

**PATIENT PRESENTING CLINICAL SIGNS**

MIKEY FAITLIN

History: Chemistry screen: Slight increase phosphorus and triglycerides CBC: No significant finding Urinalysis: Increase protein likely falsely increase to 2 increased pH. Struvite crystals. A: Significance of mild hyperphosphatemia and hypertriglyceridemia unknown at this time. Concern for struvite crystals and findings on x-rays. MS: 9/9/2021 at 6:05p: Heartworm antigen test: Negative Fecal: No eggs or parasites seen. Abdominal x-rays: Mixed pattern of ingesta and gas and normally dilated small intestine. Mixed pattern of feces and gas and large intestine and normally dilated. Dorsal deviation of large intestine near the pelvis. Spleen appears large but would taper the edges on left lateral view. Liver taper to edges and normal. Left kidney has traces of mineral material. Urinary bladder is moderately distended and displaced cranially within abdomen and very narrow at the neck. Just caudal to it is a soft tissue mass with irregular borders and mixed pattern of radiolucency and opacity within the mass. Coxofemoral joints are not good position but appear to have irregular femoral heads bilaterally. Thoracic x-rays: Mild diffuse interstitial pattern all fields and bilaterally. Dorsal deviation of trachea on left and right lateral view. Heart is slightly rounded and loss of caudal waist on left lateral view. Narrowing of trachea on expiration in the thorax. Rest of cardiac and pulmonary structures are unremarkable. A: Suspect cardiac changes do to heart murmur. Possible mild DJD of coxofemoral joints. Trace mineral salt in kidneys nephroliths. Mass and caudal abdomen the DX: Prostate, transitional Cell carcinoma, other. Heart, Lungs and pulse: There is a soft, grade 1/6 left-sided systolic base heart murmur and lungs auscult and femoral pulses within normal limits.

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Intact male

**AGE**

9 Years

**WEIGHT**

22 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 enlarged (3.55 x 1.79 cm) with a relatively normal shape. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.98 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (5.16 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is normal size (0.74 cm at cranial pole) (0.68 cm at caudal pole) (2.29 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

South Reno VH

**REFERRING VET**

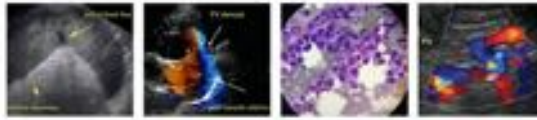
Dr. Schmitt

**INVOICE**

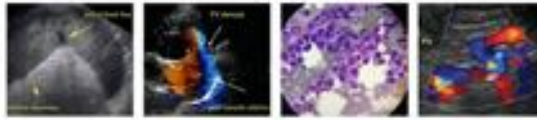
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**DATE**

9/13/21



<b>PATIENT</b>	The right adrenal gland is normal size (0.66 cm at cranial pole) (0.57 cm at caudal pole) (2.63 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
Mikey Faitlin	
<b>SPECIES</b>	<i>Spleen</i>
Canine	The spleen is subjectively normal in size (1.34 cm in width at the level of the hilus). A 2.27 x 1.87 cm heterogeneous nodule/mass is observed at the caudal aspect. The lesion causes capsular expansion. The remaining parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.
<b>BREED</b>	
Shih Tzu	<i>Liver</i>
<b>SEX</b>	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 gallbladder 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.
Intact male	
<b>AGE</b>	
9 Years	<i>Gastrointestinal</i>
<b>WEIGHT</b>	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. No obstructive disease is noted.
22 Pounds	
<b>INTERPRETED BY</b>	<i>Pancreas</i>
Andrea Nicastro, DVM, Diplomate ACVIM ( <i>Small Animal Internal     Medicine</i> )	The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.
<b>IMAGING PERFORMED BY</b>	
Loetitia Saint-Jacques, RVT	<i>Free Abdomen</i>
<b>HOSPITAL NAME</b>	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
South Reno VH	<i>Other</i>
<b>REFERRING VET</b>	The testicles are subjectively normal in size and symmetrical (left testicle 2.34 x 1.68 cm; right testicle 2.31 x 1.59 cm) with normal peripheral contours and homogenous parenchyma. No focal lesions are observed.
Dr. Schmitt	
<b>INVOICE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12070	<b>Primary Findings:</b>
<b>DATE</b>	<ul style="list-style-type: none"><li>• Splenic nodules/mass. Neoplasia (i.e., sarcoma) is considered likely with a lower possibility of benign pathology.</li></ul>
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- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential, particularly if lower urinary tract signs are present.
- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive nephroliths.

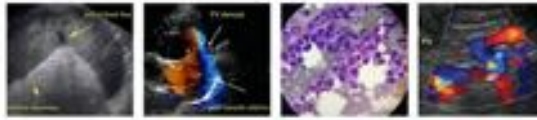
**Secondary Findings:**

- 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**

- Consider a fine needle aspirate of the splenic mass (if clotting status is appropriate). A 25 gauge needle should be used. If cytologic evaluation is inconclusive, consider a splenectomy with submission of the spleen for histopathology.
- Castration can be performed at the time of surgery. If there is concern for underlying bacterial prostatitis, a urine culture and sensitivity should also be considered.





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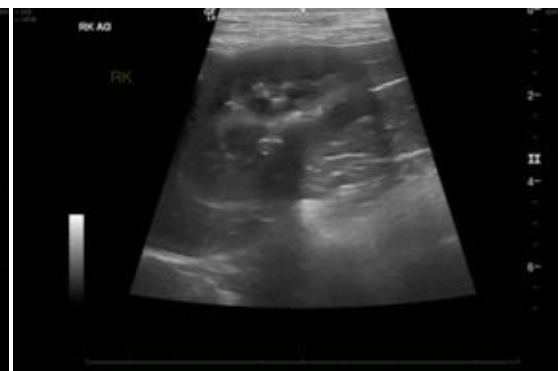
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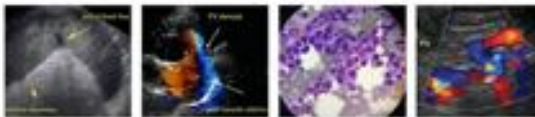
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The information and recommendations provided are based on the images presented by the referring



**PATIENT**

Mikey Faitlin

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.

**SPECIES**

Canine

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

[andrea.nicastro@sonopath.com](mailto:andrea.nicastro@sonopath.com)

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