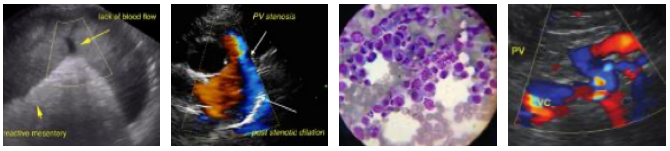
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Cody Hall

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Neutered male

AGE
13 years

WEIGHT
17.2 lbs

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

IMAGING PERFORMED BY
Emily Messner

HOSPITAL NAME
TotalBond VH Bethel

REFERRING VET
Kim Patrick

INVOICE
11850

DATE
8/9/21

PRESENTING CLINICAL SIGNS

History: Patient is a 12 year old NM miniature schnauzer presented for decreased appetite PU/PD. Completed Geriatric Profile to IDEXX- will send results. No intestinal parasites, HW neg, normal T4. Mild increases in cholesterol and lipase. Moderate hyperglobulinemia, mild proteinuria with no active sediment, mild anemia with moderate regeneration. Liver values, renal values WNL. Glucose WNL. Based on BW and GI signs, recommend abdominal ultrasound when possible

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall is concentrically thickened up to 0.48 cm. The wall is particularly thickened in the region of the trigone (0.90 cm). The mucosal surface is slightly irregular. A focus of mineralization is observed within the dorsal wall. No cystic calculi are observed.

The prostate is enlarged (2.92 cm length; 2.34 cm width) with a slightly irregular shape. The parenchyma is heterogeneous with numerous hyperechoic to mineralized foci. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.01 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (4.91 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio. Hyperechoic shadowing diverticular foci are visualized. Severe pyelectasia is present (0.83 cm in the transverse plane). Hydroureter is present (0.96 proximally). The ureter can be followed for a few cm and then is no longer visible. Approximately 3 cm from the renal pelvis, the ureter measures 0.35 cm in diameter. There is no evidence of infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm at cranial pole) (0.38 cm at caudal pole) (2.26 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

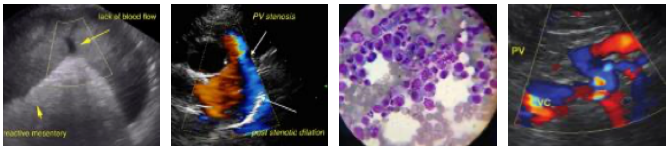
The right adrenal gland is normal in size (0.56 cm at cranial pole) (0.53 cm at caudal pole) (1.84 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

Spleen

The spleen is normal in size (0.13 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 with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder lumen is moderately distended. The wall is thin and smooth. A few polypoid like lesions are arising from the luminal surface. A small to moderate amount of aggregated echogenic debris is observed within the lumen, some of which is adhered and some of which is suspended. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains shadowing fecal material. No obstructive or overt infiltrative disease is noted.

Pancreas

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. 1-2 prominent lymph nodes are observed in the caudal abdomen/inguinal region.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Prostatomegaly/mass effect. Neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma) is considered likely with a lower possibility of benign pathology. There is concern for extension of the mass into the trigone region. The diffuse bladder wall changes could be consistent with infiltrative neoplasia or cystitis.
- Bilateral age-related renal pathology with dystrophic mineralization. The right pyelectasia/hydroureter is consistent with a ureteral obstruction, which may be occurring at the level of the trigone or more proximally (i.e., due to a stricture, stone or tumor).

Secondary Findings:

- Gallbladder debris, non-mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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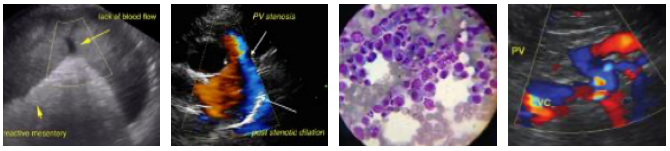

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- A urine BRAF test is recommended to screen for lower urinary tract neoplasia. If the results are negative, consider a traumatic urethral catheterization with submission of the cells for cytologic evaluation.
- A urine culture and sensitivity and UPC are also recommended. A free catch sample would be ideal. Cystocentesis should be avoided to prevent possible seeding of the abdomen with neoplastic cells.

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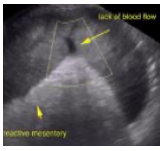
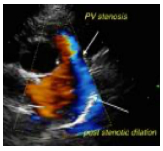
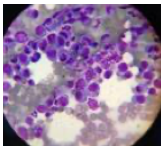
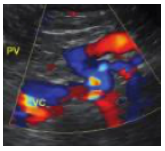

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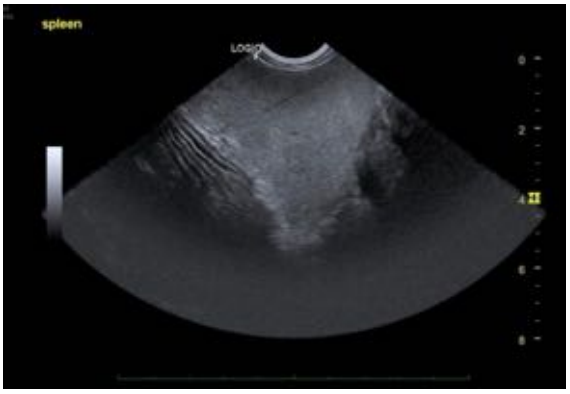

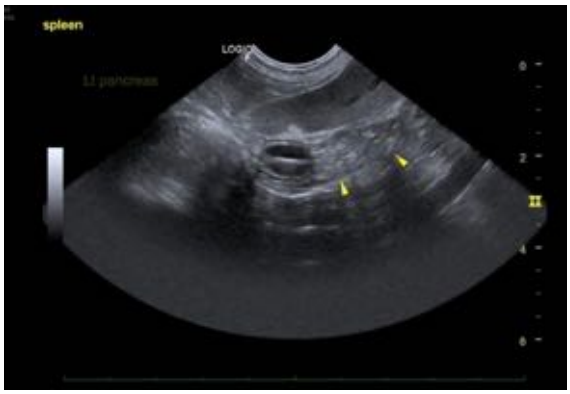



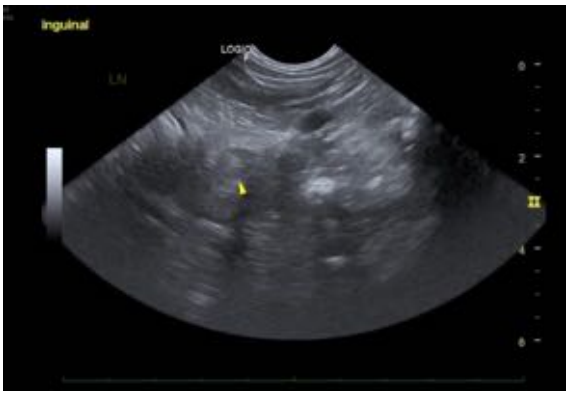

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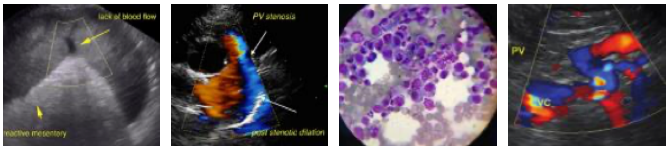

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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