



PATIENT PRESENTING CLINICAL SIGNS

Porter Chalmers Vomiting/diarrhea. Enlarged Prostate. Has been on : Thyroxin, Tylosine, Omeprazole, Clindamycin, Probiotic

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated Globulin 47.3 ↑Hi 18.0-38.0 g/L Seg. Neutrophils 12.06 ↑Hi 3.00-11.50 10⁹/L

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Golden Retriever Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Intact Male

AGE

12 Years

Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted. The prostate measures 5.0 cm across.

WEIGHT

35.8 kg

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 8.05 cm. The left kidney measures 6.99 cm.

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (2.9 cm long x 1.5 cm at the cranial pole and 0.87 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Crystal Hill

The left adrenal gland is normal in size (2.5 cm long x 0.53 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Parkside AH

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Zaki

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

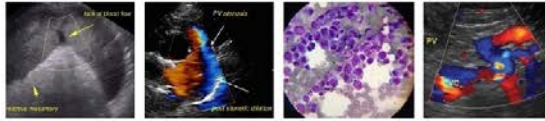
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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

DATE

10/26/22


PATIENT *Gastrointestinal*

Porter Chalmers
SPECIES The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Canine
BREED The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

Golden Retriever
 The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX *Pancreas*

Intact Male
 The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE
 12 Years *Free Abdomen*

There is no evidence of free peritoneal effusion noted in these images.

WEIGHT
 35.8 kg There is no apparent lymphadenopathy noted in these images.

Both testicles are visualized without evident pathology.

ULTRASONOGRAPHIC FINDINGS
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- **Benign Prostatic Hyperplasia** – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Urinary bladder debris
- Age related kidney changes

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Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME

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There is no ultrasonographically visible explanation for this patient's gastrointestinal signs at this time. Recommendations include further evaluation of the gastrointestinal tract with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

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Dr. Zaki

Fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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Given the urinary bladder debris and prostatic changes, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

DATE

10/26/22

Serum electrophoresis for further investigation of the hyperglobulinemia could be considered. In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is



PATIENT

Porter Chalmers

supportive/symptomatic medical management of the gastrointestinal signs in the form of an antiemetic gastroprotectant and probiotic such as Provable or Visbiome if not already in place.

SPECIES

Canine

Additionally, transition in diet based on trial-and-error response could be considered with options including a hydrolyzed protein diet or a bland, easy to digest, or low-fat diet pending patient's response.

BREED

Golden Retriever

SEX

Intact Male

AGE

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WEIGHT

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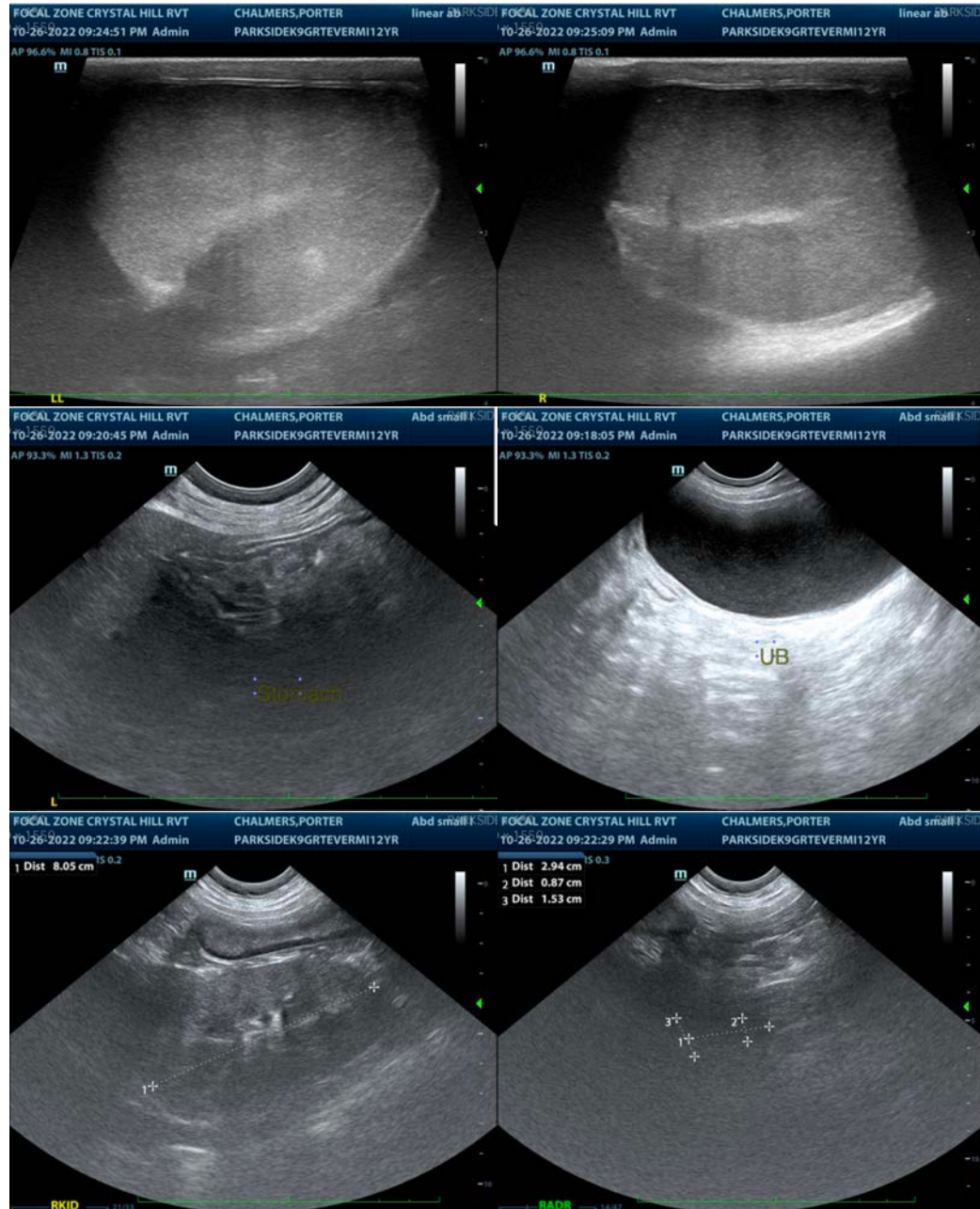
Dr. Zaki

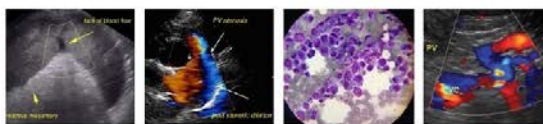
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SPECIES

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BREED

Golden Retriever

SEX

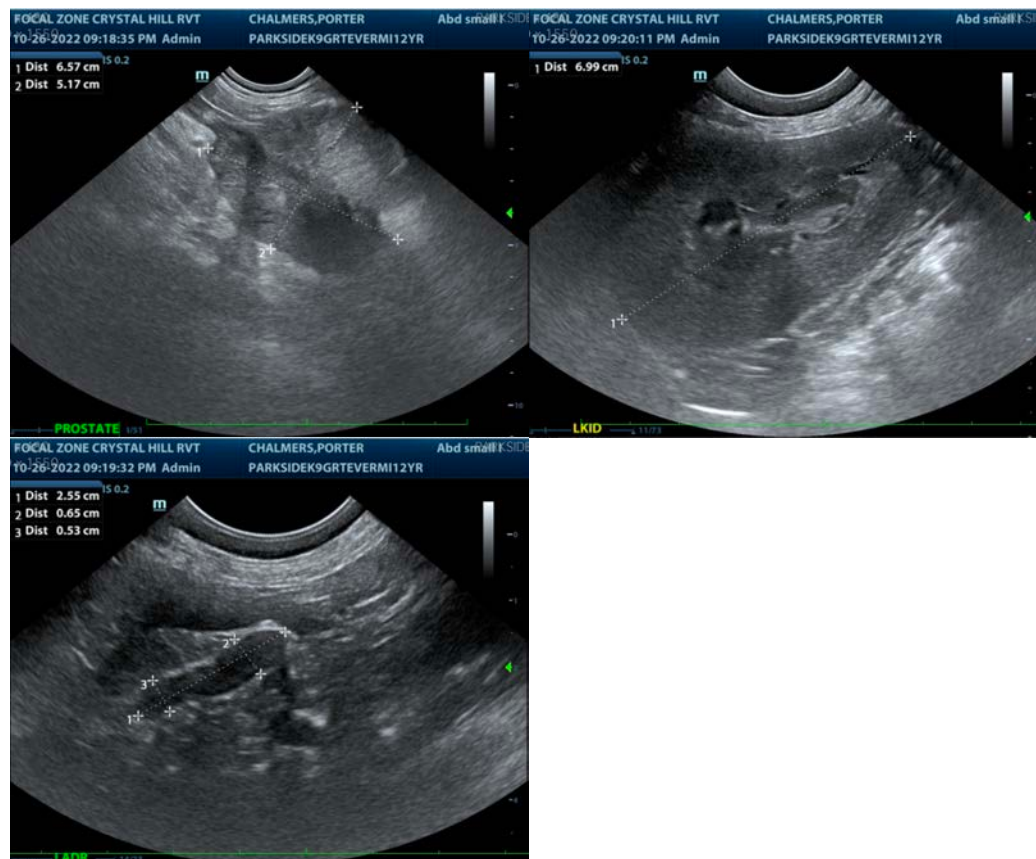
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AGE

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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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