

PATIENT PRESENTING CLINICAL SIGNS

Oliver Shetley Recently diagnosed
-Corneal Ulcer OU
-Keratoconjunctivitis Sicca (KCS, dry eye) OU
SPECIES
-Anterior Uveitis OU
Canine Otherwise grade III-IV/VI murmur, several SQ masses; otherwise NSF
PU/PD per O
BREED
2/21/23; ALT 176, ALP>2000, GGT 14; Amyl 466, K 3.3, CI 106
WBC 17.02, Neu 13.82, Plt 488
Shih Tzu

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Male, neutered *Urinary System*

AGE
8/21/13
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. The region of the trigone is normal. The post prostatic urethra is subjectively mildly thickened and irregular.

WEIGHT
23.9 lbs.
The prostate is enlarged (2.51 cm in width) with a slightly irregular shape. The parenchyma is diffusely heterogeneous with ill-defined hyperechoic to mineralized foci. Irregular fluid pockets are also observed within the parenchyma. the prostatic urethra is not overtly dilated.

INTERPRETED BY

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

The left kidney is normal size with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen with pinpoint foci of mineralization. There is poor corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

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The right kidney is normal size (5.23 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen with pinpoint foci of mineralization. There is poor corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

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Adrenal Glands

The left adrenal gland is borderline enlarged (0.68 cm at cranial pole) (0.54 cm at caudal pole); 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.

REFERRING VET

Dr. Harasim

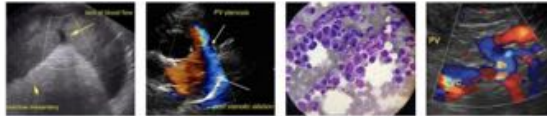
The right adrenal gland is enlarged (1.63 cm at cranial pole) (0.83 cm at caudal pole) with a slightly irregular shape. The parenchyma is mildly heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

14700

Spleen

DATE
3/7/23



PATIENT

Oliver Shetley

The spleen is normal in size (1.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.79 cm ill-defined hypoechoic nodule is observed at the cranial aspect. Splenic vasculature is normal.

SPECIES

Canine

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.47 cm ill-defined isoechoic to slightly heterogeneous nodule is observed on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

BREED

Shih Tzu

SEX

Male, neutered

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. No obstructive disease is noted.

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Pancreas

The right limb 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.

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Free Abdomen

There is no obvious evidence of free fluid. The medial iliac lymph nodes are prominent (left 1.21 cm; right 1.25 cm length). The nodes are normal in shape and echogenicity.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are most concerning for a neoplastic process (i.e., adenocarcinoma, transitional cell carcinoma). However, prostatitis or hyperplastic change cannot be completely excluded. The fluid pockets may represent cysts or necrotic/abscessed areas.
- Mild bilateral adrenomegaly, more pronounced in the right adrenal gland.
- The diffuse hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar) with a lower possibility of inflammatory disease or infiltrative neoplasia. The left hepatic nodule trends toward the benign (i.e., regenerative nodule). However, an emerging tumor cannot be completely excluded.

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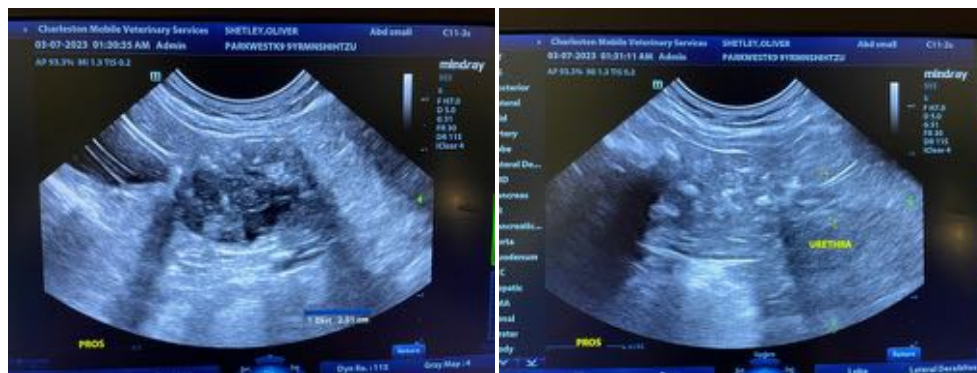
- The prominent medial iliac lymph nodes trend toward benign, reactive change with a lower possibility of early metastatic disease from the prostate.

Secondary Findings:

- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.
- 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.
- A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. If results are positive, neoplasia is confirmed. If results are negative, cancer cannot be excluded and further testing (i.e., traumatic urethral catheterization or prostatic fine needle aspirate) may be necessary to get a definitive diagnosis.
- Also consider a urinalysis with a culture and sensitivity to further evaluate for lower urinary tract infection.
- Depending on the results of the above diagnostics, further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test) may be warranted.





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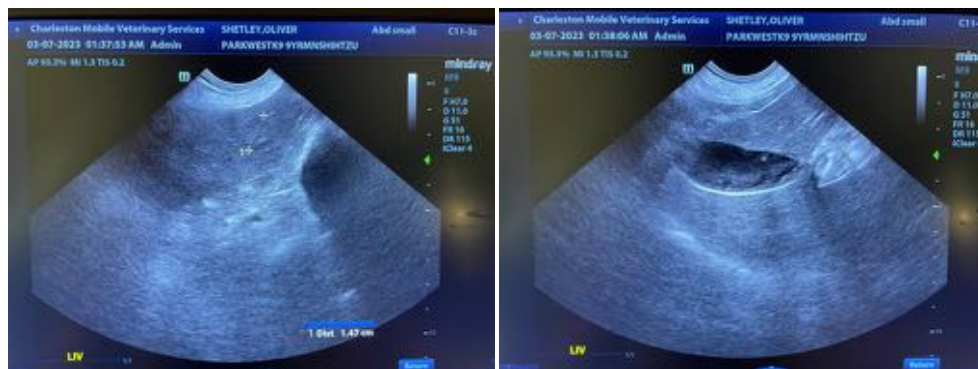
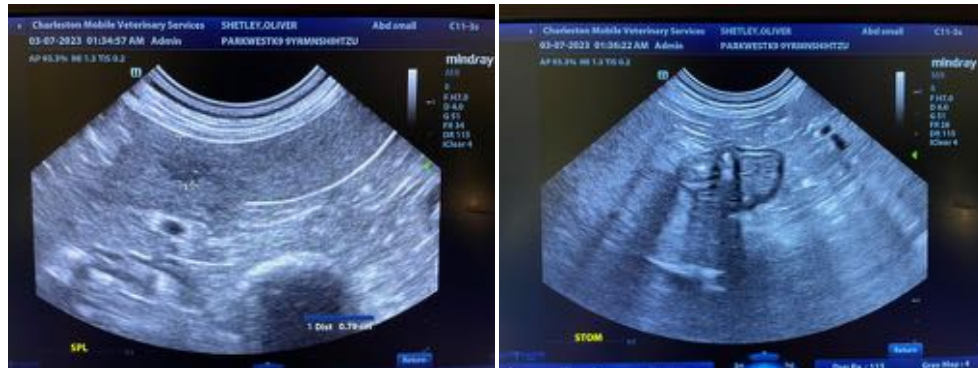
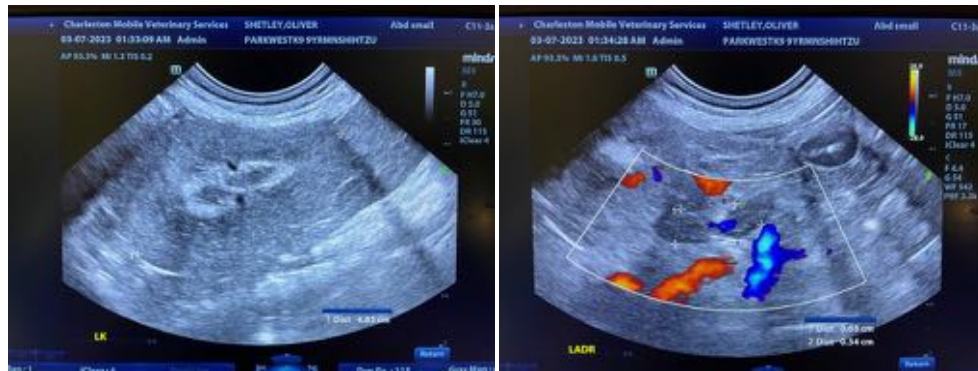
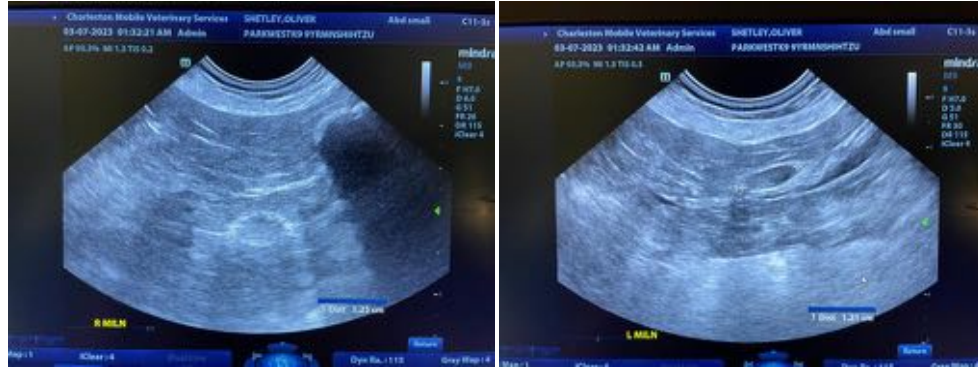
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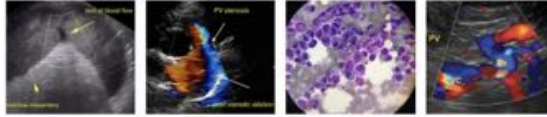
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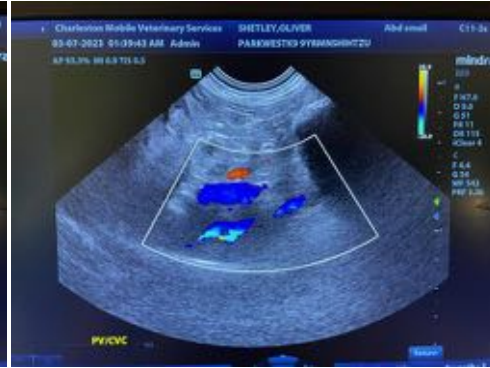
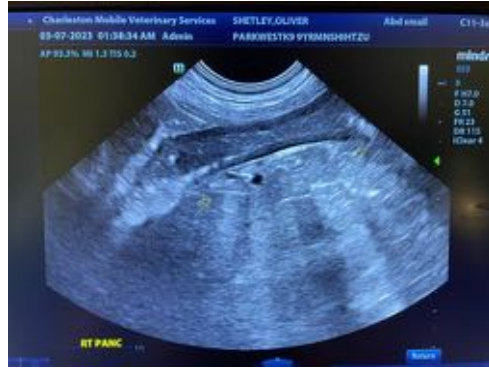
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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