



PATIENT PRESENTING CLINICAL SIGNS

Teddy Haines History: Severe weight loss - was 48.8 kg end of June Decreased appetite Chronic diarrhea - very liquid, multiple! times per day, leaks stool at times Concern is with neoplasia, could not palpate prostate. Metronidazole BID not helping

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Idexx VAD profile - only abnorm was Lymphocytes 1.0 (1.1 - 5.0) Nothing significant on blood

BREED

Great Pyrenees

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Intact Male

The **prostate** is enlarged (>5.00 cm in width) with an irregular shape. The parenchyma is heterogenous with ill-defined fluid-filled pockets. The prostatic urethra is not overtly dilated.

AGE

12 years

The **left kidney** is normal size (7.31 cm in length); normal shape and architecture with smooth peripheral margins. 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.

WEIGHT

42.6 kg

The **right kidney** is normal size (5.85 cm in length); normal shape and architecture with smooth peripheral margins. 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.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.71 cm at cranial pole) (0.81 cm at caudal pole) (2.37 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

Crystal Hill

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Gagemount AH

Spleen

The **spleen** is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Keir

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

11609

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

9.8.22

Gastrointestinal

The **gastric lumen** is mildly distended with liquid ingesta. 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


PATIENT

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.

Teddy Haines

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.

SPECIES

Canine

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

BREED

Great Pyrenees

ULTRASONOGRAPHIC FINDINGS
Primary Findings
SEX

Intact Male

- An obvious cause for the patient's clinical signs is not identified in this study. Based on the clinical history, a chronic enteropathy is suspected. However, underlying metabolic disease or occult neoplasia cannot be completely excluded.

AGE

12 years

Secondary Findings

- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts or abscesses. Concurrent bacterial prostatitis can also not be excluded and should be considered if the patient is exhibiting lower urinary tract signs.
- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.
- Bilateral degenerative renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the clinical history, consider the following:

1. Fecal evaluation for ova and Giardia, if not already performed
2. Prophylactic deworming with Fenbendazole
3. Malabsorption panel (send to Texas A&M)
4. Resting cortisol level to screen for hypoadrenocorticism
5. Supplementation with a probiotic with a high colony count (i.e., Provable Forte or Visbiome)
6. Empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin
7. 6-week hydrolyzed protein or limited antigen diet trial
8. Depending on the results of the above diagnostic/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be warranted.

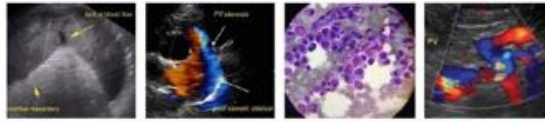
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Given the appearance of the prostate, a urine culture and sensitivity is recommended. Castration should also be considered to help reduce the risk of the development of lower urinary tract signs.

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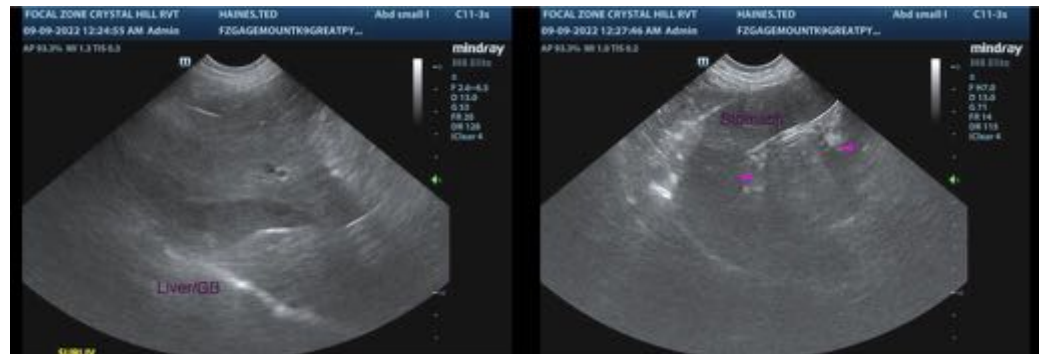
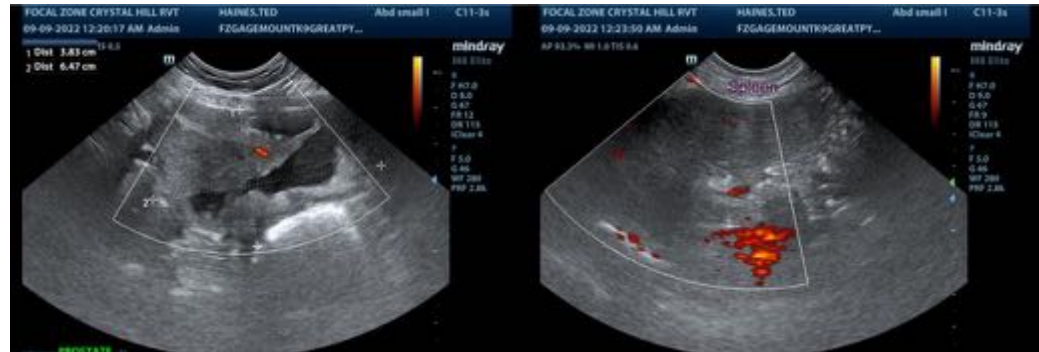
Dr. Keir

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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.

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