



PATIENT

Rambo Warren

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

80.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrienne Waffle

INVOICE

39714

DATE

7/21/22

PRESENTING CLINICAL SIGNS

Hx of suspected prostatitis per RDVM
Abnormal PE/Chem/CBC/UA Results: epidermal collarettes of ventral abdomen; hyperpigmentation
BAR Seemed painful in area of cranial of L kidney

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is mildly enlarged. (3.0 cm in diameter). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding could be a normal patient variant, especially if patient was neutered as an adult; however, if patient was neutered as a puppy, prostatitis or, less likely, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc. and either further investigated or monitored, as indicated.

The right kidney is normal in size (6.3 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.

The left kidney is normal in size (6.0 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.

Adrenal Glands

The right adrenal gland is normal in size (0.64 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.86 cm at the cranial pole and 0.80 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

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.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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). It is mildly distended with echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease. However, complete visualization is partially inhibited by gas.

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

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.

Free Abdomen

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

Mild medial iliac lymphadenopathy is noted with a representative lymph node measuring 1.5 cm round.

ULTRASONOGRAPHIC FINDINGS

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- **Mild prostatomegaly** – differentials include normal patient variant depending on the age of neuter versus prostatitis versus less likely infiltrative neoplasia. This finding should be interpreted in combination with clinical signs, if present.
- **Splenic micronodular hyperplasia pattern** – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.
- **Mild medial iliac lymphadenopathy** – This could be a reactive change secondary to prostatitis if historically present. Infiltrative neoplasia cannot be ruled out, but is considered less likely.
- The entire GI tract has subjectively more gas present than expected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- 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.
- If this patient was neutered as a puppy, and the urinalysis and urine culture are clean, especially if there are clinical signs associated with the mild prostatomegaly, submission of urine to look for BRAF gene mutation, which is associated with urinary bladder and prostatic carcinoma, could be considered, or, traumatic catheterization/fine needle aspirate of the prostate with a small risk of tumor seeding/trailing could also be considered. If this mild prostatomegaly is an



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incidental finding and no clinical signs are present, routine monitoring versus more invasive investigation is considered appropriate with a recheck ultrasound in 6-8 weeks.

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- If abdominal pain or discomfort is present, it could be secondary to gas, and a bland, easy to digest diet trial could be considered. However, overall, the ultrasound was relatively unremarkable without an obvious cause for pain/discomfort.

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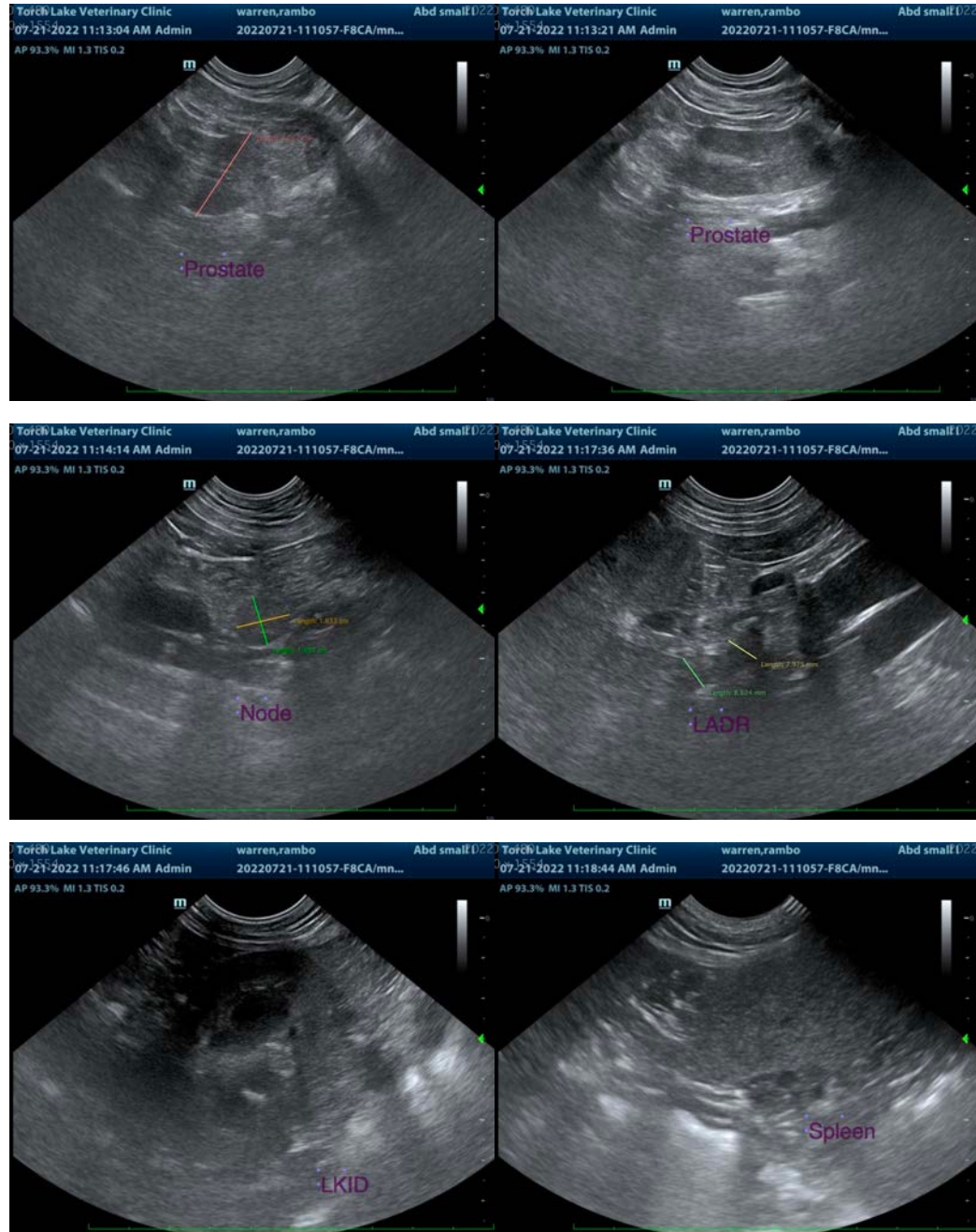
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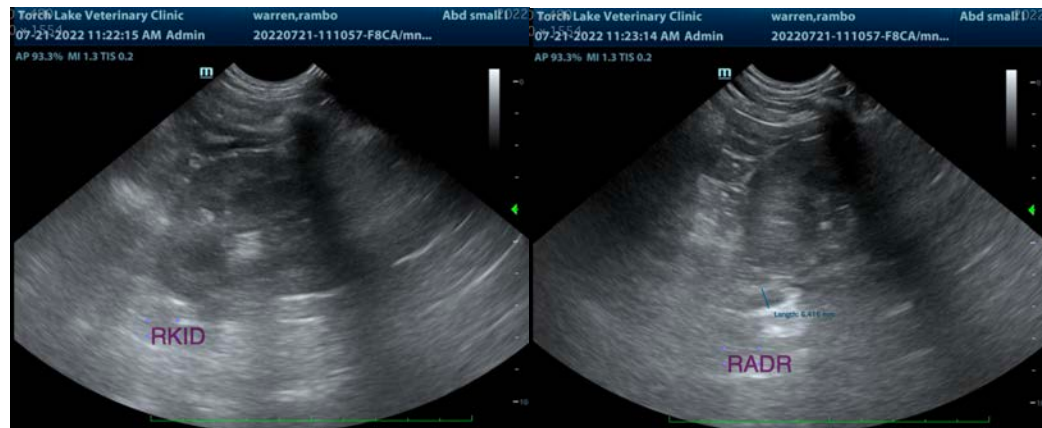
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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