


PATIENT PRESENTING CLINICAL SIGNS

Max Hashimoto

Several week hx of straining to defecate, diarrhea - unresponsive to metronidazole, tylosin More recently has been dribbling urine - progressively getting worse (to the point that they have a diaper on him) Not eating. Has been on Clavaseptin and Probiotics.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: M2 Leukocytosis with neutrophilia, lymphocytosis and Monocytosis M1 decreased BG mildly elevated SDMA, creatinine, BUN and Phos free T4 decreased (moderately)

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Neutered Male

Urinary bladder is markedly over distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

9 Years

The prostate is irregularly enlarged, measuring 4.15 cm wide, with a heterogeneous parenchyma, mineralization, and poor demarcation from surrounding tissue. Encroachment around the neck of the urinary bladder and colon is suspected.

WEIGHT

40 kg

The right kidney is normal in size (9.23 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

The left kidney is normal in size (9.13 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Moderate pyelectasia is present, combined with dilated proximal ureter measuring 0.84 cm. There is no evidence of mineral or infarcts observed.

Adrenal Glands
IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal in size (4.17 cm long x 1.87 cm at the cranial pole and 1.22 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Preston AC

The left adrenal gland is normal in size (3.06 cm long x 0.97 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Coghlan

Spleen

The spleen is markedly large in size with slightly round, bulging capsule noted around what appears to be an isoechoic, homogeneous solid mass, but could just be marked splenomegaly. Parenchyma is normal and homogeneous, including the suspected mass, in both echogenicity and echotexture. No focal nodules are observed. Splenic vasculature appears normal.

Liver
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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.

DATE

6/15/22



PATIENT

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GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. Some of the debris appears to be mineral with small cholecystoliths suspected. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

SPECIES

Canine

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

German Shepherd

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SEX

Neutered Male

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

AGE

9 Years

Pancreas

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.

WEIGHT

40 kg

Free Abdomen

There is no evidence of peritoneal effusion. No pericardial effusion. There is no apparent lymphadenopathy.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

PRIMARY FINDINGS

- Mineralized prostatic mass with urinary bladder neck encroachment and mineralization – most consistent with infiltrative neoplasia such as carcinoma versus other.
- Overdistended urinary bladder, left renal pyelectasia, and left dilated proximal ureter – all consistent with suspected partial urinary obstruction caused by the mass.
- Marked splenomegaly with possible emerging splenic mass – rule outs for which include both benign extramedullary hematopoiesis, hypersplenism (based on breed) versus early infiltrative neoplasia such as round cell neoplasia.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Preston AC

SECONDARY FINDINGS

- Gallbladder debris with cholecystoliths suspected – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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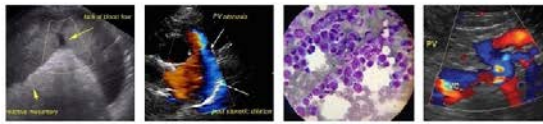
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

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- Urinalysis and culture if not recently evaluated as well as submission of urine to look for BRAF gene mutation, which is associated with urinary bladder and prostatic carcinoma. Other diagnostic options include urinary bladder/prostatic catheterization for cytology and/or fine needle aspirate of the prostate with small risk of tumor seeding/trailing being present.

SPECIES

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- A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.

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In the meantime, empirical antibiotics with good prostatic penetration such as Enrofloxacin and anti-inflammatories could be considered to offer relief while awaiting results, followed ultimately by consultation with an oncologist.

SEX

Neutered Male

AGE

9 Years

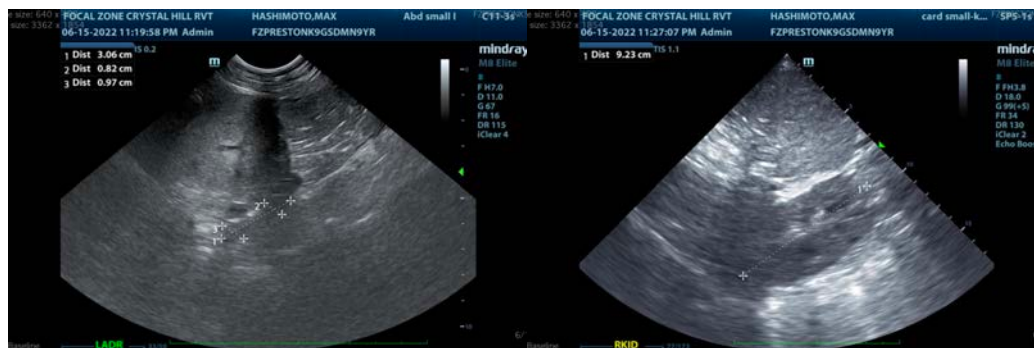
WEIGHT

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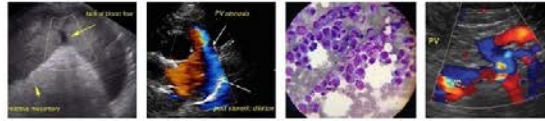
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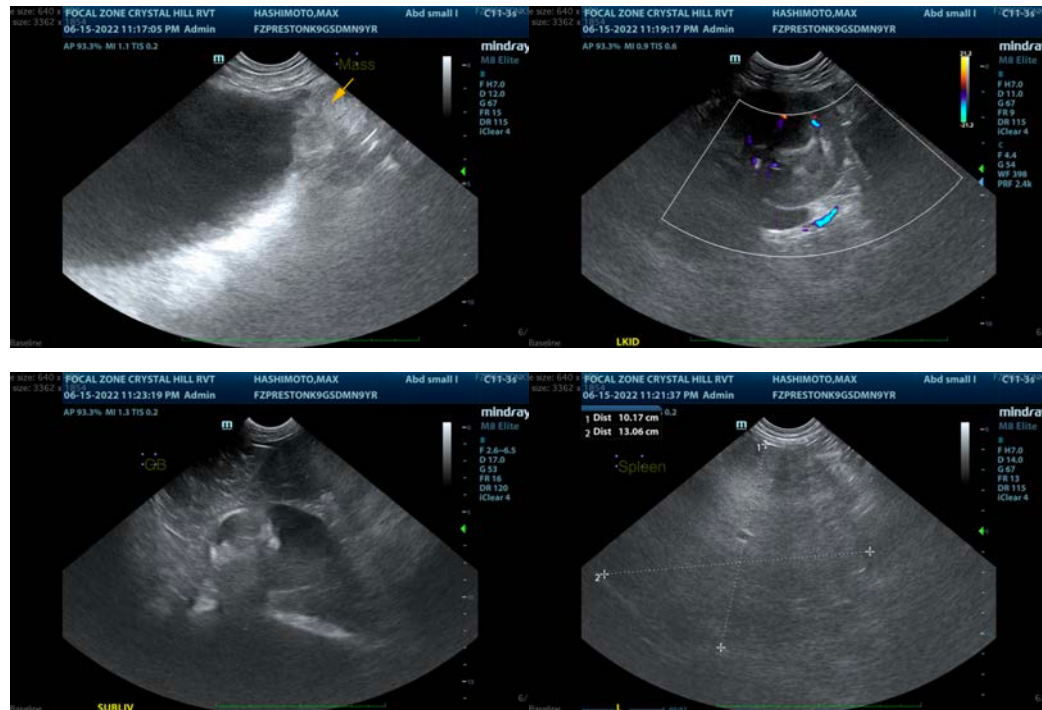
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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