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Clinical Sonography & Telecytology
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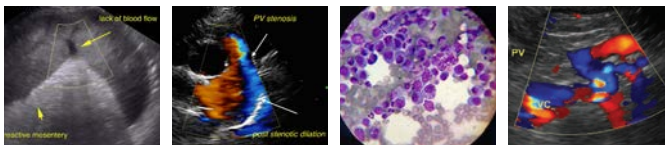

PATIENT

Taymee Gomez

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.65 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Paradise

REFERRING VET

Dr. Bravo

INVOICE

40391

DATE

8/12/22

PRESENTING CLINICAL SIGNS

6 mos recheck AUS (prev. report attached)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The prostate is symmetrically mildly enlarged, measuring 1.94 cm thick with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogeneous with scattered hyperechoic mineral foci and several small, approximately 0.5 cm diameter hypo- to anechoic cysts/nodules can't be ruled out.

The right kidney is normal in size (3.72 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney is normal in size (3.49 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland is normal in size (1.34 cm long x 0.79 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.4 cm long x 0.49 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Some of the debris appears mineral in nature. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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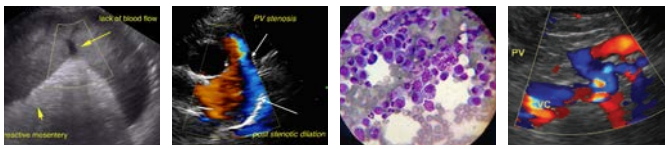

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Gastrointestinal

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.

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.

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

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Prostatomegaly, mildly improved in size from the previous prostatomegaly, which measured 2.4 cm thick, today is 1.94 cm thick. However, the hypo- to anechoic areas appear new and likely represent cysts, persists complicated cysts. However, hypoechoic nodules cannot be ruled out. Given the chronicity of the prostatomegaly, a benign process, potentially chronic prostatitis, is considered more likely than infiltrative neoplasia. However, infiltrative neoplasia cannot be ruled out.

- **Gallbladder debris -** 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. This change appears static.

- Chronic active pancreatitis suspected, but this finding should be interpreted in combination with clinical signs and/or laboratory changes that suggest pancreatitis versus normal age related remodeling.

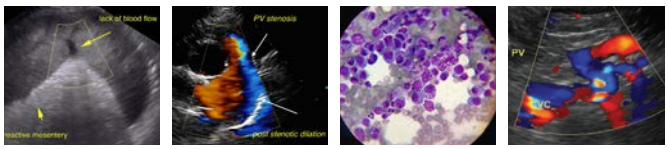
SECONDARY FINDINGS

- Urinary bladder debris

- Bilateral non-obstructive dystrophic mineralization in the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations regarding this ultrasound are dependent on the diagnostics, therapeutics, etc. that were elected upon the last ultrasound. If not evaluated at that time, urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF



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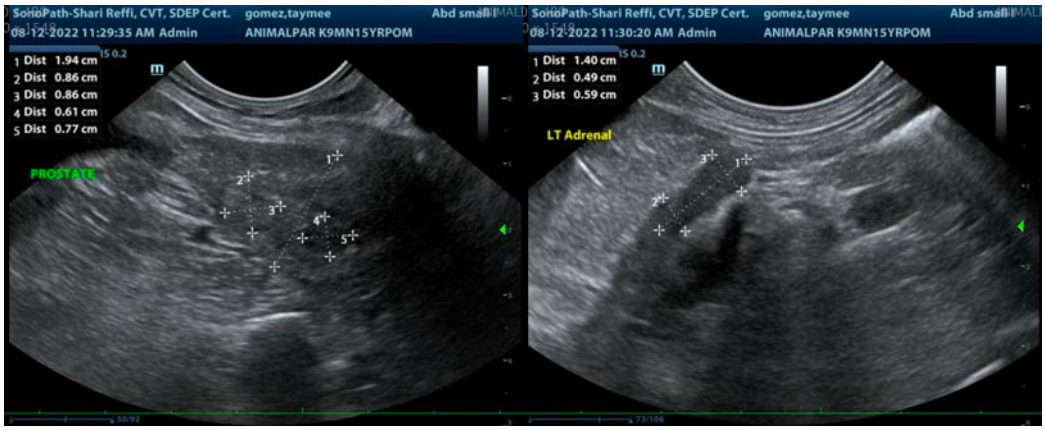
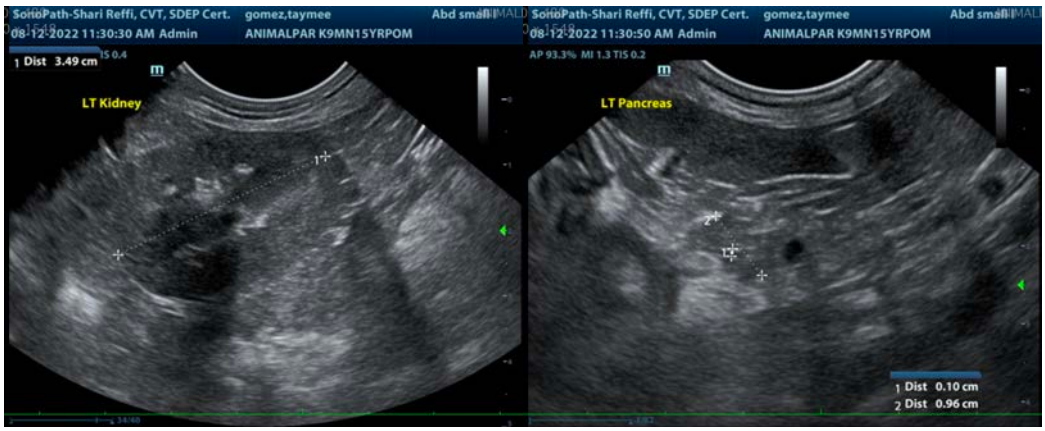
gene mutation, which is associated with urinary bladder cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling.

Again, the prostatic changes in this patient trend toward the benign, and without clinical signs or concerns, continued follow up can proceed with routine monitoring.

Recommendations regarding the gallbladder debris are also clinical sign and/or laboratory change dependent and should be made in combination with clinical signs and/or laboratory changes that support gallbladder disease, in which case Ursodiol, other hepatic nutraceuticals +/- antibiotics could be considered. However, these are not likely necessary without clinical signs to suggest a problem.

If gastrointestinal signs are present and/or abdominal pain exists to support an active process to the pancreatic changes and/or an acute on chronic inflammatory process, then a quantitative PLI is recommended, as is transition to a low-fat diet if tolerated. However, similar to the above, without supporting clinical signs, etc., likely no other intervention is necessary.





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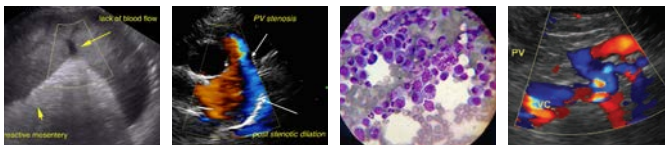

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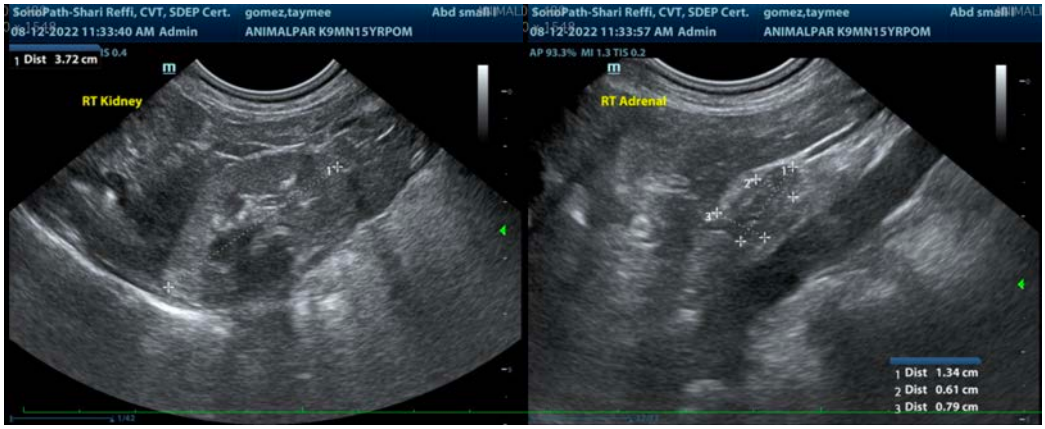

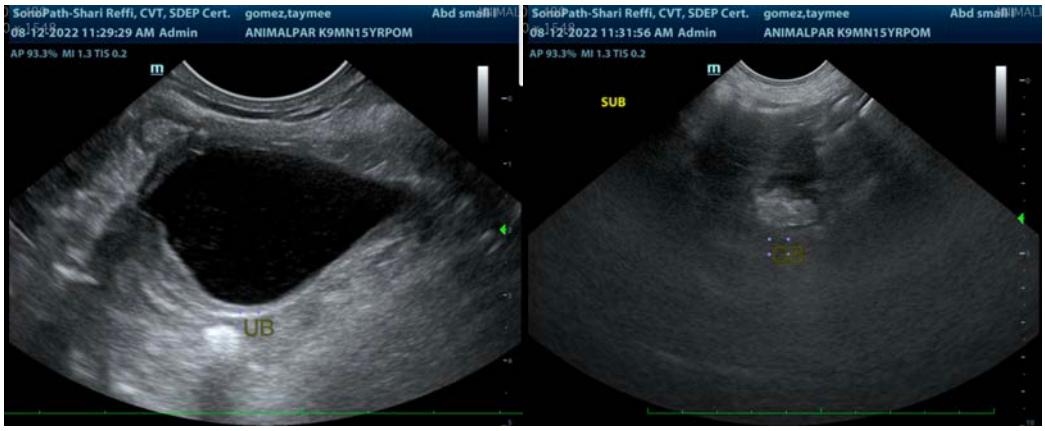

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com