benign process (i.e., vacuolar hepatopathy), inflammatory focus, other, vs an emerging tumor vs. other.
- The prostate changes are consistent with cystic benign prostatic hyperplasia. Concurrent vacuolar prostatitis +/- abscessation cannot be excluded.

Secondary Findings

- Minor bilateral chronic renal changes
- Questionable trace ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the prostate changes, a urinalysis with culture and sensitivity is recommended to assess for bacterial prostatitis.
- Other considerations include the following:

1. Three-view thoracic radiographs to assess for occult esophageal disease and other chest pathology
2. Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. Fecal evaluation for internal parasites
4. Symptomatic care is recommended.
5. If clinical signs persist and the above diagnostics are inconclusive, consider an abdominal CT scan to further assess for hepatic pathology, +/- abdominal exploratory with GI +/- liver biopsies.

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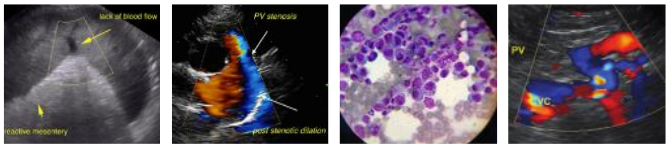

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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