

PATIENT

Buddy Becker

PRESENTING CLINICAL SIGNS

History: Urinary accidents - rule out bladder, prostate, renal issues. No current meds.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 8/17/22: CBC/Chem: NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorkshire Terrier

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.

SEX

Neutered Male

The **prostate** is slightly prominent in size (1.20 cm in width) with normal curvilinear peripheral contours. Parenchyma is subtly heterogenous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

6 years

The **left kidney** is normal size (3.85 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

14.1 lbs

The **right kidney** is normal size (3.91 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
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ACVIM (*Small Animal
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Adrenal Glands

The **left adrenal gland** is normal size (0.41 cm at cranial pole) (0.50 cm at caudal pole) (1.47 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 Vazquez

The **right adrenal gland** is normal size (0.55 cm at cranial pole) (0.54 cm at caudal pole) (1.78 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

Ringwood AH

Spleen

The **spleen** is normal in size (1.23 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.32 cm hypoechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

REFERRING VET

Dr Wilkes

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 portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

11489

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.

DATE

8.25..22

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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.

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 prostate changes are most consistent with age-related remodeling, +/- hyperplastic change (if the patient was neutered later in life). Emerging neoplasia is possible, but considered less likely, particularly given the patient's young age.

Secondary Findings

- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of an emerging tumor.

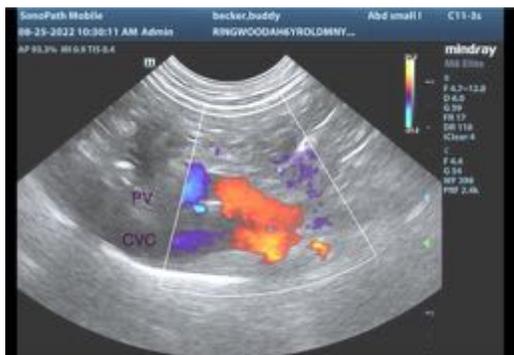
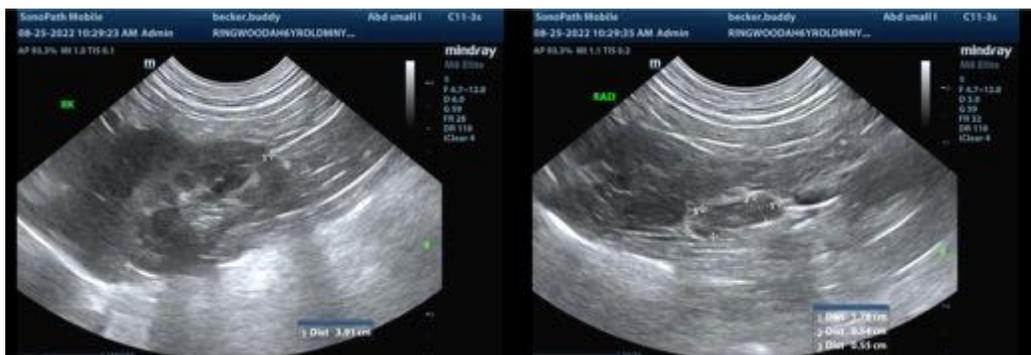
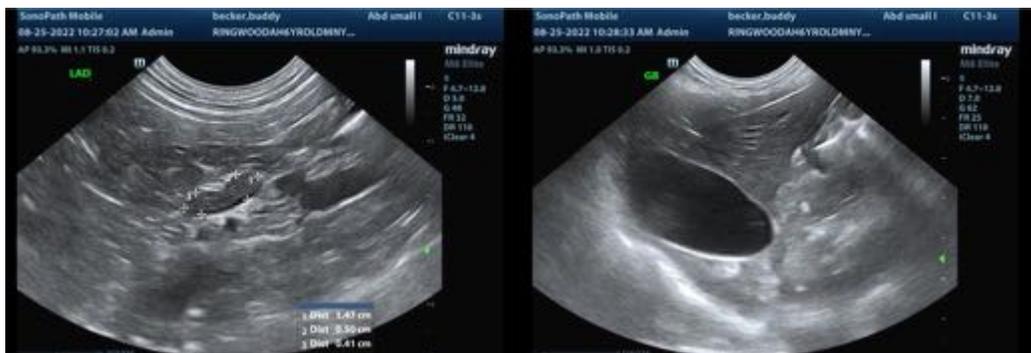
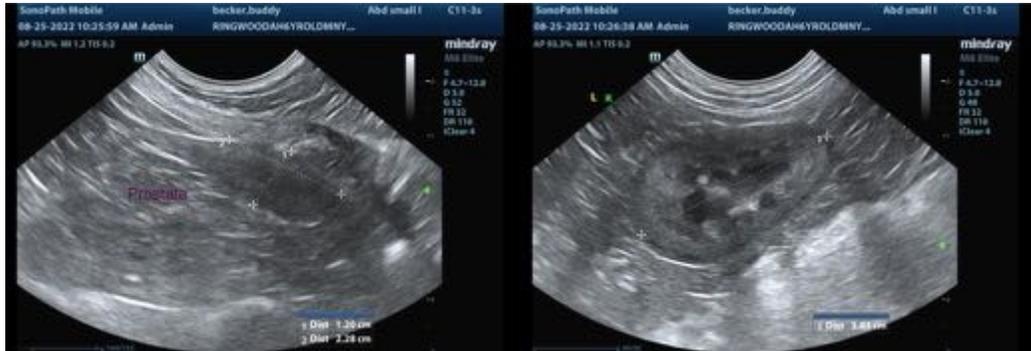
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture and sensitivity are recommended to assess for infection.

A urine BRAF test can be considered to assess for lower urinary tract neoplasia, particularly if the clinical suspicion for cancer is high. However, this differential is considered less likely given the patient's young age.

Assessment for neurologic causes of urinary accidents is also recommended.





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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